Proactive care of Older People in Surgery

POPS

Supporting the frail patient throughout the perioperative pathway

POPS TEAM

Nurse Practitioners

Becky Dryburgh Paul Henry Patsy Bathgate

Medicine of the Elderly Doctors

Dr Liz MacDonald Dr Gillian Galloway

Link Anaesthetists

Dr Debbie Morley Dr Irwin Foo

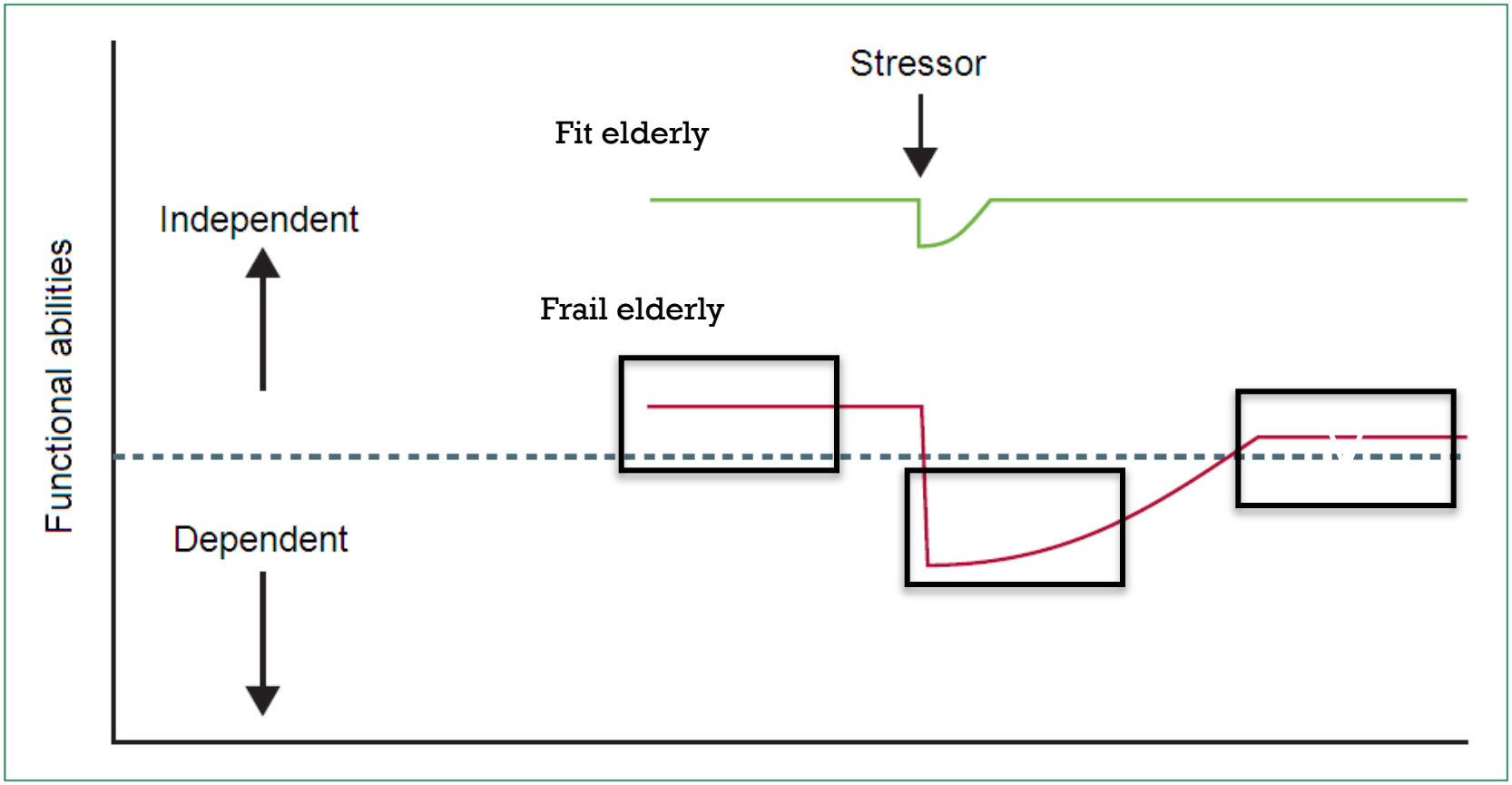
Ageing Surgical Population

Success

+

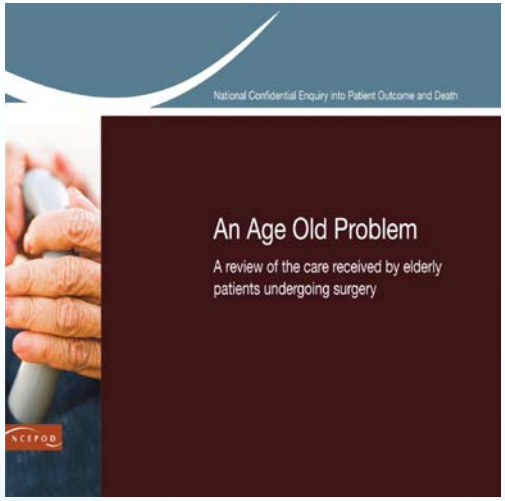
Challenge

Frailty - a state of vulnerability to even minor stresses



National Confidential Enquiry Patient Outcomes & Death
An Age Old Problem

Gap between care that should happen and what actually happens



This report makes depressing reading……

Conclusion: Frailty assessment /management should be embedded in perioperative pathway

POPS elective pathway

Targets frail older patients referred for surgery

‘’From preadmission to discharge’’

Targeting The Right Patient

- Which patients benefit from POPS v standard care?
  - Frail rather than old
  - Mix of medical, multidisciplinary and social needs
  - Potential need for ‘wise decision’ making

- How are patients identified ?
  - Direct referral from surgical teams
  - Option on new Waiting list form
  - Triage of waiting list forms (Anaesthetic/POPS)

Aims

- To carry out enhanced assessment
- To review suitability for surgery.
- To help optimise before surgery
- To promote recovery after surgery

POPS Clinics

Identifying and assessing key areas of Frailty

- Co-morbidities
- Poly-pharmacy
- Cognition – Dementia/Delirium
- Functional status – mobility/falls
- Functional independence – daily activities
- Social support – need for carer support
- Sensory impairment – vision/hearing
- Continence
- Mood
- Nutrition
- Skin

Optimising patient

May include:

- Modification of drugs
