

Perioperative Care for Older People undergoing Surgery The (POPS) Network

April 2023

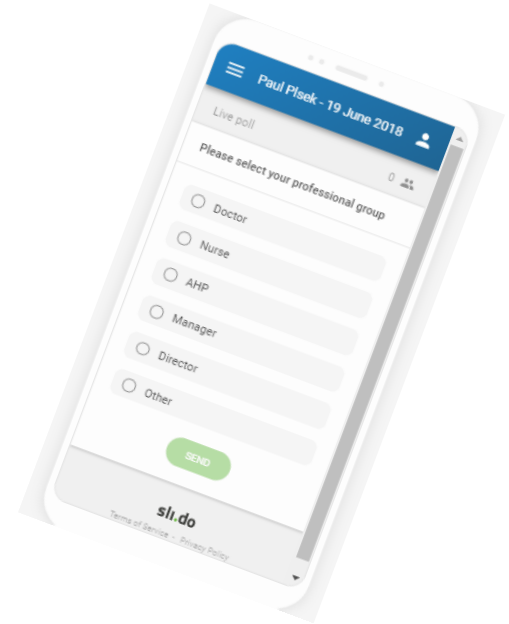


Core Event –
April 2023

Agenda

09:00	Welcome and introduction to the day Dr Jugdeep Dhesi Clinical Lead, POPS Network
	Implementing shared decision making in CGA based services Dr Catherine Meilak, East Kent Hospitals University NHS FT
	Engaging patients and public in the co-design of services Dr Anna Whittle, Dartford & Gravesham NHS Trust
	Clinical Update Dr Jugdeep Dhesi Clinical Lead, POPS Network
	Break
	Networking Opportunity Simon Griffiths Director and QI Associate, NHS Elect
	Next Steps and Close Dr Jugdeep Dhesi Clinical Lead POPS Network
11:15	CLOSE

sli.do



Open a browser on any laptop, tablet or smartphone

- Scan the QR code below or
- Go to www.sli.do and enter the code: **POPS3-APRIL**
- Use the polls to give us feedback about the day



Shared Decision Making (SDM) implementation and evaluation in our POPS service

Dr Catherine Meilak

POPS Consultant

**On behalf of the POPS team @
EKHUFT**



Skills and preparation

- The knowledge and skills required in the perioperative setting are very broad.....
- I have become more useful to my patients as I have gained experience
- Holistic assess/ multidisciplinary comprehensive geriatric assessment
- What are all the options available to the patient (homework before the consultation/ attendance at MDM). Is a joint appointment needed?
- An understanding of the physiological changes of the types of surgery
- What the post-op/non-operative /conservative trajectories might be for the patient
- YOU need to understand all of this in order to have the conversation with the patient



Skills and preparation

- Prepare the patient that they will be having a shared decision making conversation (Choosing wisely BRAN leaflet: CPOC website)
- Invite and encourage family/friends to attend
- What is the health literacy of your patient?
- Some patients may need more than one 'consultation' to undergo this process

It can be daunting having an appointment, but this leaflet will help you to get the most out of yours.

Sometimes there is more than one treatment available.

Here are four questions you might want to think about at your appointment.

What are the Benefits?

What are the Risks?

What are the Alternatives?

What if I do Nothing?

If you choose not to have treatment now, it does not mean you cannot change your mind at a later stage. We know circumstances and conditions change.

You can talk with your healthcare professional about how to seek support later if you decide to do nothing now.

You may want to talk over all your options with family or friends, it's also helpful to think about what affect these options will have on you and your lifestyle.

If there is anything you are unsure about, please ask.

Please use this as a reminder to ask questions about treatment.

Make the most of your appointment using the BRAN questions:

What are the **Benefits**?

What are the **Risks**?

What are the **Alternatives**?

What if I do **Nothing**?

Make the most of your appointment

Helping you make the right choice using **BRAN**

Benefits

Risks

Alternatives

Nothing

Use the speech bubble under each section to write down any questions to take to your appointment

What are the **Benefits of the treatment?**

- What can I expect to gain from the treatment?
- What is the chance of the treatment being successful?

What are the **RISKS?**

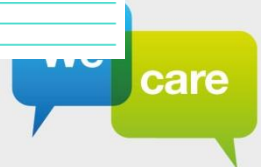
- What is the chance the treatment won't work?
- What are the possible side effects?
- What are the possible complications?
- How might the treatment affect my quality of life?

