National Perioperative Quality Improvement Programme

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15min

• Why we need a national Perioperative Quality Improvement Programme (PQIP)

• PQIP implementation plans

• Evaluation study
Why do we need PQIP?
Patients are changing
One third of babies born in 2013 are expected to live to 100

Part of Historic and Projected Data from the Period and Cohort Life Tables, 2012-based Release

Released: 11 December 2013

ONS looks at population and mortality projections for men and women

The latest ONS statistics look at the chances of people living in the UK surviving to their 100th birthday. According to the principal projection, around 1 in 3 babies born in 2013 will live to celebrate their 100th birthday. The total number of centenarians is projected to rise from 14,000 in 2013 to 111,000 in 2037.

Almost 85,000 people, (31,000 men and 54,000 women) aged 65 in 2013 are expected to celebrate their 100th birthday in 2048. ONS calculates a principal projection, low life expectancy and high life expectancy variants to show the possible variation that could occur in the future.

Projected numbers of people surviving to their 100th birthday by their age in 2013, UK
One in three people born in the UK in 2015 could get dementia

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Surgery is changing
“Uncontrolled variation is the enemy of quality”

Variation is ubiquitous
NELN, Saunders et al, BJA 2012
NELA Patient data; Thanks to C. Matt Oliver
Is it all just about life or death?
Impact of postoperative complications

- Reduced survival
- Reduced health-related quality of life
- Independent of preoperative risk (known)
- Biologically plausible
No routinely analysed data on...

- **Postoperative complications**
  - Apart from surgical indicators e.g. return to theatre

- **Patient reported outcome**
  - Outside the NHS mandated PROMs programme
REDUCING MORTALITY

Proposals to NHS England from the Academy of Medical Royal Colleges on improving survival for people with acute illness

7. Priority areas for a first stage of work relating to in-hospital mortality
The Group then identified the following issues as potential for priority topics for consideration by NHS England

- Emergency laparotomy
- Upper GI bleeding
- Complications from elective colorectal surgery
- Acute kidney injury
- Medical sepsis
ACADEMY OF
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COLLEGES _____

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Room for improvement

What next?
Aspiration

To implement a national system for measuring perioperative outcome (including complications) for major surgery with quality improvement as an objective from the outset
Engaging Clinicians in Quality Improvement through National Clinical Audit
Experience from across the UK

• Information collected and not reported / analysed

• Disproportionate focus on productivity and efficiency not quality

• Focus on mortality and not on complications

• Distrust and fear of the data and how it will be used

• Data collection fatigue when improvements not clear

Allwood, D: Engaging Clinicians in QI through National Clinical Audit. 2014
Can’t be just another national audit

Must be about quality improvement and evaluating QI methods
Perioperative Quality Improvement Programme

• Sample of patients undergoing major surgery
  • cystectomy, major H&N, major GI, major thoracics

• Process and outcome measures with risk adjustment

• Focus on complications and patient reported outcomes

• Develop novel methods of data feedback, analysis and support mechanisms to aid local improvement initiatives

• Starting late 2016
Perioperative Quality Improvement Programme

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Key findings

In summary

- There is a need to clarify the content and purpose of clinical audits so that local healthcare providers understand the relevance and importance of audit and can use this data to make improvements to services.
- Support with how to analyse and interpret data and present findings to others in user-friendly ways would help people to engage better with audit findings.
- Incentives to drive improvement could act as both barriers and facilitators. Recognition of good practice was seen as a powerful motivator while financial incentives and named consultant data received mixed responses.
- The right resources, knowledge and skills are needed to encourage engagement. Events were useful for learning and sharing best practice. Dedicated time to interpret and act on findings together with clinical audit team input were important.
- Organisational structures, governance, staffing and culture all had a strong influence on the take up of clinical audit and on whether data was used to encourage improvement.
- More could be done to engage clinical leads with HQIP. Participants would like to see greater involvement of clinicians and input from patients in the design and reporting of audits.

Allwood, D: Engaging Clinicians in QI through National Clinical Audit. 2014
Novel approaches to QI

• Funky database
  • Run Charts
  • Statistical Process Control
  • Developed with support of IT geeks/gurus

• Cluster RCT / before-after study
  • Novel QI intervention
  • Training and education
  • Support and mentoring
Challenges of evaluating QI interventions
Ethnography

“Systematic study of people and cultures”
Professional leadership

Clinical Reference Group
• Royal Colleges and Faculties:
  • Royal College of Anaesthetists
  • Royal College of Surgeons
  • Royal College of Physicians
  • Royal College of Nursing
  • Faculty of Intensive Care Medicine
  • Faculty of Pain Medicine

• CCG representatives
• Lay representation
• Trainees
• Normal people!

• Specialist Societies
  • Association of Anaesthetists of Great Britain and Ireland
  • Association of Coloproctologists of Great Britain and Ireland
  • British Association Urological Surgeons
  • British Associate Otolaryngologists/Head and Neck surgeons
  • Pre-Operative Association
  • British Geriatrics Society
70 Trusts so far
NIHR portfolio status likely to encourage more to join