- Optimisation of co-morbidities
- Exercise regime
- Attendance at Medical day hospital (PT/OT)
- Nutritional assessment/support
- Review social set up/increase POC

Assessing risk of poorer outcome

Specific (validated) tests

Cognition

- 4AT
- MMSE
- HADS

Frailty measures

- Edmonton Frailty Score
- Timed Get Up and Go
- Grip strength

Anaesthetic assessment incorporated ‘one stop’

Patient understanding and wishes

- Time to talk with patient and family
- Check understanding of benefits & risks
- Explore concerns and expectations
- Explore wishes
- If appropriate discuss plan with surgeon

Weekly POPS Multidisciplinary meeting

- Review results of assessment at POPS Clinic

- Discuss each patient's 'red flags'

  'a unique mix of deficits, needs, frailty'

- Pull together a plan for each individual patient

Communication and Preparation

Summary letter

- On TRAK
- To GP
- To surgeon if appropriate

Alert on TRAK

Key issues identified

1

2

Key actions preadmission

1

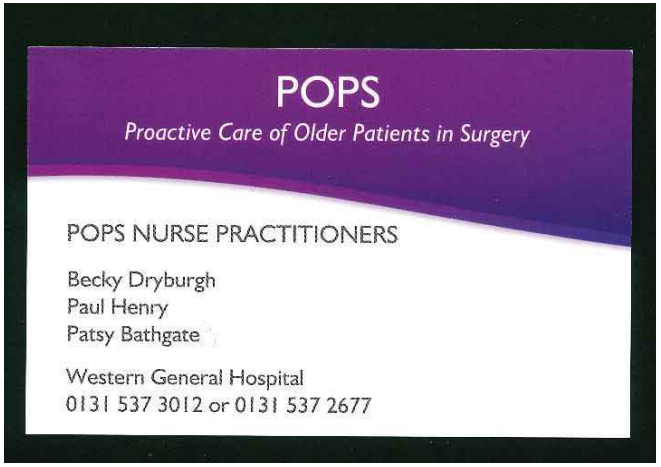
2

Key actions during admission

1

2

Point of contact



Monitor patient while waiting for surgery

- **N/Ps carry case load**
- Ensure no change in condition
- Reassess if there is
- Avoid last minute cancellations
- Be aware if patient’s need for surgery changes

POPS Post Operative follow-up

- Structured MOE led ward round
  - Cognition
  - Mobility
  - Medication review
  - Medical review
  - Known areas of risk
- Early involvement of MDT if needed
- Support communication with family
- Follow up post discharge if needed

’Familiar face” /continuity for patient

POPS Elective Database

POPS elective activity

> 500 patient episodes on database

Patient needs

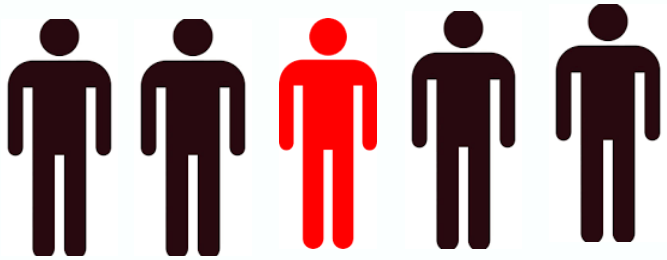
Example: Under-recognition of cognitive impairment