What are the **Alternatives to this treatment?**

- What are the other treatment options?
- What are benefits and risks of the other treatment options?
- Which treatment options should be used first?

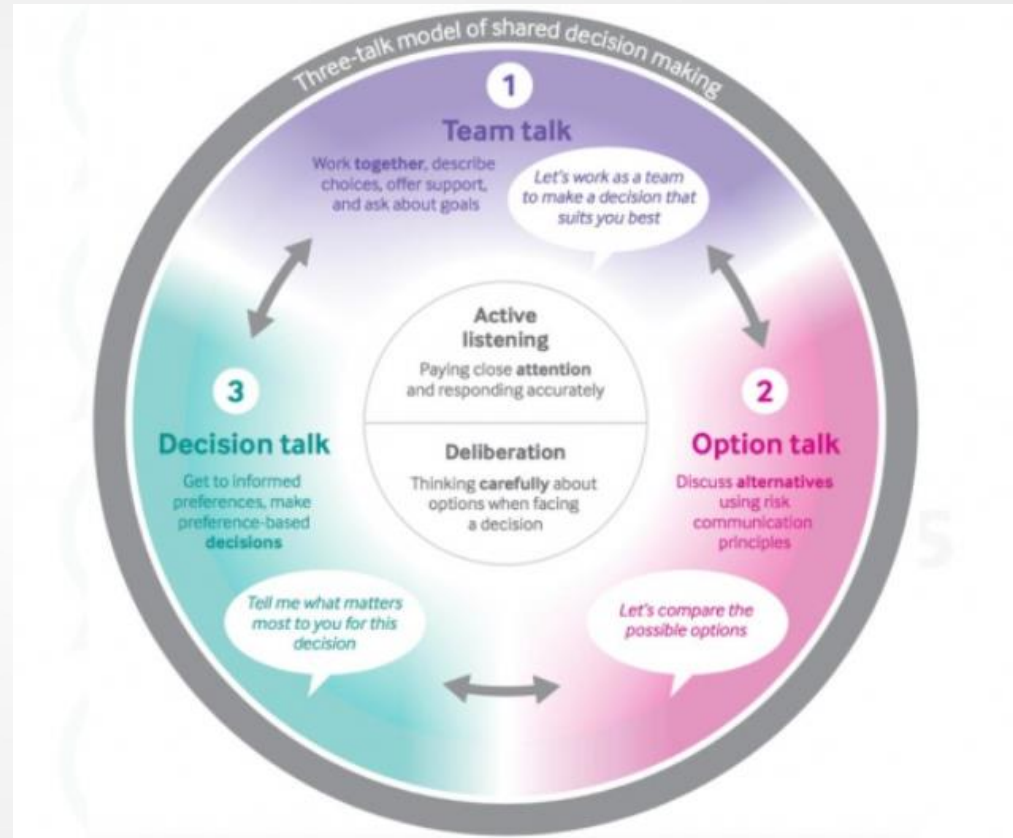
What if I do **Nothing?**

- How will my condition change if I don't have treatment?
- Will my condition be more difficult to treat later?



Implementation considerations

- TIME
- How are you going to train your team?
- How to have the conversation: Three-talk model. Using BRAN
- How well are you doing with the SDM process? SDM-Q 9
- Is SDM outcome data worth collecting: to help to inform further service development/restore and recovery



