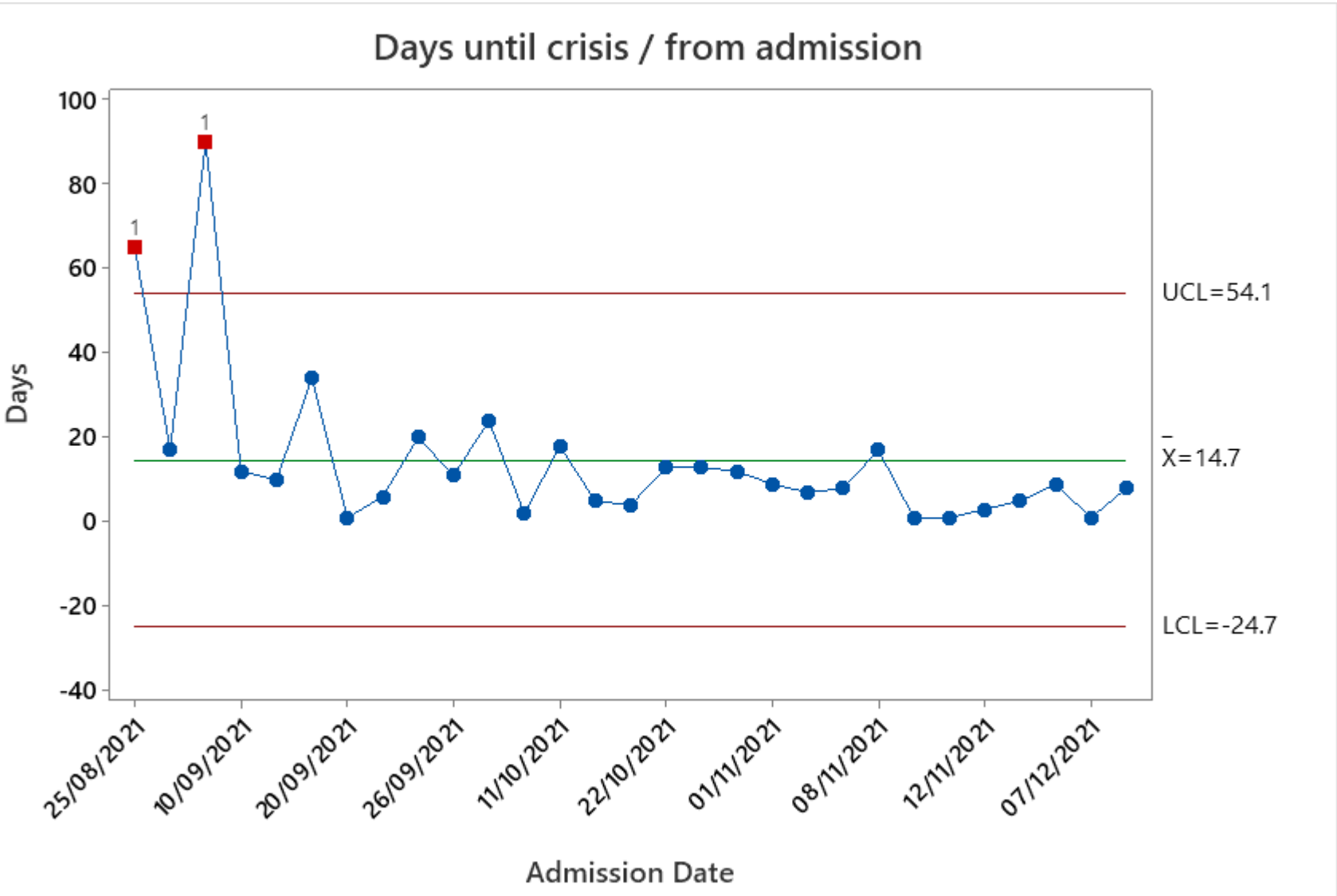
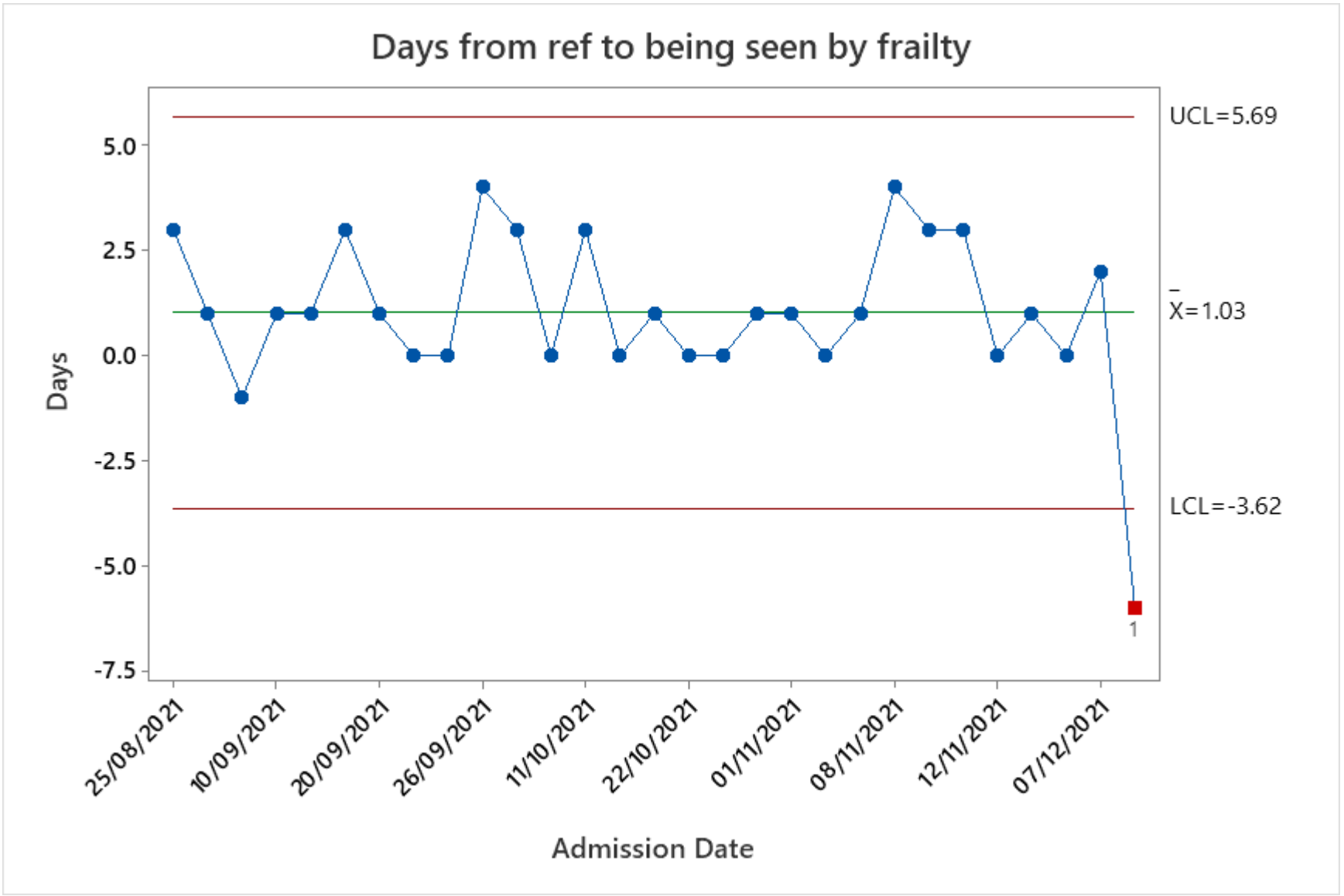
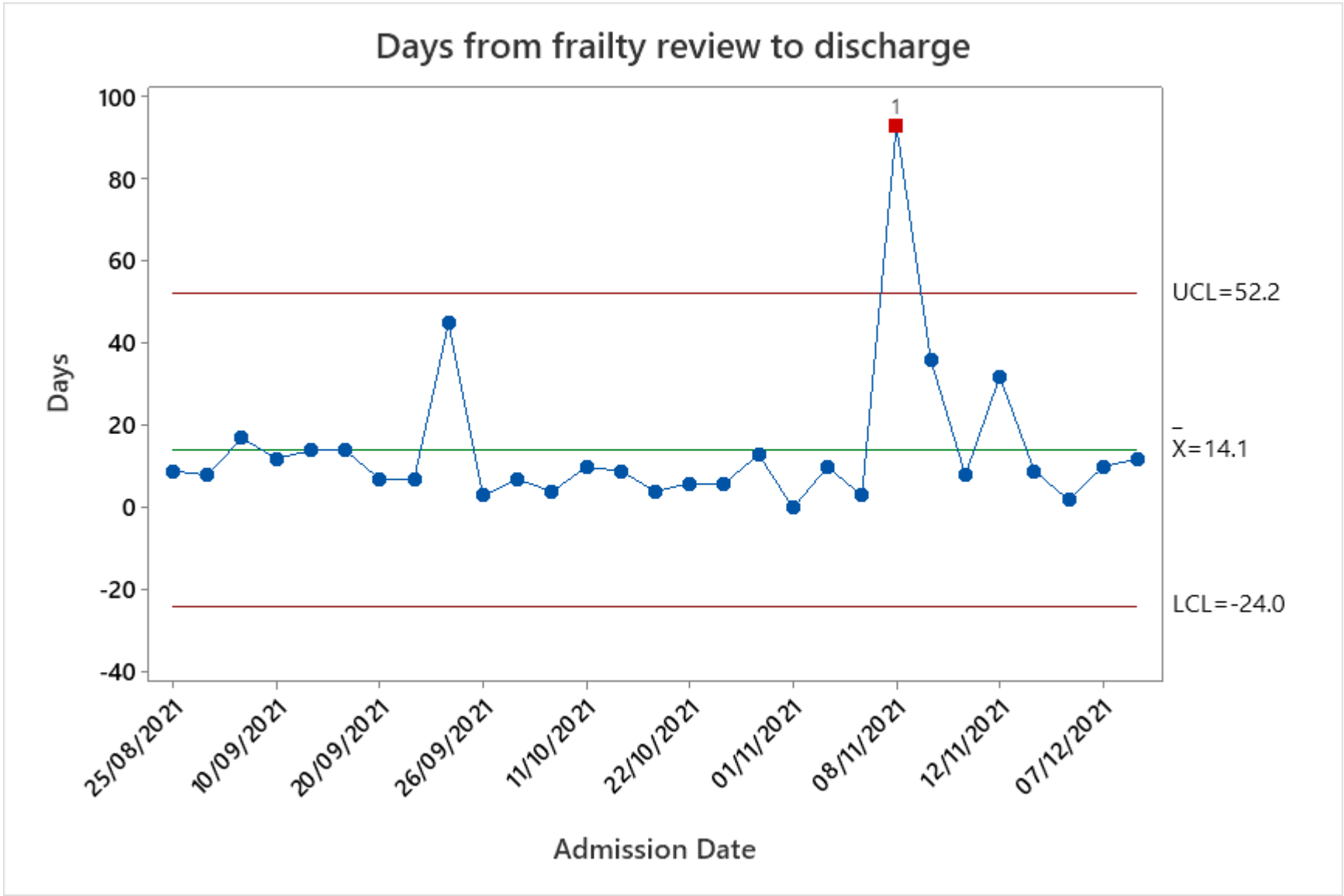
