

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

September 2021



Programme
Core Session

Agenda

09:00

Welcome and introduction to the day Dr Jugdeep Dhesi POPS Network Clinical Lead

What should we do about the workforce? Part Two Dr Jugdeep Dhesi

Implementing SDM in CGA based services Dr Catherine Meilak, Consultant, East Kent University Hospitals NHS FT, Dr Vittoria Vergani, IMT Y1, KCL, Lawrence Mudford, CPOC Patient Representative

BREAK (10 mins)

Engaging the public and patients in the re-design of services Dr Anna Whittle, Consultant, Dartford & Gravesham NHS Trust

The EBD approach Deborah Thompson, Director, NHS Elect

Moving your project forward Lisa Godfrey, Director, NHS Elect

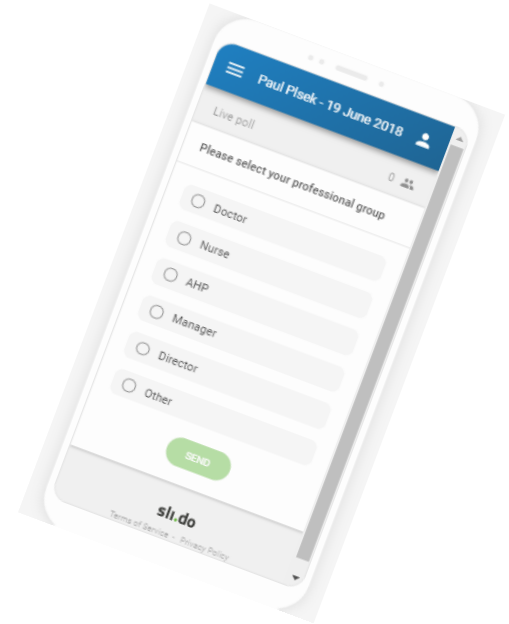
Summary and Next Steps Dr Jugdeep Dhesi, POPS Network Clinical Lead

11:00 CLOSE

sli.do

Open a browser on any laptop, tablet or smartphone

- Go to www.sli.do or scan the QR code below
- Enter the event code **#POPScore4**
- Use the polls to give us feedback about the day





What should we do about the workforce? Part 2

Dr Jugdeep Dhesi

Re-cap of discussion from August Core Event:

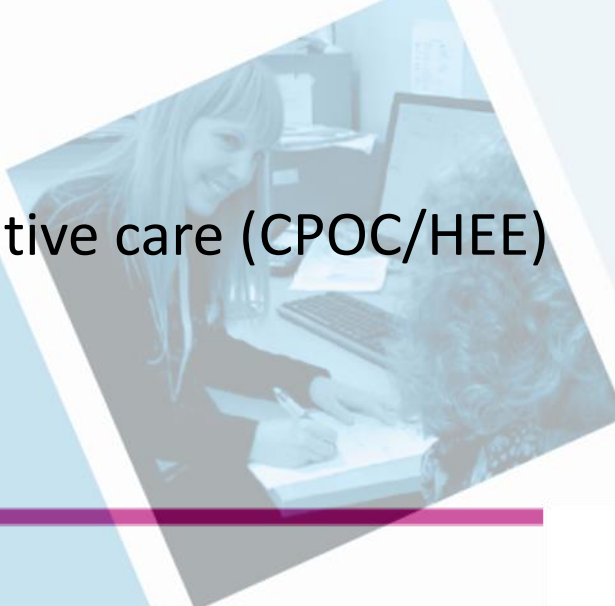
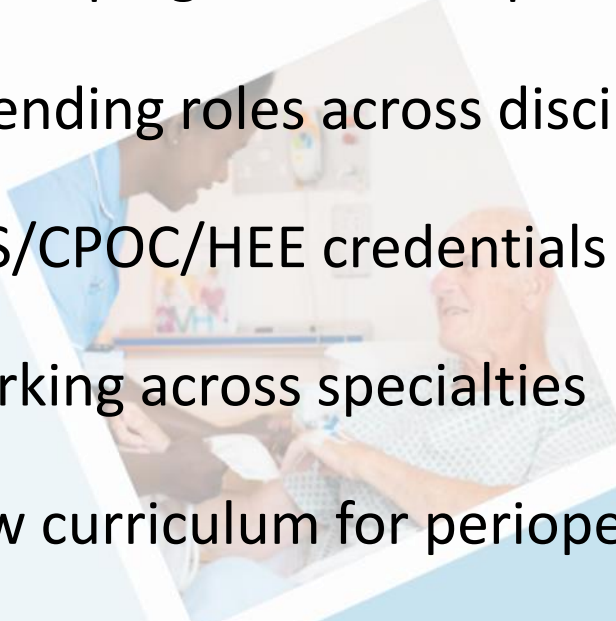
Developing a transdisciplinary team