From CPOC website



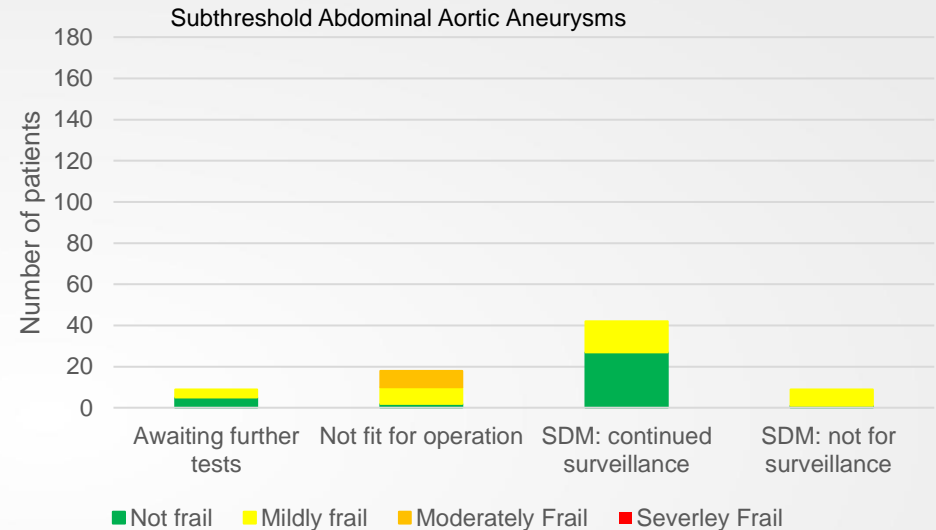
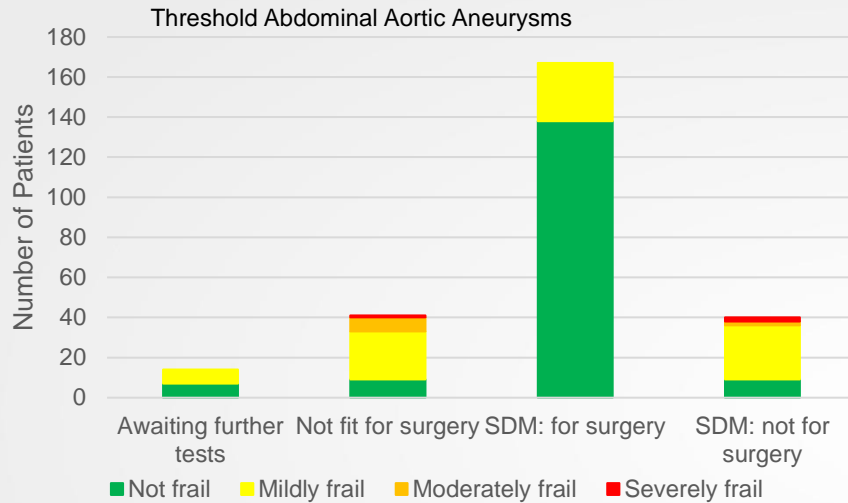
How to document the SDM process

Shared decision making documentation		
	<i>Discussed</i>	<i>Notes</i>
Benefits <i>of the procedure</i>	<input checked="" type="checkbox"/>	To reduce the risk of rupture
Risks <i>of the procedure</i>	<input checked="" type="checkbox"/>	<p>Surgical risk – discussed by surgical team</p> <p>Medical risk – described below</p> <p>Risk of delirium and permanent cognitive decline</p> <p>Risk of cardiac event: optimised</p> <p>Increased risk of infection due to methotrexate</p> <p>Increased risk of respiratory complications due to poor mobility</p> <p>Functional risk - if develops medical and/or surgical complications</p>
Alternatives <i>to surgery</i>	<input checked="" type="checkbox"/>	There are no alternatives to surgery
What will happen if we do <i>nothing</i>?	<input checked="" type="checkbox"/>	The aneurysm would remain, rupture risk and risk of death would remain and would increase over time
<p><i>For more information and resources regarding shared decision making, visit www.choosingwisely.co.uk</i></p>		

-  **Benefits**
What are the Benefits?
-  **Risks**
What are the Risks?
-  **Alternatives**
What are the Alternatives?
-  **Nothing**
What if I do Nothing?



Shared decision making outcome according to frailty score: Elective Abdominal Aortic Aneurysms



- 262 patients
- Mean age 79
- Median Rockwood score 3
- 15% chose not to proceed with surgery
- 16% not fit for proposed surgery
- 64% for surgery

- 78 patients
- Mean age 78
- Median Rockwood score 4
- 12% chose to stop surveillance
- 23% not fit for aortic intervention
- 54% for continued surveillance



Work with NHS Improving Value Team

Shared decision making outcomes by treatment options (Abdominal Aortic Aneurysm patients)

--- East Kent Hospitals University NHS FT

Total number of patients diagnosed with AAA

154

Total number of patients referred to POPS/SDM

102

Total number of patients above surgical threshold and eligible for surgical options

58

Potential reduction on hospital bed days for patients undergo elective surgery after SDM (days)

-26

Percentage of patients decided not to undergo surgery completed DNACPR discussions

87.5%

Potential cost reduction for patients decided not to have surgery or proceed surveillance after