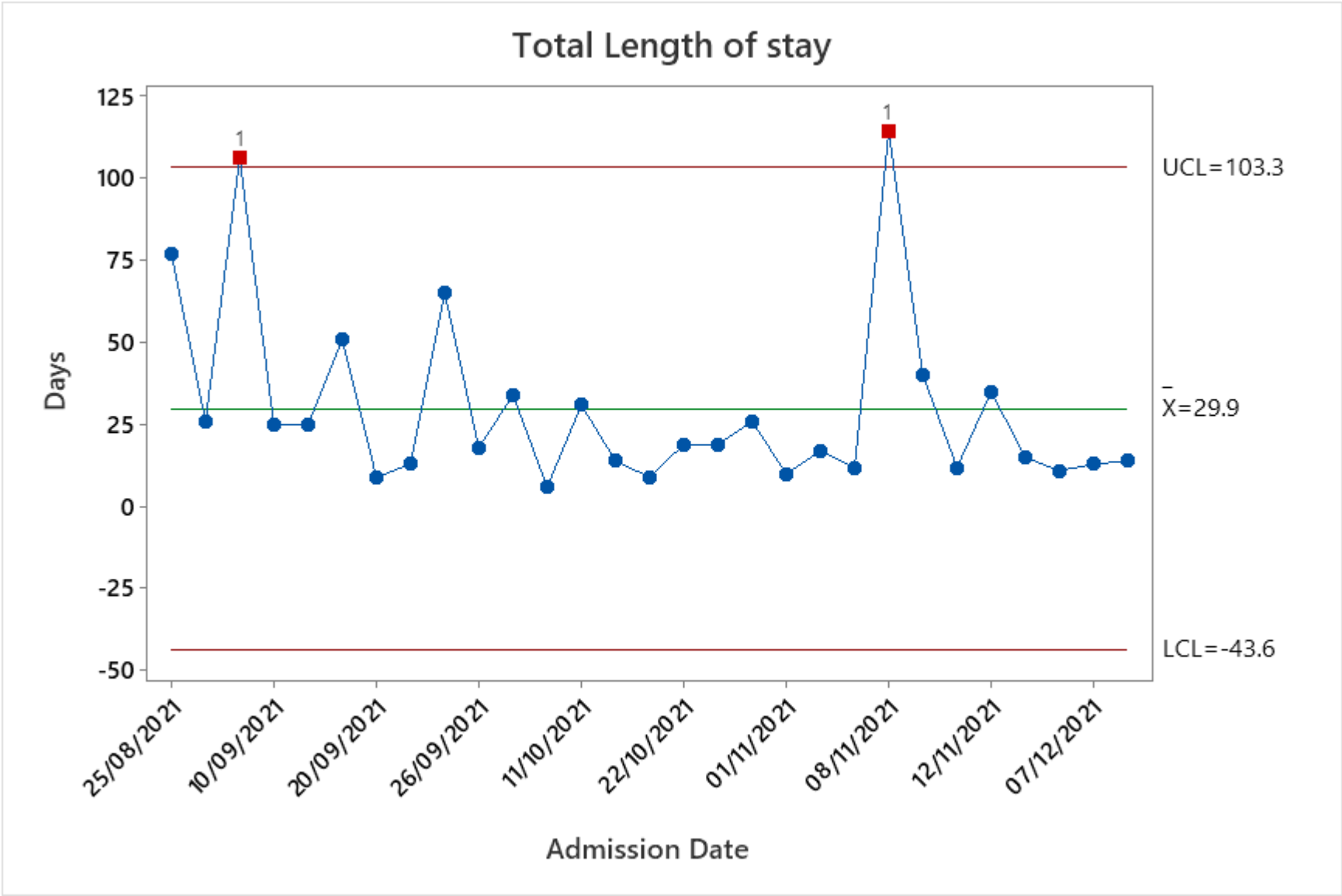
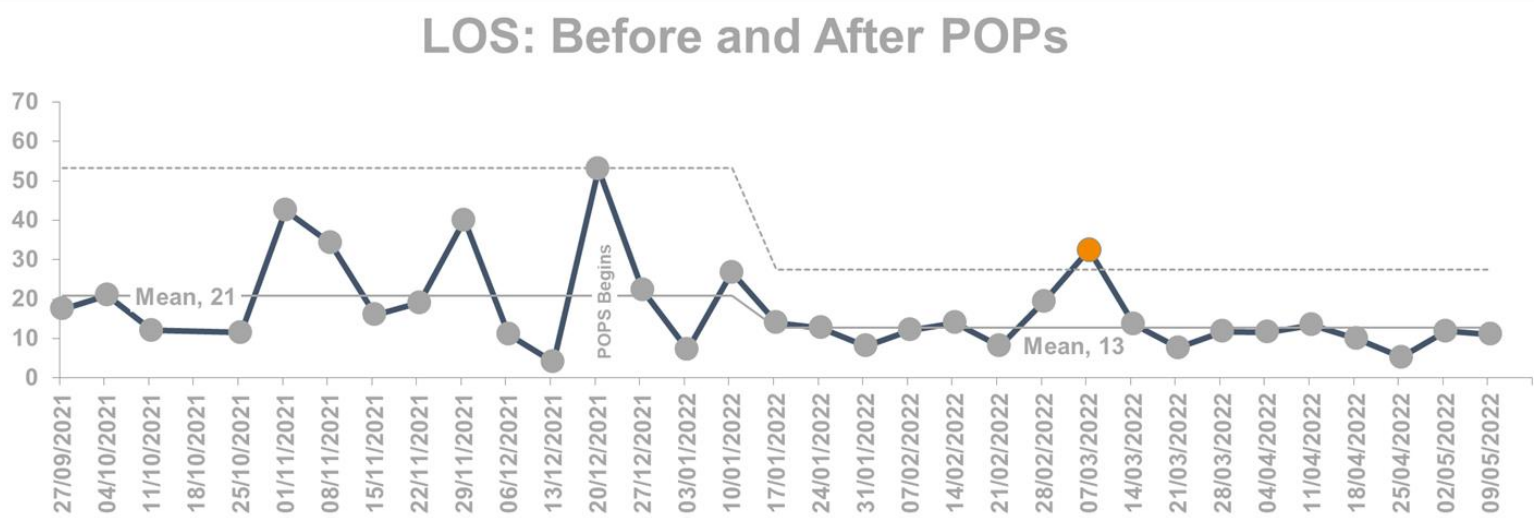
Lewisham & Greenwich