Extending roles across disciplines

BGS/CPOC/HEE credentials in perioperative care

Working across specialties

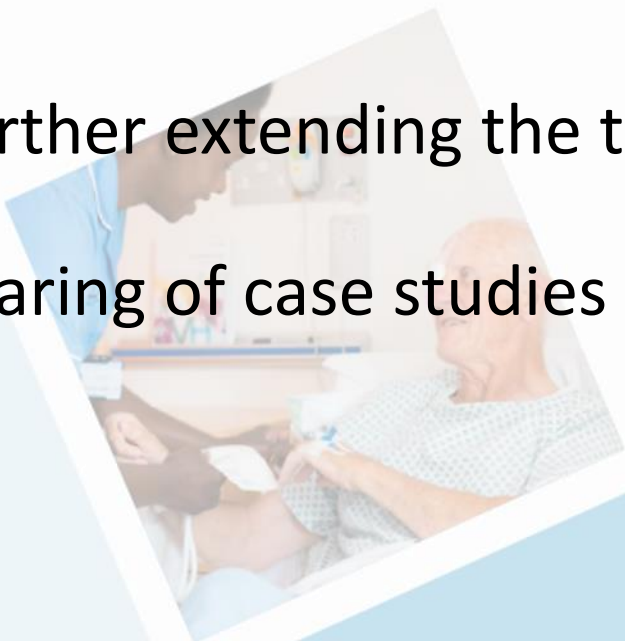
New curriculum for perioperative care (CPOC/HEE)



Next steps:

Further extending the team (pharmacy, anaesthetics)

Sharing of case studies



Questions and Comments



Implementing CGA in SDM based services

**Dr Catherine Meilak, Dr Vittoria Vergani & Lawrence
Mudford**

A patient's perspective

NHS Elect – POPS Network

Dr Lawrence Mudford, CPOC patient representative



Shared Decision Making

- Staff think they do this – but don't
- What are Patient expectations?

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**?

Higher satisfaction
+/- fewer operations

MAGIC (Making good decisions in collaboration)
Joseph-Williams N et al. Implementing shared
decision making in the NHS: lessons from the MAGIC
programme BMJ 2017 357:j1744
doi <https://doi.org/10.1136/bmj.j1744>

Challenges

- Challenge 1: “We do it already”
- Challenge 2: “We don’t have the right tools”
- Challenge 3: “Patients don’t want shared decision making”
- Challenge 4: “How can we measure it?”
- Challenge 5: “We have too many other demands and priorities”

Experience of SDM

NHS Elect – POPS Network

Dr Catherine Meilak, POPS Consultant

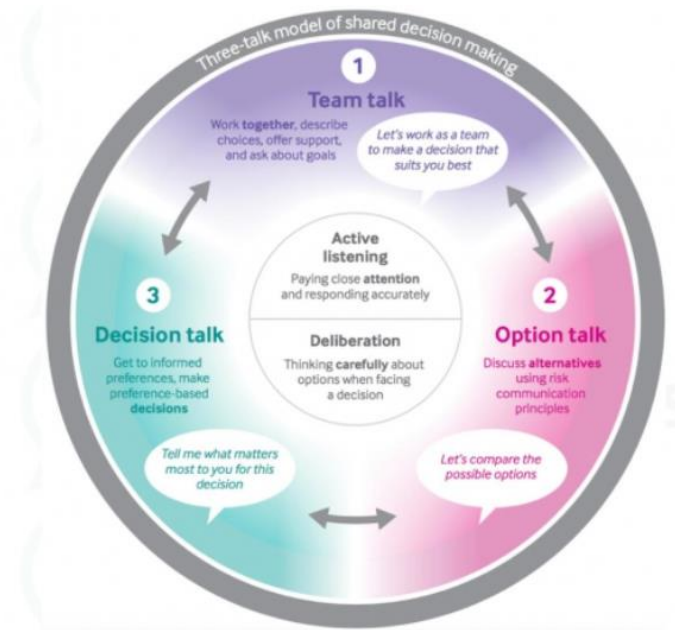
Skills and preparation

- The knowledge and skills required 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
- 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



Implementation considerations

- TIME. These conversations take time. Is adequate time in clinic allocated? Have you had time to prepare the information you need to make the most out of the consultation?
- 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>
<i>Benefits of the procedure</i>	<input checked="" type="checkbox"/>	To reduce the risk of rupture
<i>Risks 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>
<i>Alternatives to surgery</i>	<input checked="" type="checkbox"/>	There are no alternatives to surgery
<i>What will happen if we do 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>		



Interface with the consent process

- Informed consent establishes a minimal legal standard in which
 - Clinicians disclose the risks, benefits and alternatives of a proposed treatment or procedure
 - People accept or reject this procedure that has been identified to be the most relevant for them
 - ? Could just be a collection point of a signature and more of a one way process (Kunneman 2016)
- SDM: more evolved process, looking to find the correct solution to the 'problem' and is a 2 way (or more!) process
- SDM includes discussion of topics not traditionally discussed in the consenting process
 - Is the patient fully consented if they have not been informed of their individualised risk: including potential cognitive and functional risks?
 - Difficulty with estimating severity and individualised % risk of risks such as delirium and cognitive decline

Training Colleagues in SDM

NHS Elect – POPS Network

Dr Vittoria Vergani, Junior Doctor (IMT Y1)