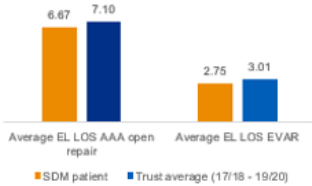
-£125,000

Average Elective LOS SDM vs Trust average (17/18-19/20)

Average critical care bed days SDM vs Trust average (17/18-19/20)

30 days NEL readmission SDM vs Trust average (17/18-19/20)

30 days A&E attendance SDM vs Trust average (17/18-19/20)



Open AAA repair vs EVAR vs No surgery

No. (%) of patient decided to forgo surgery : 6 (32%)

No. (%) of patient decided to undergo EVAR: 6, 31%

- No. (%) of patient decided to undergo Open repair
- No. (%) of patient decided to undergo EVAR
- No. (%) of patient decided to forgo surgery

EVAR vs No surgery

No. (%) of patient decided to forgo surgery : 10 (26%)

No. (%) of patient decided to undergo EVAR: 28, 74%

- No. (%) of patient decided to undergo EVAR

Median AAA (Surveillance/repeat ultrasound every 3 months)

No. (%) of patient decided not proceed with surveillance: 10 (56%)

- No. (%) of patient decided to proceed with surveillance

Small AAA (Surveillance/repeat ultrasound every 12 months)

No. (%) of patient decided not proceed with surveillance: 1 (50%)

- No. (%) of patient decided to proceed with surveillance

% of patients completed DNACPR or ACP

87.50%

36.36%

87.50%

72.73%

- Percentage of patients completed DNA CPR discussions
- Percentage of patients have ACP discussion documented in the clinic letter

- forgo surgery
- not to proceed with surveillance

Open AAA repair vs EVAR vs No surgery

£147,523

£95,381

Total surgery cost if all patients undergo Total surgery cost with SDM outcomes

EVAR vs No surgery

£266,695

£198,312

Total surgery cost if all patients undergo surgery Total surgery cost with SDM outcomes

Median AAA (Surveillance/repeat ultrasound every 3 months)

£5,849

£2,600

Cost if all patients proceed with surveillance Cost with SDM outcomes

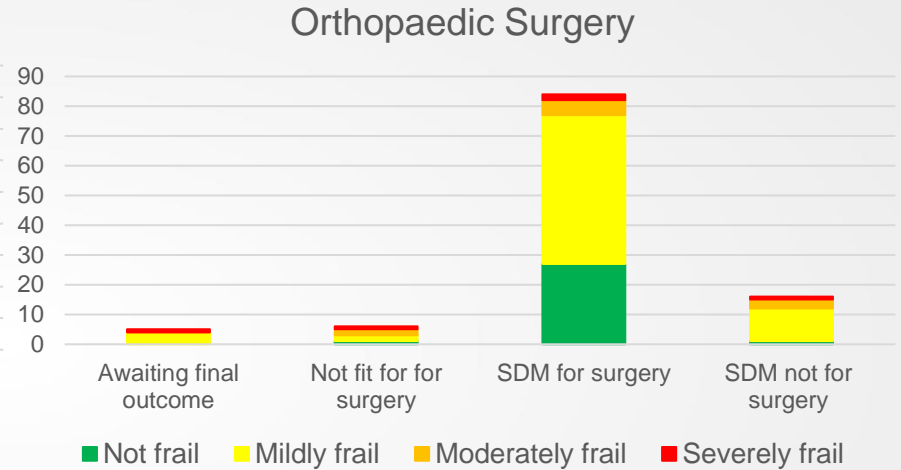
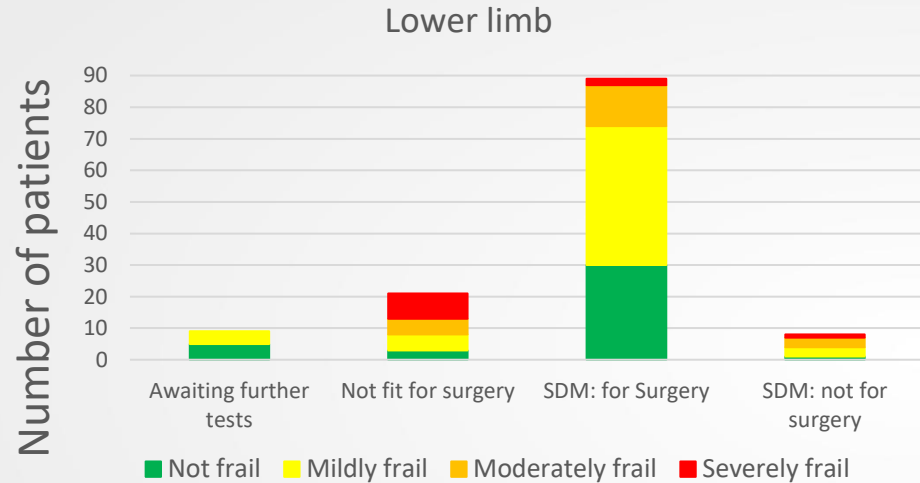
Small AAA (Surveillance/repeat ultrasound every 12 months)