Days until crisis / from admission
Days
100
80
60
40
20
0
-20
-40
1
1
UCL=54.1
X=14.7
LCL=-24.7
25/08/2021
10/09/2021
20/09/2021
26/09/2021
11/10/2021
22/10/2021
01/11/2021
08/11/2021
12/11/2021
07/12/2021
Admission Date


Days from ref to being seen by frailty
UCL=5.69
X=1.03
LCL=-3.62
5.0
2.5
0.0
-2.5
-5.0
-7.5
Days
1
25/08/2021
10/09/2021
20/09/2021
26/09/2021
11/10/2021
22/10/2021
01/11/2021
08/11/2021
12/11/2021
07/12/2021
Admission Date


Days from frailty review to discharge
100
80
60
40
20
0
-20
-40
Days
1
UCL=52.2
X=14.1
LCL=-24.0
25/08/2021
10/09/2021
20/09/2021
26/09/2021
11/10/2021
22/10/2021
01/11/2021
08/11/2021
12/11/2021
07/12/2021
Admission Date


Total Length of stay
125
100
75
50
25
0
-25
-50
Days
1
1
UCL=103.3
X=29.9
LCL=-43.6
25/08/2021
10/09/2021
20/09/2021
26/09/2021
11/10/2021
22/10/2021
01/11/2021
08/11/2021
12/11/2021
07/12/2021
Admission Date


LOS: Before and After POPs
70
60
50
40
30
20
10
0
Mean, 21
POPS Begins
Mean, 13
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
28/03/2022
04/04/2022
11/04/2022
18/04/2022
25/04/2022
02/05/2022
09/05/2022

Whipps Cross Hospital

Barts Health NHS Trust

Whipps Cross data plan

EMERGENCY

Process:

- No of patients reviewed/week
- No of encounters needed/patient
- No of CGA issues addressed/patient
- No of medication changes/patient
- No of additional TEPs implemented/wk

Outcome:

- No of patients /month :
  - Identified as not being suitable for ER surgery
  - Identified as having end of life or palliative care needs
- Place of discharge
- No of transfers from surgical to older person wards/month.

Other:

- Trends in readmissions

Not started:

- TBC: LOS data
- Transfers/month from surgical ward to older person ward. Comparison pre and post T-POPS

ELECTIVE

Process:

- Identification of pre-morbid delirium in patients reviewed

No of patients from Frailty Urology MDTS :

- Number discussed monthly
- Changed from GA to LA procedure, or lower risk procedure
- Taken off waiting list
- Delayed for medical optimisation or further SDM
- Identified at risk of deconditioning
- Identified at risk of delirium
- Identified as benefitting from F2F CGA pre-assessment

Other:

- Trends in readmission

Colorectal planning:

- No of patients > 65yrs from colorectal MDT for surgery
- G8 score in patients undergoing major colorectal surgery
- Reasons for LOS above expected

Not started:

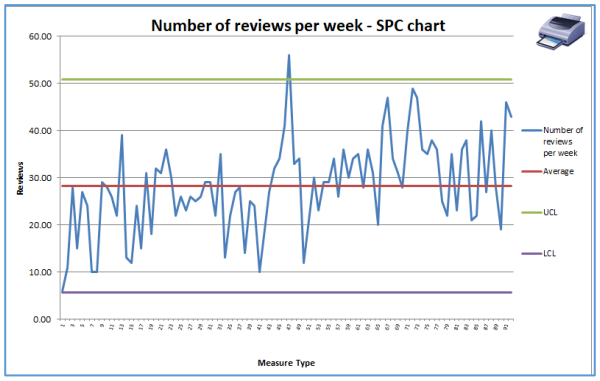
- SDMQ19 in HRA pre-assessment clinic
- Additional interventions added by presence of Geriatrician and a Therapist in pre-assessment

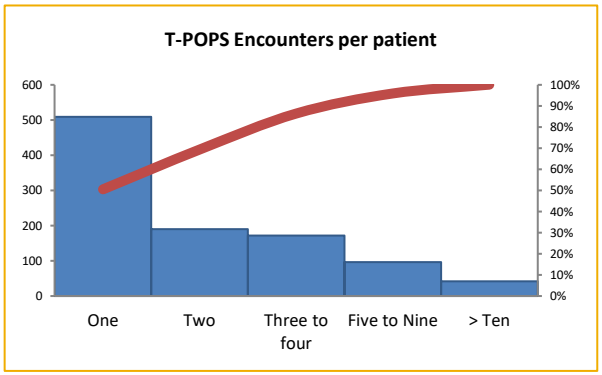
Improvement Networks

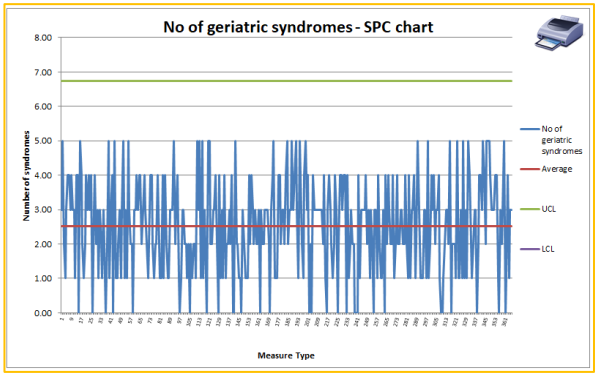
NHS Elect

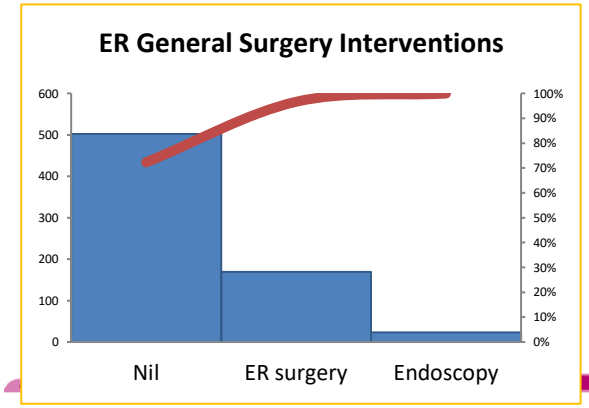
Emergency

EMERGENCY INPATIENTS REVIEWS: Service inputs and patient type

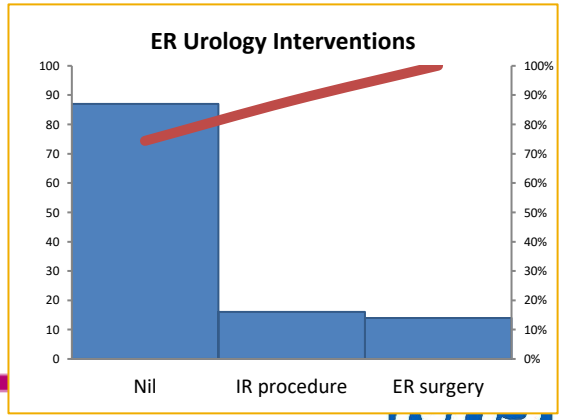








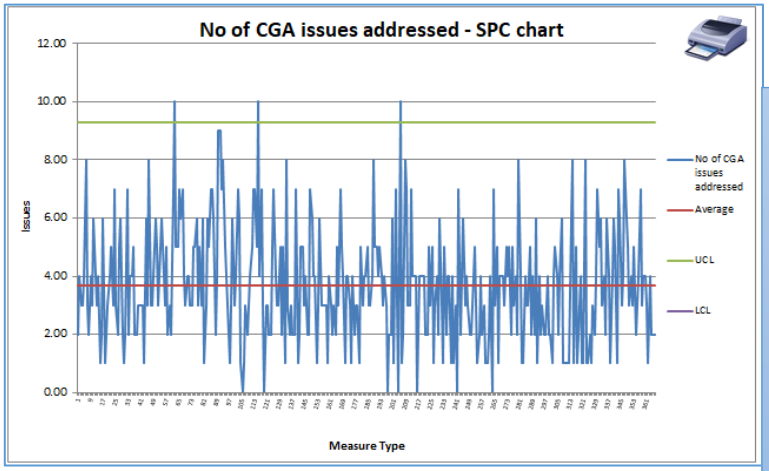
- On average ~28 patient reviews/week
- 70% of patients require only 1-2 reviews, with a small number of high intensity patients
- Typically 2-3 geriatric syndromes present
- Majority of patients reviewed on ER pathway managed conservatively