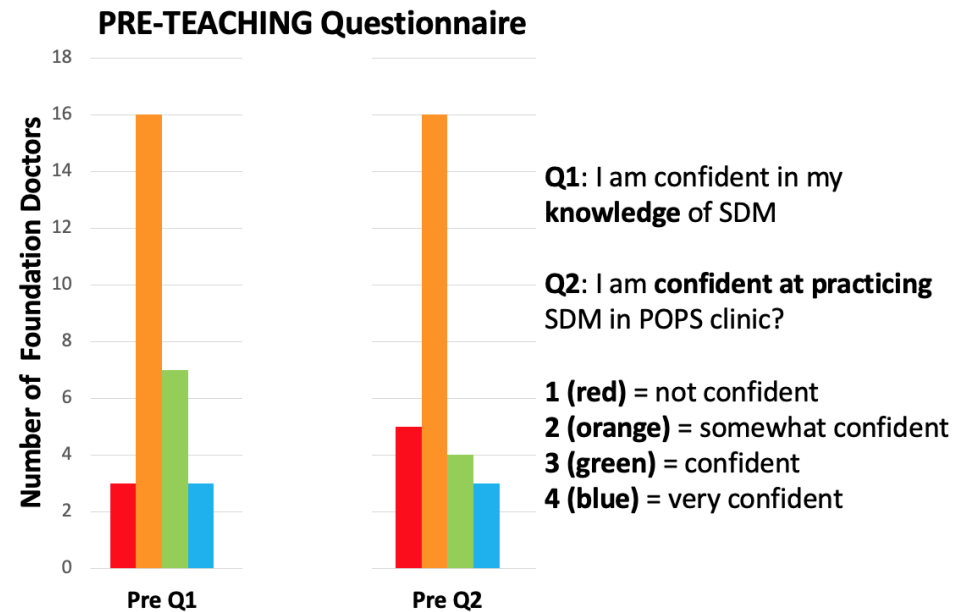


Why is it important?

- Not everybody is familiar with it depending on grade and background

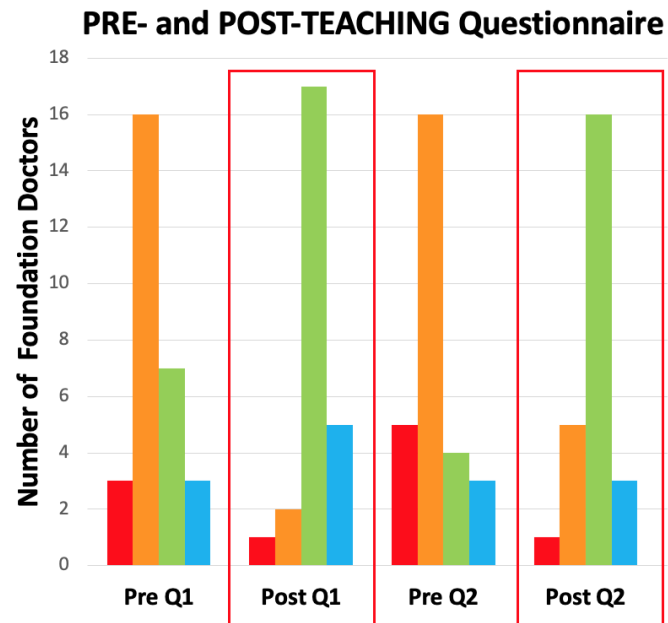
Why is it important?

- Not everybody is familiar with it depending on grade and background
- It is challenging



Why is it important?

- Not everybody is familiar with it depending on grade and background
- SDM is challenging
- **It works!**



How to do it

- Small groups
- Make sure everybody is on the same page
- Discuss what people find challenging and how to overcome it
- Discuss real-life scenarios
- Practical tips
- Role-playing/simulation

- Make it interactive!

How we did it at GSTT

- 4 to 8 foundation doctors per group
- 1 presenter (peer), 1 facilitator (more senior)
- 1 hour
 - 10 minutes: what is SDM and why is it important?
 - 10 minutes: practical tips
 - 10-15 minutes: role-play* 1
 - 10-15 minutes: role-play* 2
 - 10-15 minutes: discussion – real case scenarios, challenges, Q&A

*Group divided into 2 smaller groups:

- one group = physician leading SDM
- presenter/facilitator = patient
- other group = feedback

Questions and Comments



Engaging the public and patients in the re- design of services

Dr Anna Whittle

Achieving meaningful PPI in service development

Anna Whittle
Geriatrician
Darent Valley Hospital

POPS

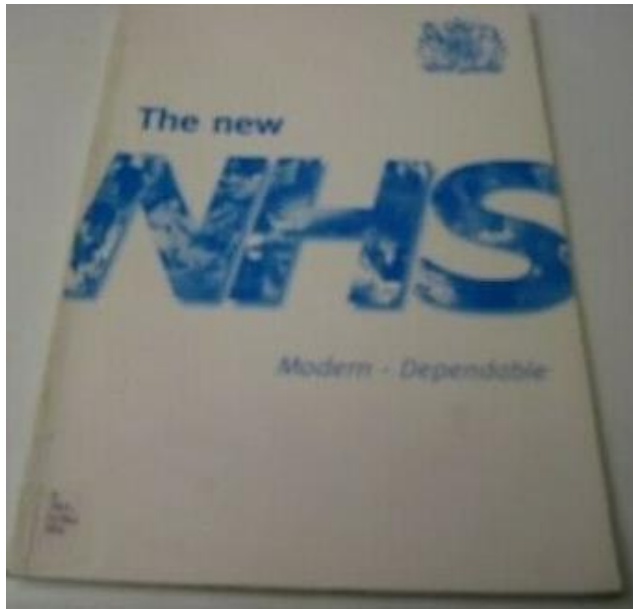
Proactive care of Older People
who are undergoing Surgery