£162

£81

Cost if all patients proceed with surveillance Cost with SDM outcomes

Shared decision making outcome according to frailty score : Elective Lower limb vascular and orthopaedic



- 127 patients
- Mean age 76
- Median Rockwood score 4
- 6% chose not to proceed with surgery
- 17 % not fit
- 70% for surgery

- 111 patients
- Mean age 83
- Median Rockwood score 4
- 13% chose not to proceed with surgery
- 5% not fit
- 77% for surgery



Decision regret

Sample Tool: Decision Regret Scale

Decision Regret Scale

Please think about the decision you made about _____ after talking to your [doctor, surgeon, nurse, health professional, etc.]. Please show how you feel about these statements by circling a number from 1 (strongly agree) to 5 (strongly disagree).

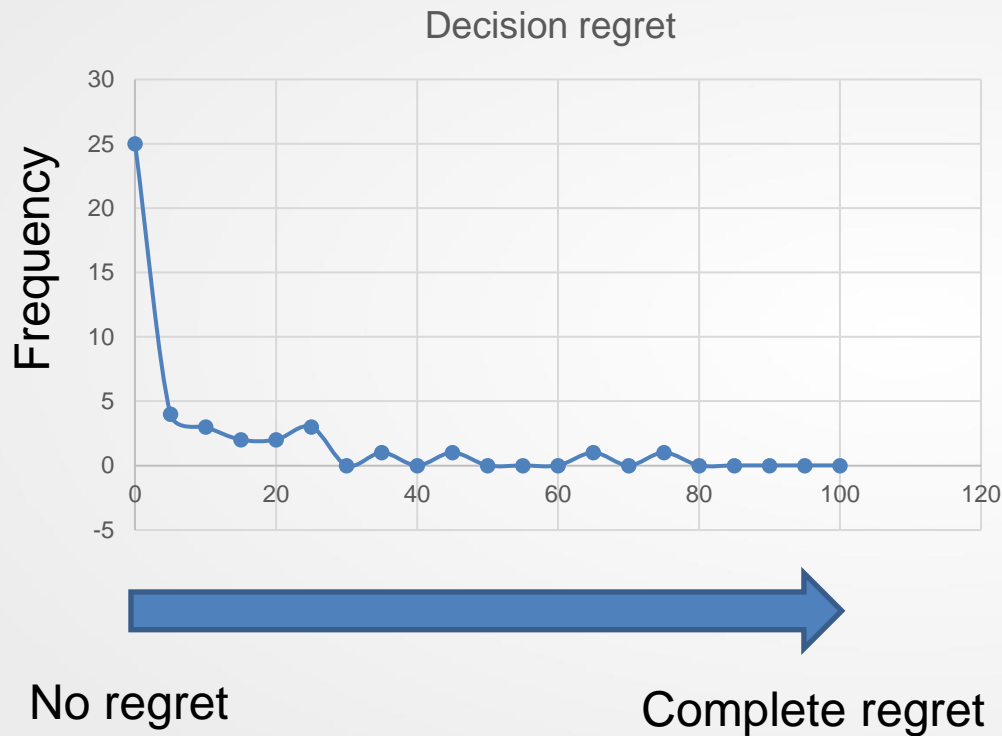
1. It was the right decision	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
2. I regret the choice that was made	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
3. I would go for the same choice if I had to do it over again	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
4. The choice did me a lot of harm	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
5. The decision was a wise one	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree

Decision Regret Scale © AM O'Connor, 1996 University of Ottawa

https://decisionaid.ohri.ca/docs/develop/Tools/Regret_Scale.pdf



6 month decision regret outcomes



- Aug 22- Feb 23. 62 questionnaires sent out
- 71% response rate
- 34% of all patients had some sort of complication
- 17% had 30 day post discharge unplanned readmission
- **2/44 responders regretted having surgery (5%)**