Improvement Networks

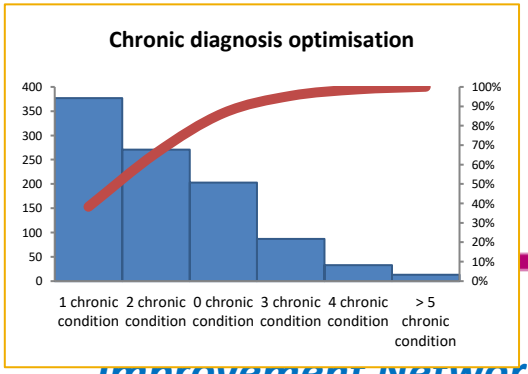
Elect

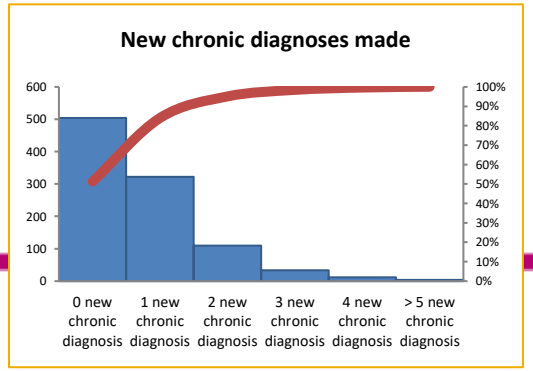
EMERGENCY INPATIENT REVIEWS:
T-POPS encounter CGA issues outcome

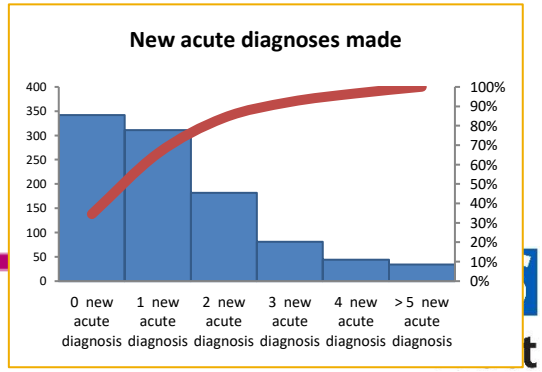


Each T-POP encounter:

- Average ~3-4 CGA issues addressed
- ~70% likelihood of 1-2 chronic conditions undergoing further medical optimisation
- ~40% likelihood of 1-2 new chronic diagnoses being made
- ~50% likelihood of 1-2 new acute diagnoses being made

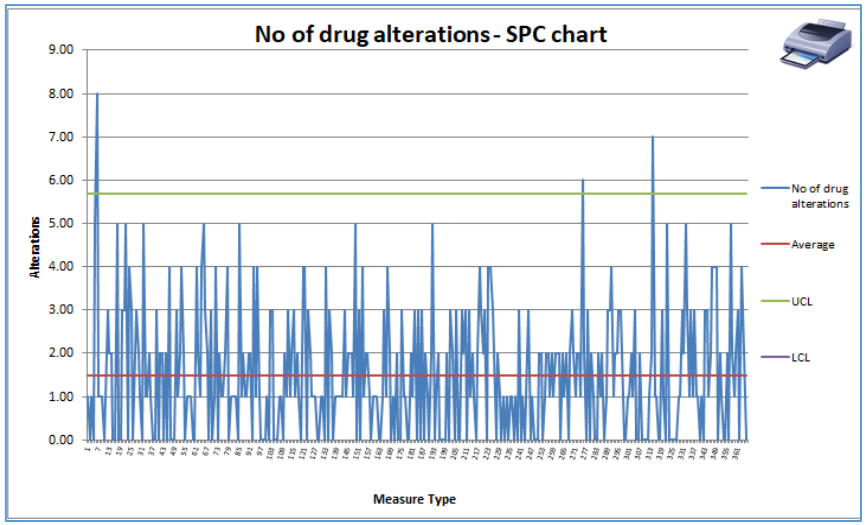


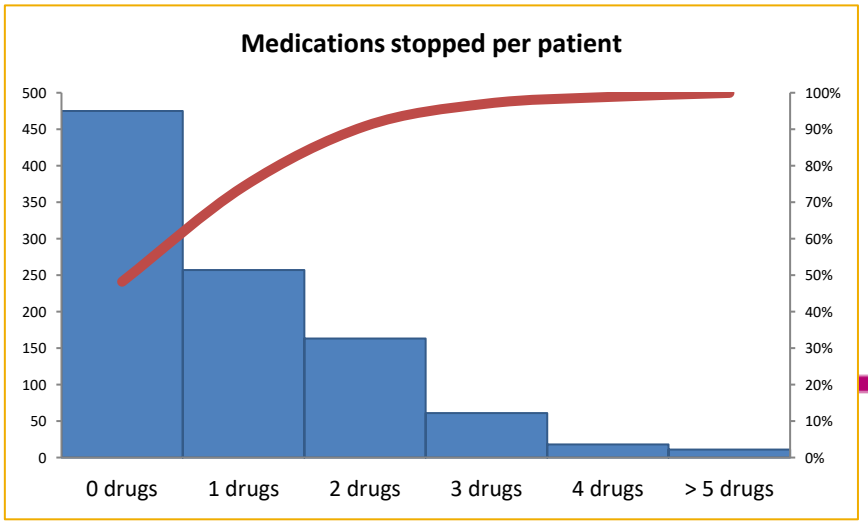




Improvement Networks

EMERGENCY INPATIENT REVIEWS:
T-POPS encounter medication changes outcome





Each T-POPS Encounter:

- Likely 1-2 medication alterations
- ~40% likelihood of 1-2 medications being stopped

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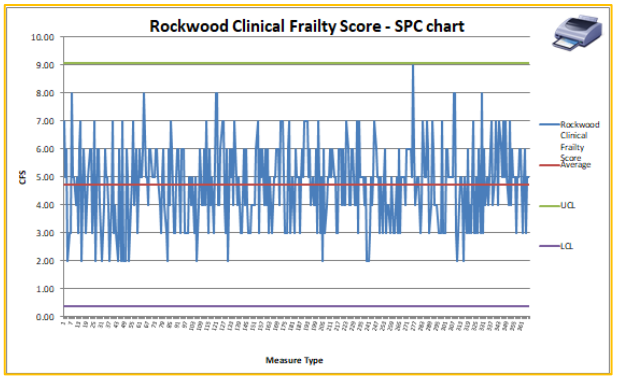
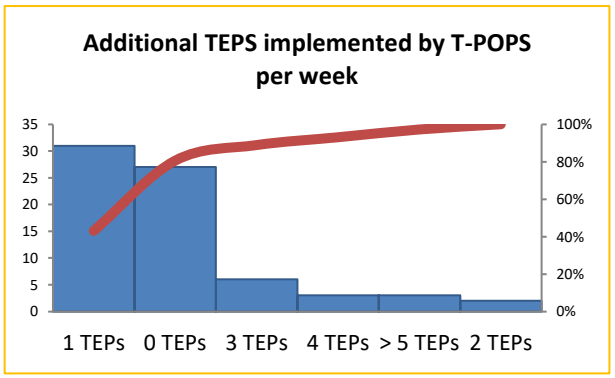
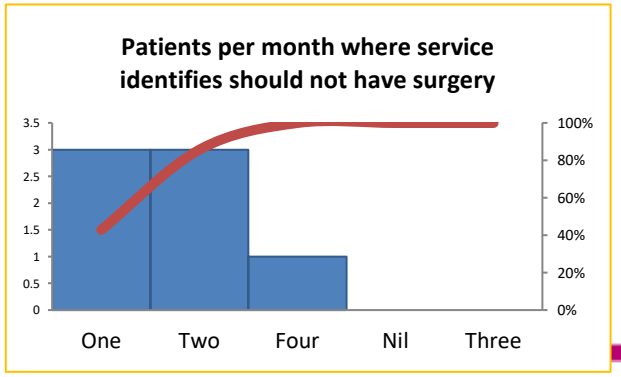
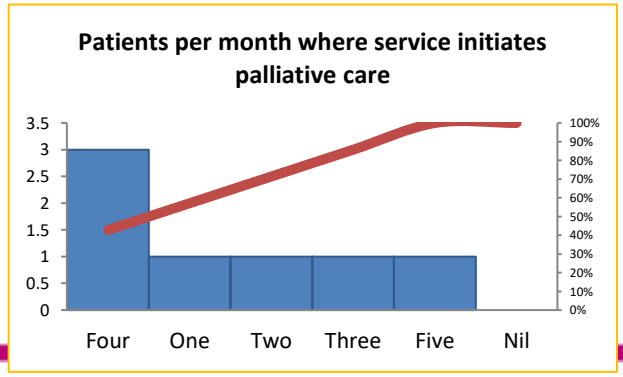
EMERGENCY INPATIENT REVIEWS: T-POPS encounter palliative outcome