Guy's and St Thomas' **NHS**
NHS Foundation Trust

NHS

Dartford and Gravesham
NHS Trust

PPI



public&patient
experience&engagement



Putting people at the heart of care

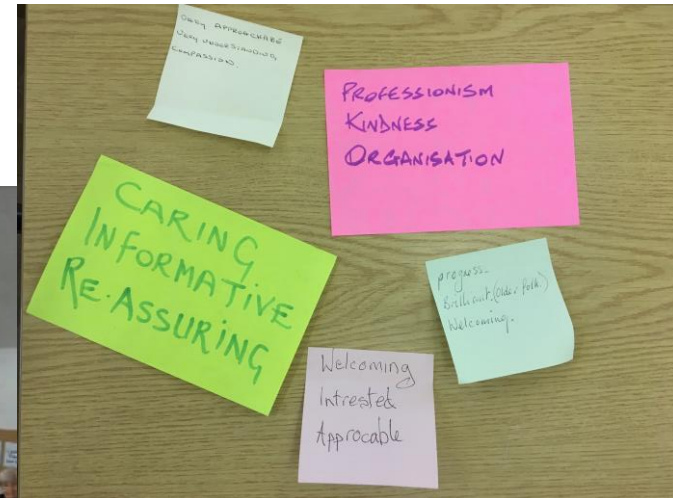
The vision for public and patient experience and engagement in health and social care



Background



How did we collaborate?




What has our collaboration achieved?

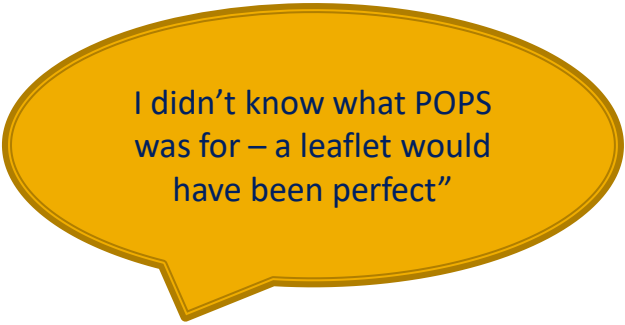


Patient-related outcomes

- 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

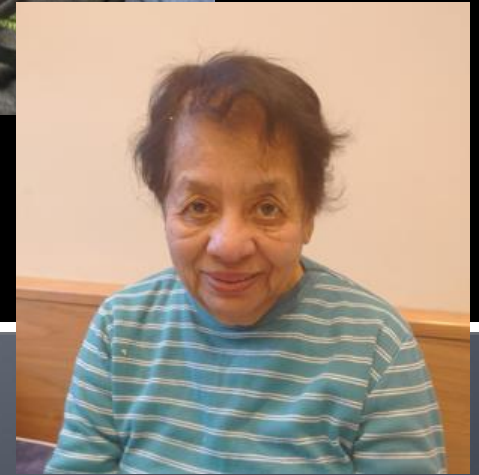
Open Access

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

- Aim high
- Recognise the challenges
- Find your trust's patient engagement officer
- Engage early and continue to engage
- Enjoy the process

Questions and Comments



The EBD approach

Deborah Thompson

The EBD approach – a service improvement methodology



Capture the experience



Understand the experience



Improve the experience



Measure the improvement

Don't forget
to include
measurement
throughout.

“The EBD approach is about using **experience** to gain insights from which you can identify opportunities for improvement.”

“It’s about experiences not attitudes or opinions.”

Emotions and touchpoints

The EBD approach is driven by consideration of the moments of engagement.



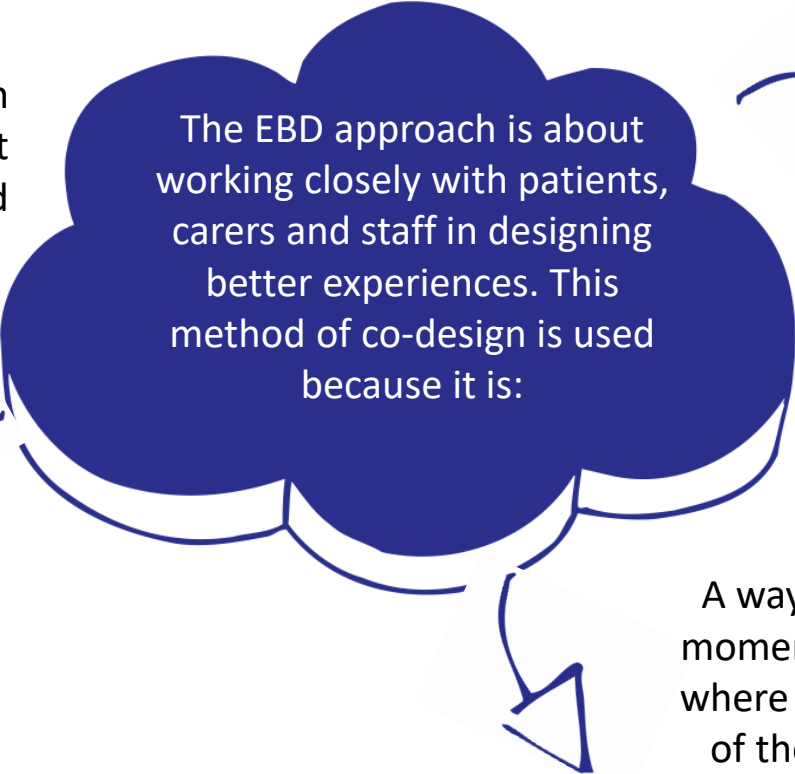
moments of
engagement
e.g. finding a car
parking space