- 20% patients – known cognitive impairment but
- 40% patients – MMSE <26/30

Outcome

Example: Altered decisions

Supporting Wise Decision Making



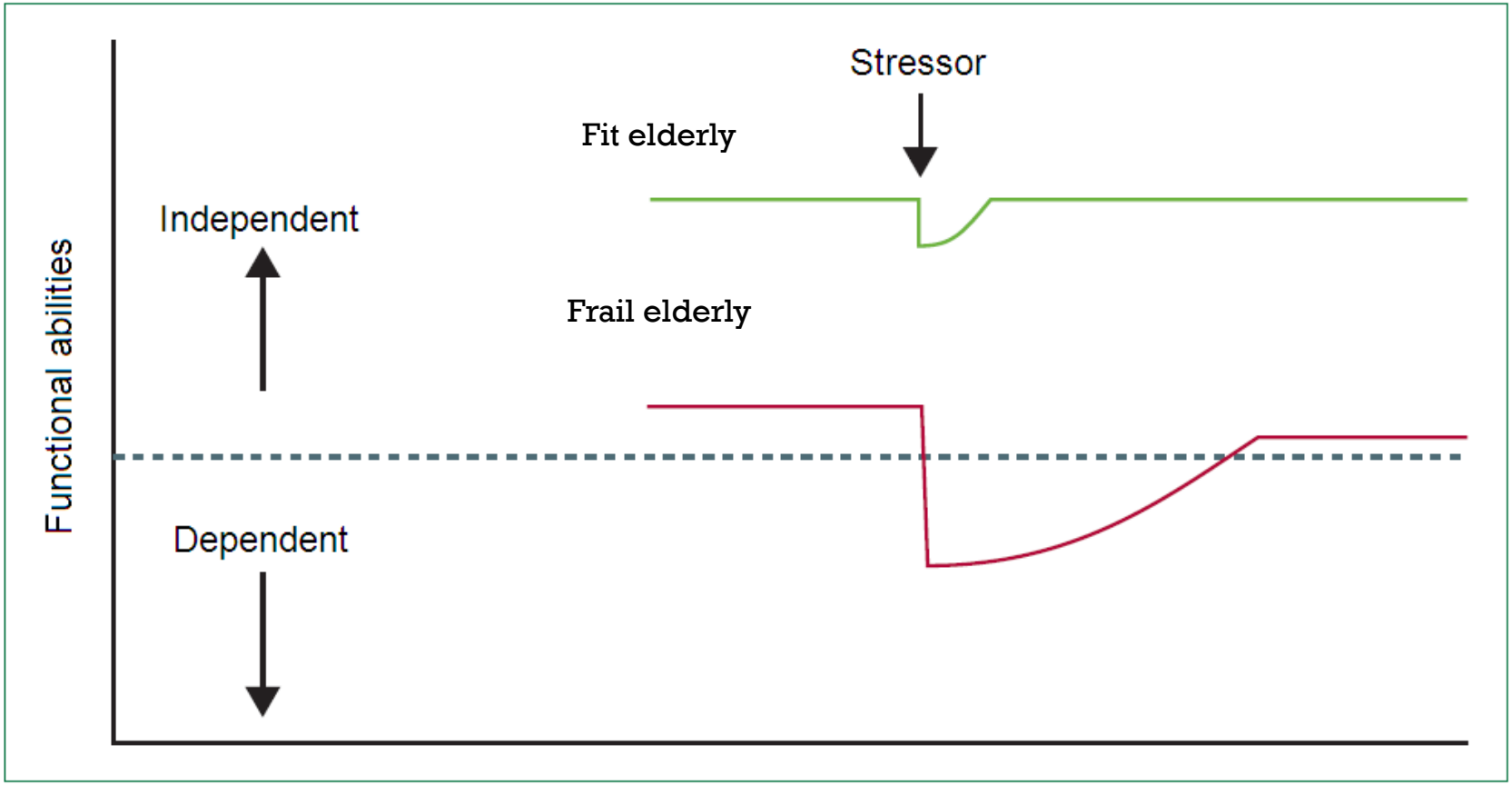
21%

Discussed/reviewed with surgeon

80%

Surgery cancelled or altered

Surgical view



ANY QUESTIONS?

POPS office - just before entrance to PAC/DOSA

Bleep: 8195

Phone: ext 33012

Email: POPS