- Average CFS of patients reviewed by service between 4-5
- ~ 15% of patients reviewed by service have pre-existing TEP prior to admission
- Each week, ~60% likelihood of additional TEPS being implemented by T-POPS
- Each month, ~85% likelihood that T-POPS will identify 1-2 patients who should not have surgery due to their frailty & co-morbidities
- Very likely that T-POPS will recognise a dying patient and initiate palliative care in at least 1 -2 patients per month

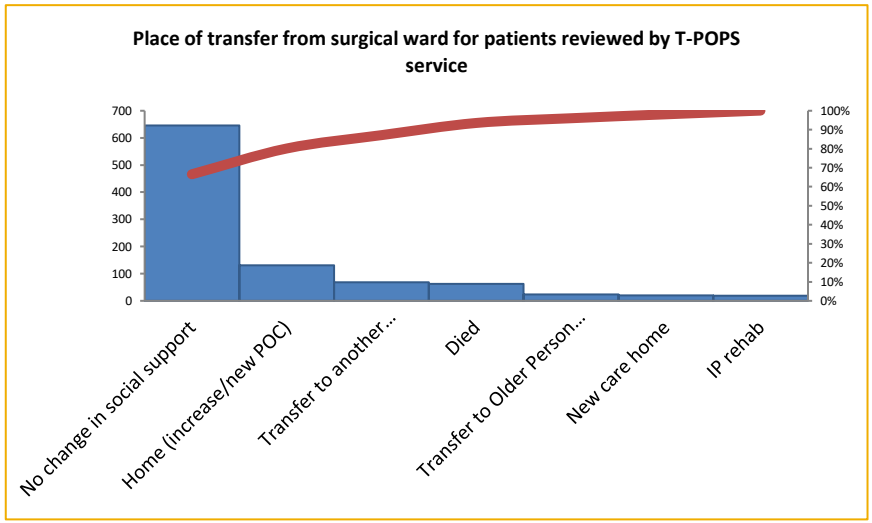


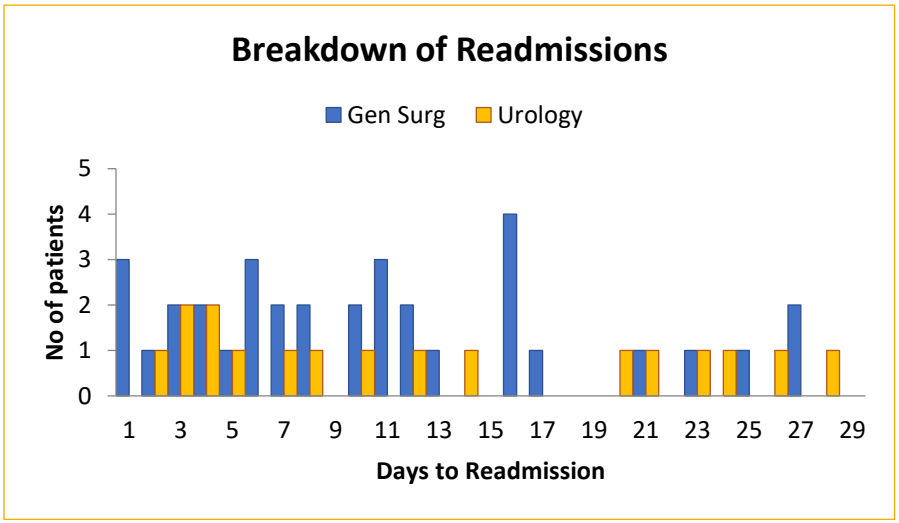


Improvement Networks

NHS Elect

EMERGENCY INPATIENT REVIEWS:
Discharge outcomes from emergency surgical wards

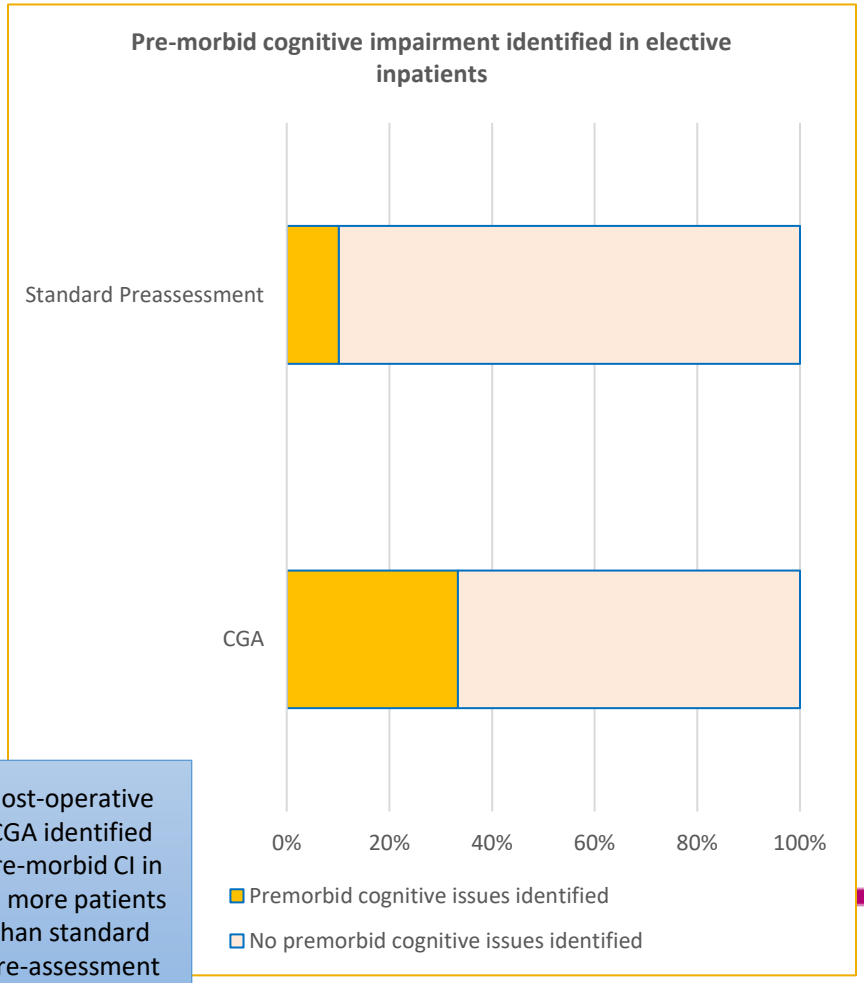