how people feel
through their journey
e.g. scared

Turning experiences into actions

A natural way to progress the relationships between patients **and** staff that have already emerged in the EBD approach.



The EBD approach is about working closely with patients, carers and staff in designing better experiences. This method of co-design is used because it is:

A way to reduce the workload on staff; with patients and carers taking many of the improvements on themselves.

A way to keep up the momentum of change - where patients are part of the change team, they add further enthusiasm, drive, energy and a level of expectation.



EBD tools and techniques

Plan your approach

- Identify a member of the team to lead EBD
- Agree whether you will use the app or paper questionnaire – the app is the preferred method
- Undertake a small study – 30 patients
- Consider carving up the pathway and using different approaches for IP and OP
- Let us know how we can help
- Remember we can do the analysis and reporting for you
- Your QI associate is happy to help with your improvement plan post analysis
- EBD does not end with the study, this is the first step to co design with patients – it will provide very useful insight for your service

Outpatient questionnaire example

How do you feel? Patient experience questionnaire

Sheffield Teaching Hospitals 
NHS Foundation Trust

This experience questionnaire will help you think about how you feel at different stages of your journey.

1
Referral and treatment decision

2
Arrival

3
Initial assessment

How did you feel?

How did you feel?

How did you feel?

Please circle the words that best describe your feelings at each stage, or write your own word at the bottom of the page.

happy worried
supported comfortable
safe lonely
good sad
other _____

happy worried
supported comfortable
safe lonely
good sad
other _____

happy worried
supported comfortable
safe lonely
good sad
other _____

What was it that made you feel like this? Was it friendly staff, a nice conversation, or a long wait – whatever it is we'd like to know.

How involved were you in the decision making process. What made you feel like this?

Can you describe why you felt like this?

What made you feel like this?

[The experience based design (EBD) approach

@NHS Elect

Outpatient questionnaire example

How do you feel? Patient experience questionnaire continued






























4 Investigations How did you feel? happy worried supported comfortable safe lonely good sad other What made you feel like this?	5 Treatment How did you feel? happ worried supported comfortable safe lonely good sad other Can you describe why you felt like this?	6 Next steps How did you feel? happy worried supported comfortable safe lonely good sad other What made you feel like this?	Other comments Do you have any other comments or thoughts about your visit? Please let us know so we can continue improving the service we deliver, thank you
How long was your wait? Was this okay for you?	Did you feel informed throughout your treatment?	Did you understand what your next steps were?	

Inpatient questionnaire example

PATIENT EXPERIENCE

Name of Hospital :





Date :

YOUR EXPERIENCE	Being Admitted	Your First Assessment	Your Comfort	Communications	Your Treatment	Hygiene	Dignity & Respect	Preparing to Leave Hospital
								
	Select How You Felt	  	  	  	  	  	  	  
Using The List Below, What Emotion Describes Your Experience?								
Please Add Other Thoughts Or Feedback On Your Experience								
EMOTIONS	Supported	OK	Safe	Misunderstood	Uncomfortable			
	Relieved	Cared for	Worried	Confused	Annoyed	Frightened		
	Comfortable	Good	Happy	Unhappy	+ Additional Emotion			

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Patient Experience Inpatient App