6 month decision regret outcomes

- 2 who regretted surgery
 - Patient who had a post op stroke (EVAR)
 - Patient who had surgery for Critical limb ischaemia with bleeding, pseudoaneurysm, COVID and pneumonia, prolonged admission
- Non responders (29%)
 - 61% not frail, 39% mildly frail
 - 33% had a complication
 - 16% were readmitted within 30 days
 - Complication and readmission rate were similar to responders



Take home messages

- Multidisciplinary team working and learning helps us to fully inform patients in preparation for SDM
- Asymptomatic versus symptomatic disease may influence decision making when based conversations about quality of life discussion
- Locally we trying to explore our decision regret data in those that go ahead with surgery to help inform us how successful we have been with supporting our patients in SDM



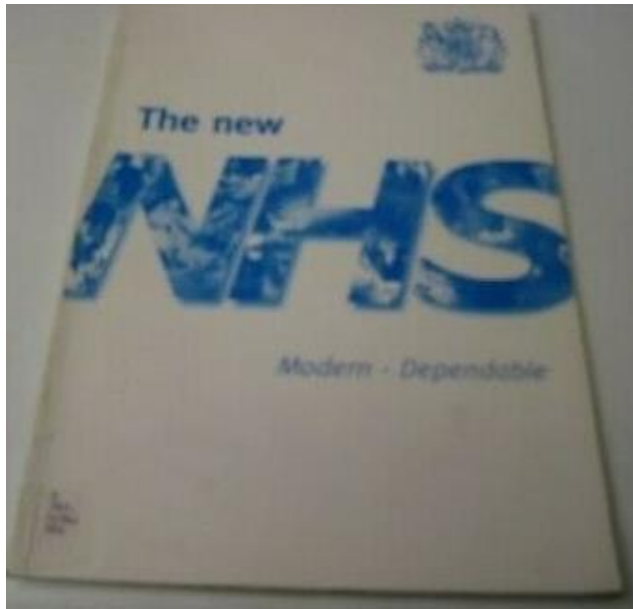
Any questions?





Engaging patients and public in the co-design of services

PPI



public&patient
experience&engagement



Putting people at the heart of care

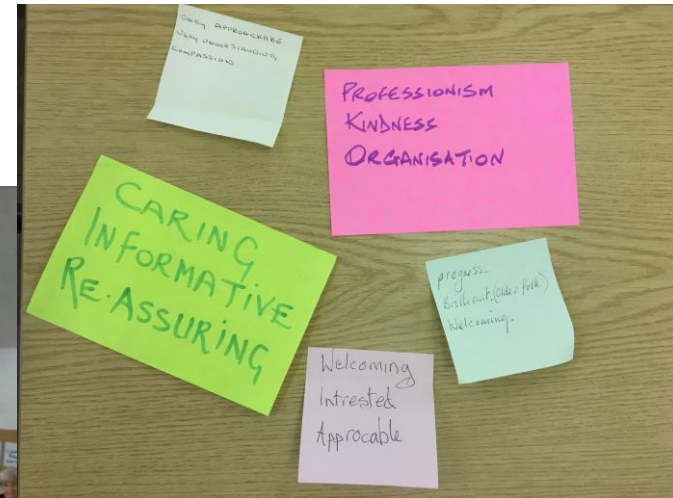
The vision for public and patient experience and engagement in health and social care



Background



How did we collaborate?




What has our collaboration achieved?

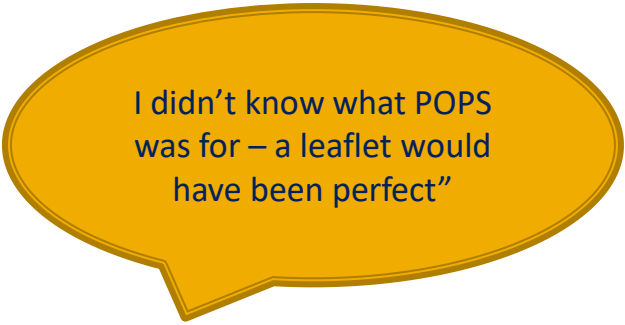


Patient-related outcomes

- Leaflet
- Change in practice
- Map/checklist



“Getting letters about my appointment from different hospitals had been confusing”