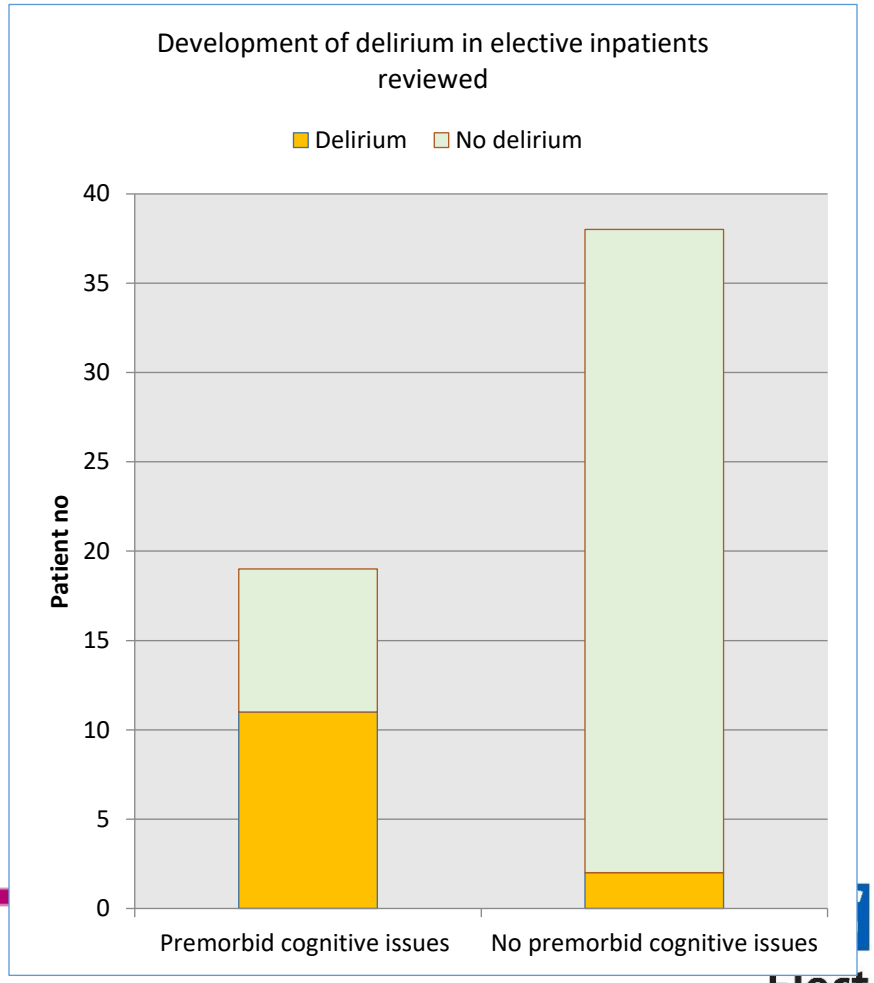


- 80% of patients reviewed returned back to previous place of residence (67% with same level of support)
- No specific clustering of readmissions.
- From 50 readmissions , 3 identified as having modifiable factors -> potentially preventable by having further interdisciplinary input

Elective

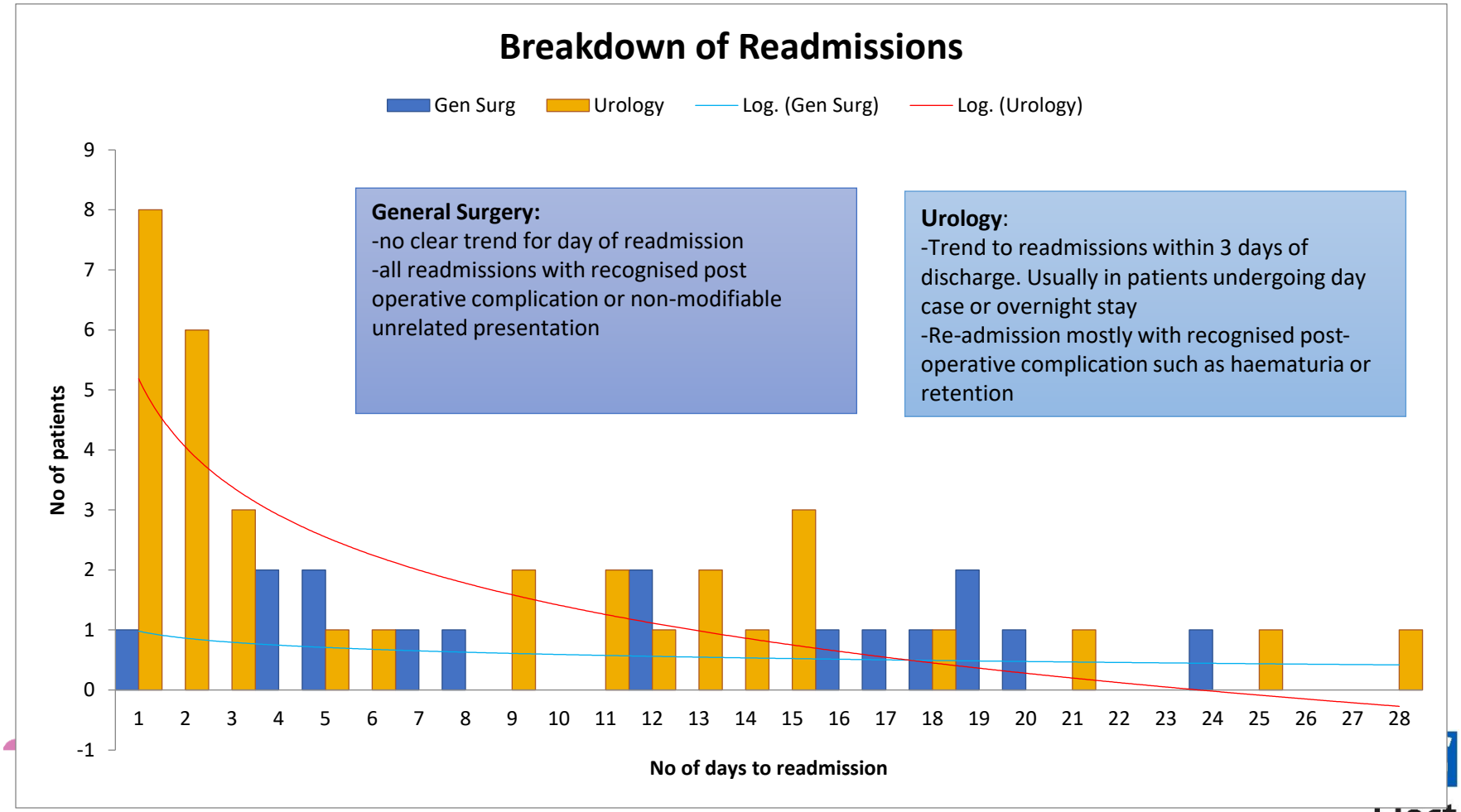
ELECTIVE INPATIENT REVIEW:
Identification of pre-morbid cognitive issues via CGA





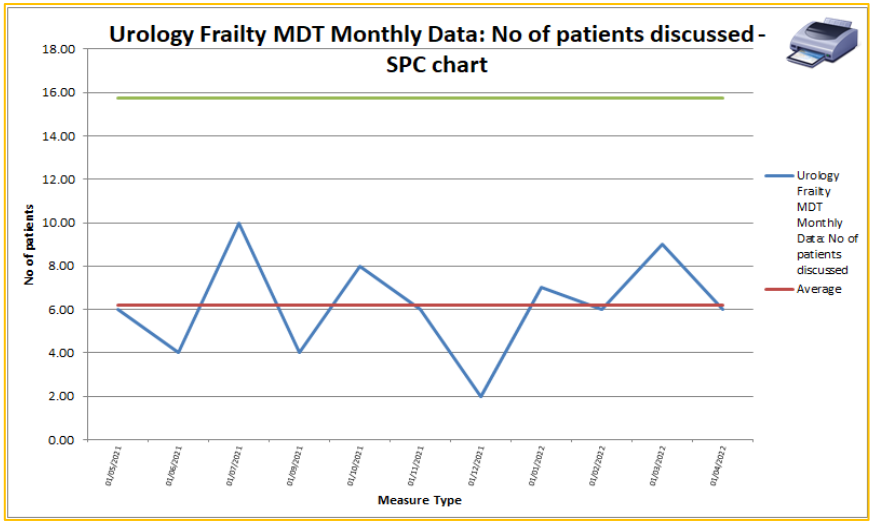
Post-operative CGA identified pre-morbid CI in x3 more patients than standard pre-assessment

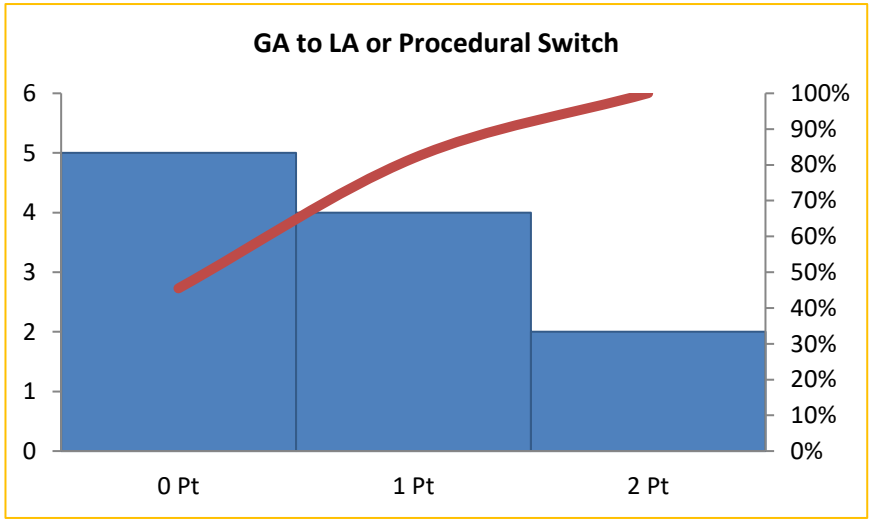
ELECTIVE INPATIENTS:
Readmissions from the Elective Surgical Ward