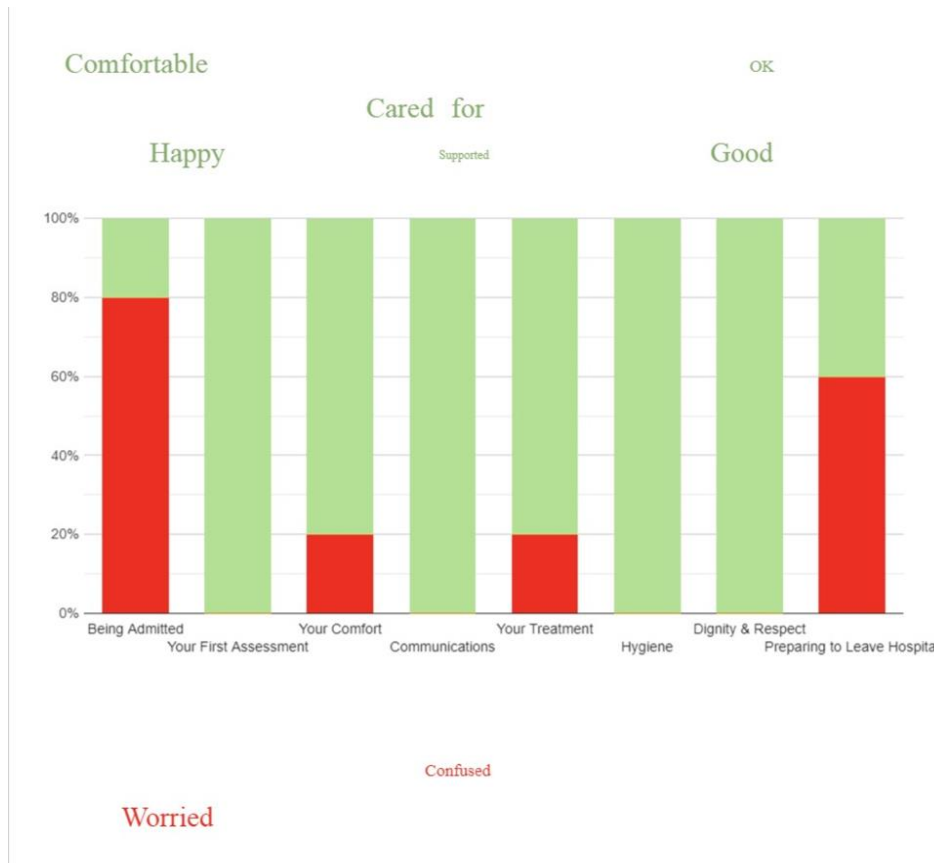
Being Admitted
Select how you felt



Supported Relieved **Comfortable** Cared for OK Good
Worried Safe Happy Confused Misunderstood Unhappy
Annoyed Uncomfortable Frightened + Additional

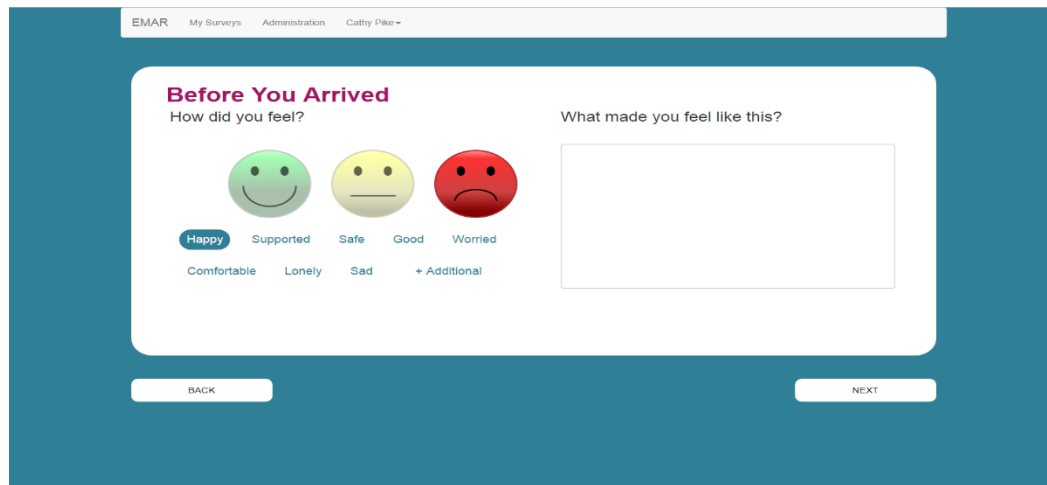
BACK Add Comment NEXT

EBD Inpatient Questionnaire Results



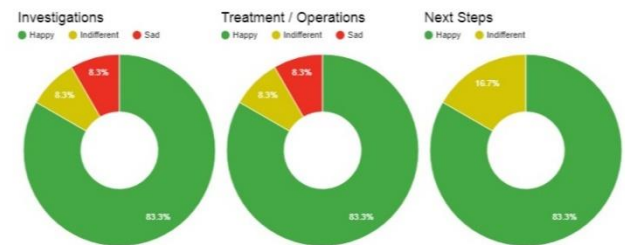
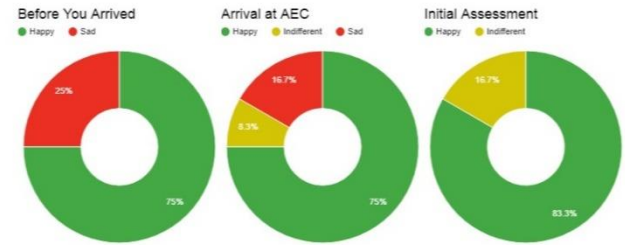
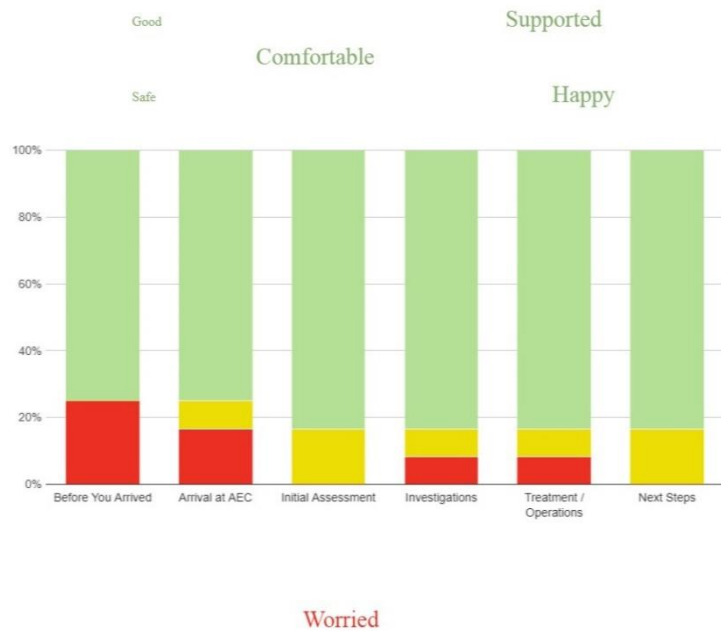
Outpatient App