I didn't know what POPS was for – a leaflet would have been perfect”

Process related outcomes



we are your
PALS | Patient
Advice
& Liaison
Service

Staff and organisational related outcomes



Enablers



Challenges

- Representation
- Continued momentum
- Money & time

SYSTEMATIC REVIEW

Open Access

Engaging patients to improve quality of care: a systematic review




Yvonne Bombard^{1,2*}, G. Ross Baker¹, Elaina Orlando^{1,3}, Carol Fancott¹, Pooja Bhatia¹, Selina Casalino², Kanecy Onate¹, Jean-Louis Denis⁴ and Marie-Pascale Pomey⁵

RESEARCH

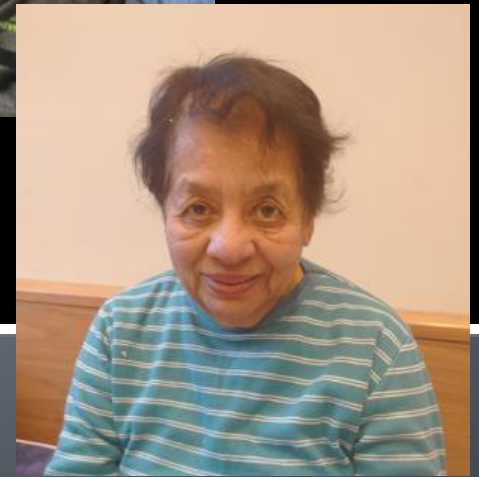
Open Access

Exploring the theory, barriers and enablers for patient and public involvement across health, social care and patient safety: a systematic review of reviews



Josephine Ocloo^{1,2*} , Sara Garfield^{3,4}, Bryony Dean Franklin^{3,4} and Shoba Dawson⁵

Conclusions



Tips

- Recognise the challenges
- Utilise resources (NHS Elect)
- Find your trust's patient engagement officer
- Engage early and continue to engage
- Aim high
- Enjoy the process



Clinical Update

Dr Jugdeep Dhesi, Clinical Lead POPS Network

Coffee and Networking

5 minutes to grab a coffee

Attendees will have 2 sets of breakouts (self-facilitated), each for 15mins to discuss topics below. Then 5 minutes to feedback in plenary. Groups will be randomly allocated.

First breakout topics:

- getting your project off the ground: how it feels to lead this work; what support do you need
- measurement/data collection

Second breakout topics:

- clinical issues: CGA; ID of frailty; working with different specialisms
- patient & staff experience/shared decision making





Summary and closing remarks

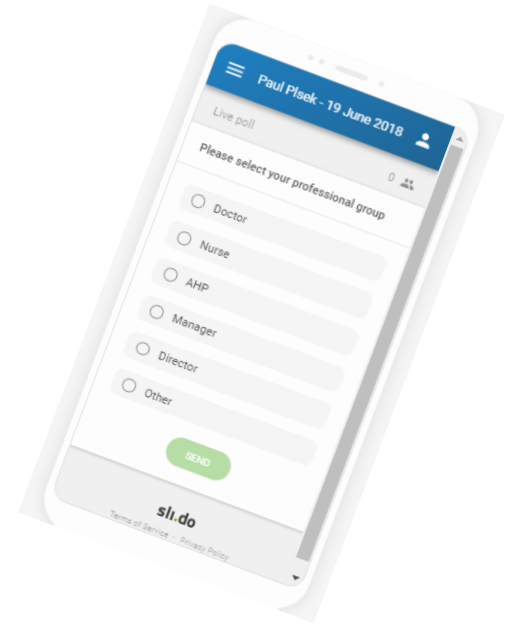
Simon Griffiths

Next steps

As a team think about the following:

- Ensure you've identified core members of your team e.g. your Exec Sponsor, Analyst, Project Manager etc.
- Access the POPS website www.popsolderpeople.org and let us know what content would be useful.
- The password for the pages in the Members Area is **POPSNetwork2021**
- Access the POPS Toolkit at the website.
- **Register for the next event on 11 May 09:00-11:30.**
- **Sign up for the upcoming webinars:**
 - Shared Decision Making (SDM) in Healthcare with a Focus on SDM in Perioperative Care 26 April 3:00-4:00

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- Use the polls to give us feedback about the day



*Think about the support you
want/need and let the
programme team know at*

networksinfo@nhselect.org.uk