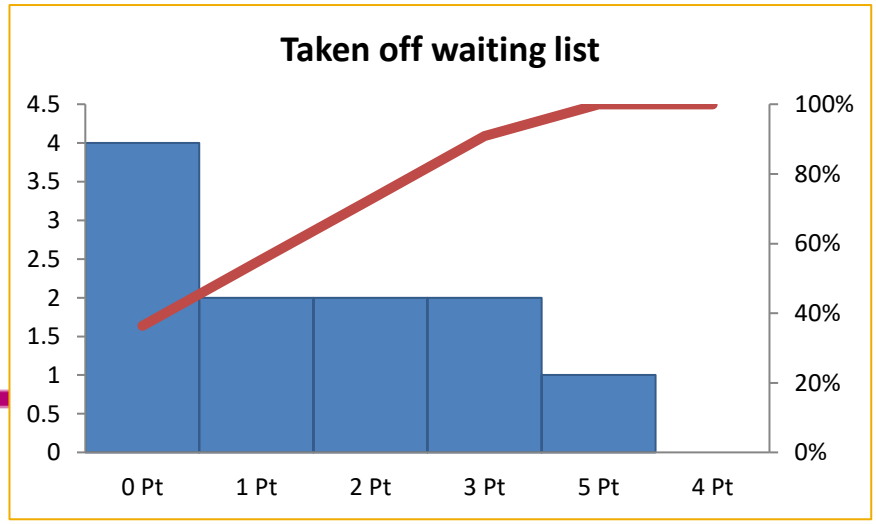


UROLOGY:
Frailty MDT

- Average of 6 patients discussed in each monthly MDT
- Initial snapshot audit suggested that 35pts/month would meet criteria for discussion







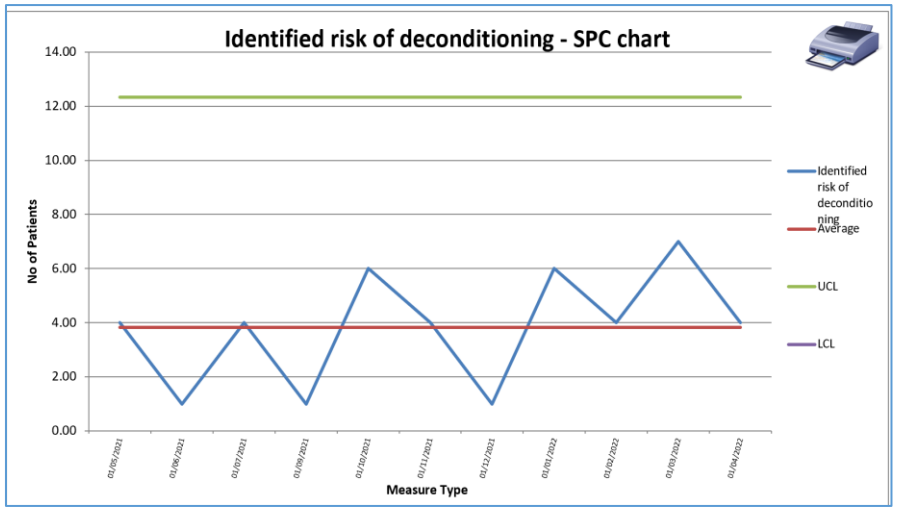
Over 50% likelihood that following each MDT:

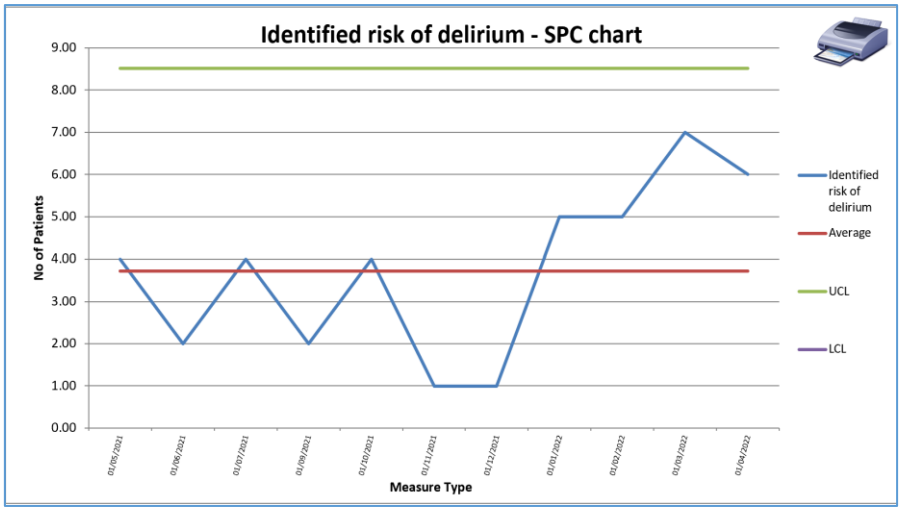
- 1-2 patients' procedure or mode of anaesthetic will be switched to a lower risk option
- 1-3 patients will be taken off the waiting list due to their co-morbidities and frailty

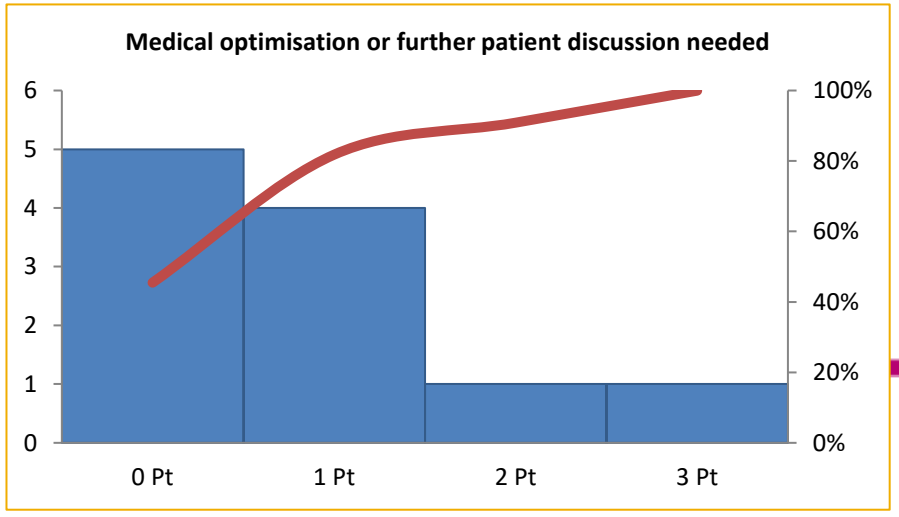
UROLOGY: Frailty MDT

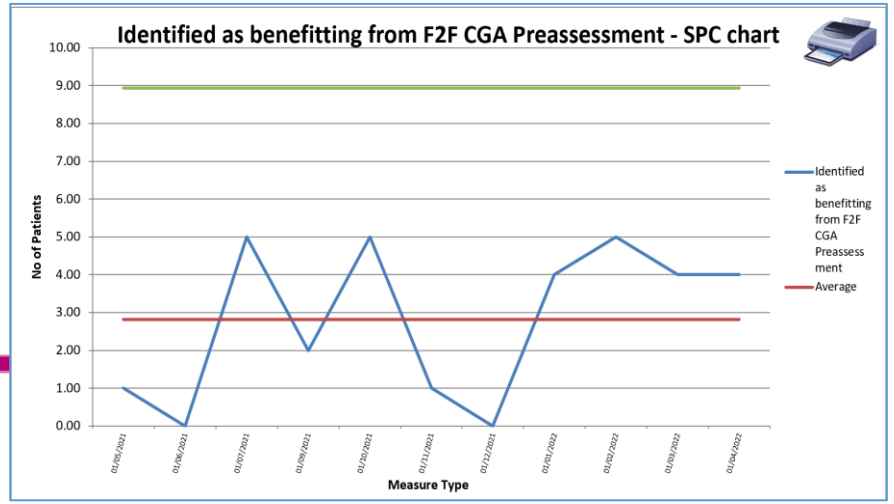
Within each Frailty MDT:

- ~4 pts likely to be identified as at risk of delirium
- ~4 pts likely to be identified as at risk of deconditioning
- ~40% likely identified as needing further medical optimisation or further shared decision making discussion
- ~ 3pts likely to benefit from F2F CGA Pre-assessment







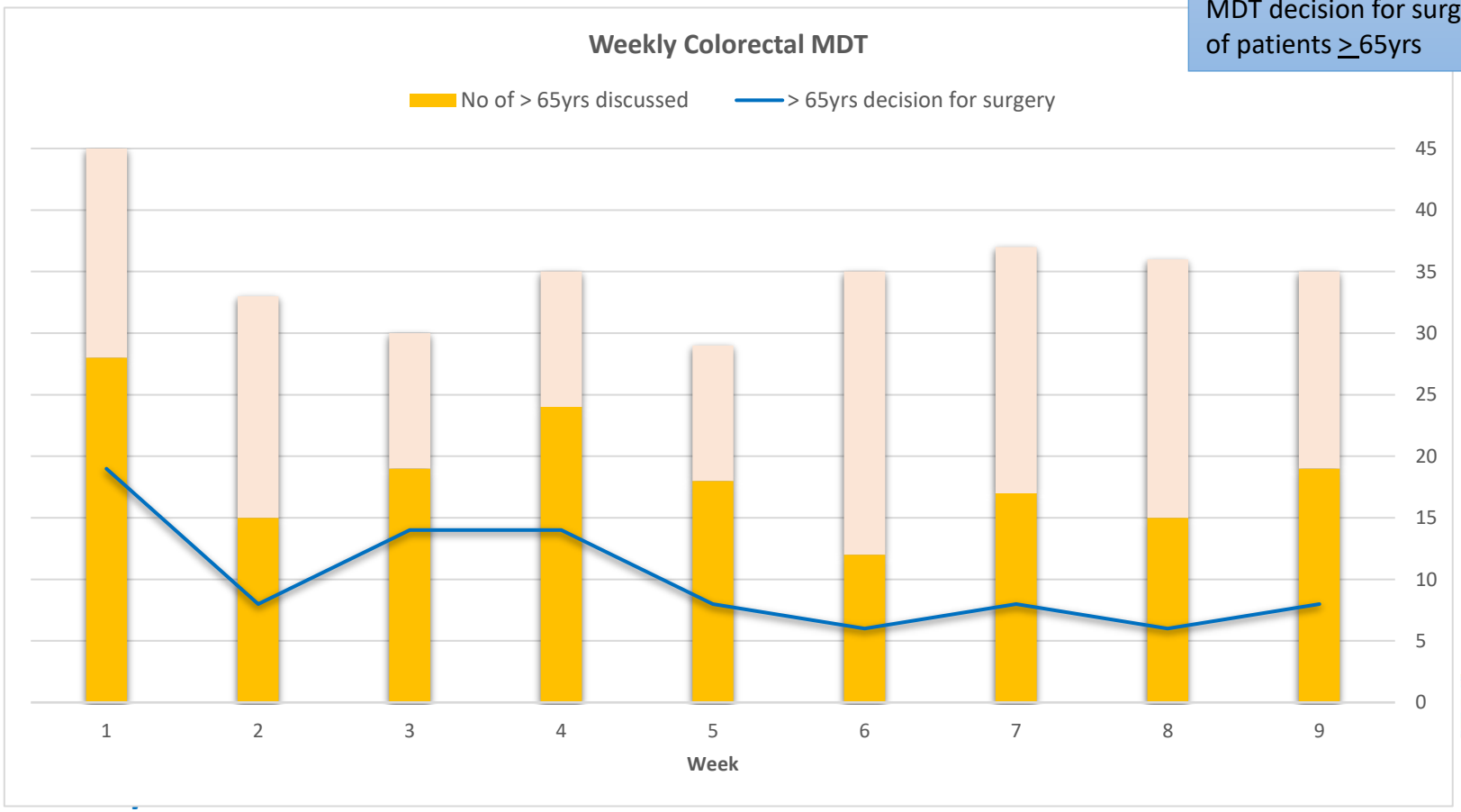


COLORECTAL:
Weekly Colorectal MDT

Mean data:

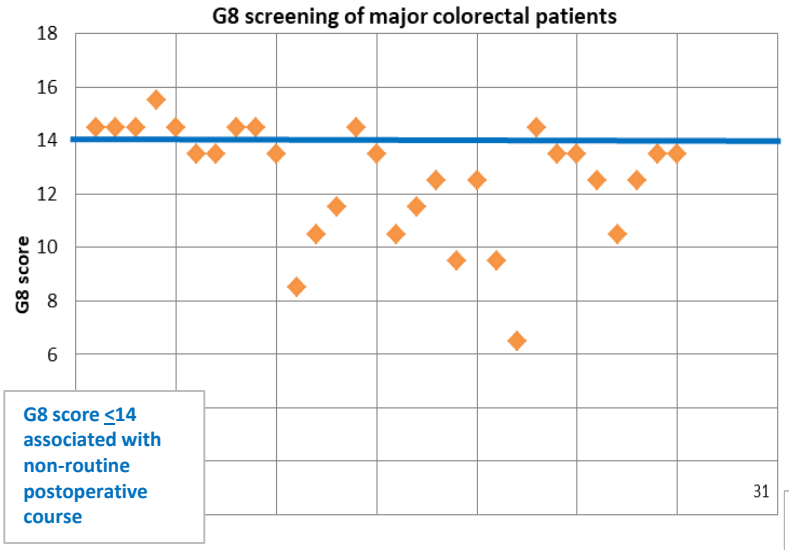
~ 47% of discussed patients ≥ 65yrs

MDT decision for surgery in ~ 53% of patients ≥ 65yrs



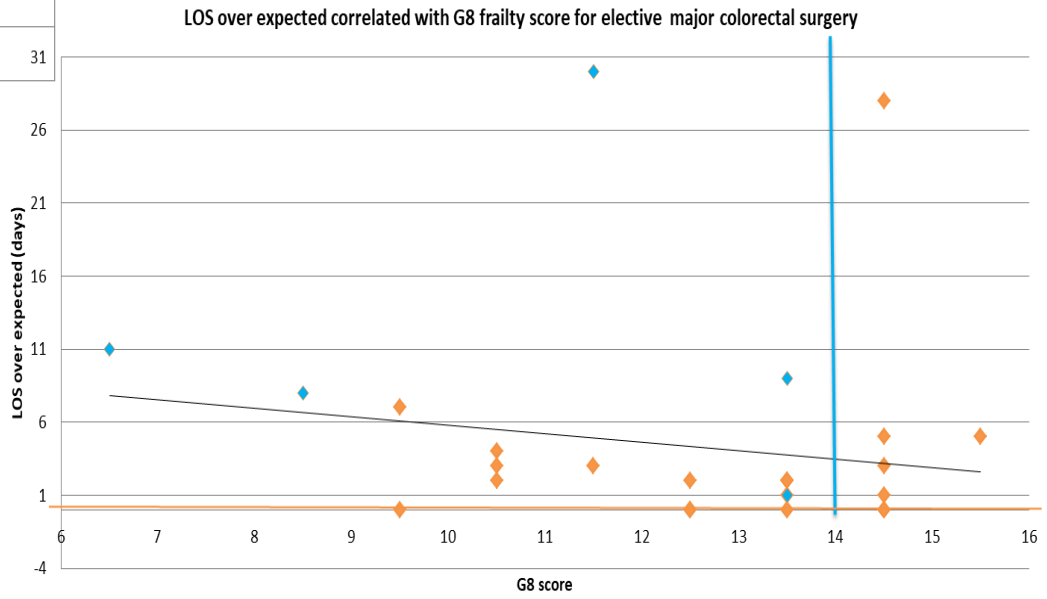
NHS Elect

COLORECTAL:
30 patients undergoing major colorectal surgery



G8 score ≤14 associated with non-routine postoperative course

- 25% longer LOS due to non-surgical cause (blue dots)
  - 100% all had functional/social delays
  - 40% had medical morbidity delays
- 54 bed days lost due to non-surgical delays
  - 25 bed days lost due to medical illness
  - 29 bed days lost due to functional/social agenda



- 70% had G8 score ≤ 14
- Two thirds had LOS above expected