- App designed in conjunction with the Frailty Team to help sites capture patient experience.
- Simple and easy to use.
- Can be accessed via a computer or tablet.
- Email kate@nhselect.org.uk to get started.



The screenshot shows a web-based survey interface titled "Before You Arrived". At the top, there is a navigation bar with "EMAR", "My Surveys", "Administration", and "Cathy Pike". The main content area has a white background with a teal border. It contains two sections: "How did you feel?" and "What made you feel like this?". The "How did you feel?" section features three smiley faces (green, yellow, red) and a list of emotion words: "Happy", "Supported", "Safe", "Good", "Worried", "Comfortable", "Lonely", "Sad", and "+ Additional". The "What made you feel like this?" section has a large empty text box. At the bottom, there are "BACK" and "NEXT" buttons.

Some examples of the types of outputs from the outpatient App

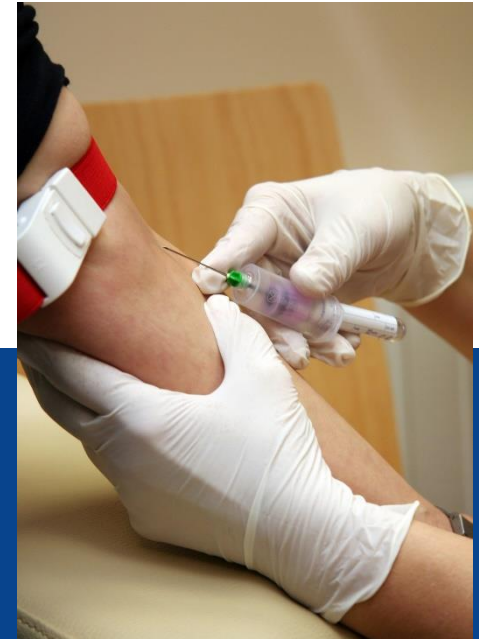


67% of patients were happy, supported, safe, good or comfortable	100% of patients were happy, supported, safe, good or comfortable	100% of patients were happy, supported, safe, good or comfortable	80% of patients were happy, supported, safe, good or comfortable	100% of patients were happy, supported, safe, good or comfortable	100% of patients were happy, supported, safe, good or comfortable
Before You Arrived	Arrival at AEC	Initial Assessment	Investigations	Treatment / Operations	Next Steps
33% of patients were worried, lonely or sad	0% of patients were worried, lonely or sad	0% of patients were worried, lonely or sad	20% of patients were worried, lonely or sad	0% of patients were worried, lonely or sad	0% of patients were worried, lonely or sad

How to use this outpatient (Staff) Experience Based Design Tool

Guidelines for Health Care Professionals

- This questionnaire can be completed by any grade of staff working in outpatients.
- The touch points in this tool were developed aligned to the process steps a patients experiences in an outpatient setting
- To complete the form, first select an emoji to indicate how you felt delivering care at this point in the patient pathway (circle the appropriate face, at each stage). Then select an emotion to describe how you felt.
- Finally, the comments box can be used to capture a comment explaining what made you feel that way.



Please read the following statement before you start responding to the questionnaire:

*“Responses to this questionnaire are completely confidential. You do not need to enter your name, role, workplace address or any other personal information. Please answer all of the questions honestly, this will ensure we gather the best possible information to help improve staff experiences. **There are no right or wrong answers.**”*

Name of Hospital:

Date:

Job Role:

Reflecting on your outpatient service, thinking about your patients that you have been involved with, cared for or treated in the last few days, what feelings, thoughts or emotions are provoked or triggered at each of the following touch points. **Please circle a face at each touchpoint.**

Pre hospital information	Dealing with patients arriving	Undertaking the Initial assessment	Undertaking Investigations	Providing Treatment	Planning next steps

Using the list of emotions at the bottom of the form, select the one(s) that best describe(s) your experience and write them in the box below.

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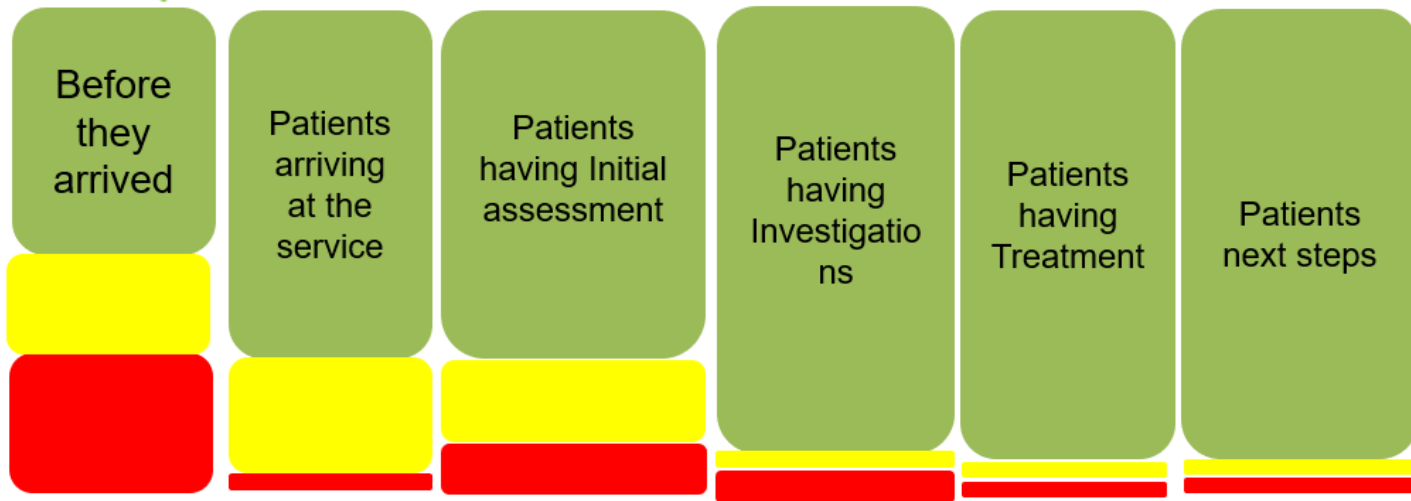
Please add other thoughts or feedback on your experience.

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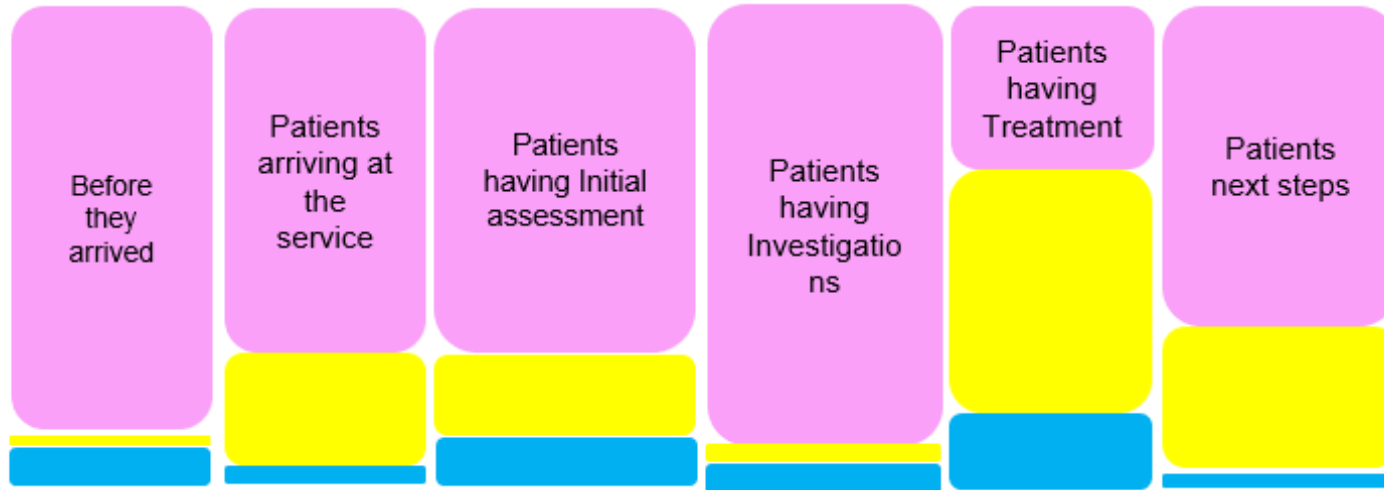
List of Emotions

- | | | | | |
|--------------------|---------------|--------------|---------------|-----------|
| Achievement | Motivated | Content | Unhappy | OK |
| Confused | Misunderstood | Positive | Satisfied | Relieved |
| Upset for Patients | Successful | Annoyed | Uncomfortable | Satisfied |
| Proud | Relieved | Happy | Supported | Worried |
| Confident | Frightened | Good | | |
| Comfortable | Reassured | Delighted | | |
| Frustrated | Downtrodden | Sad | Stressed | |
| Pressure | Unknowing | Apologetic | Awkward | |
| Anxious | Ashamed | Angry | | |
| Unable | Agitated | Disappointed | | |
| | Happy | | | |

Patient EBD



Staff EBD

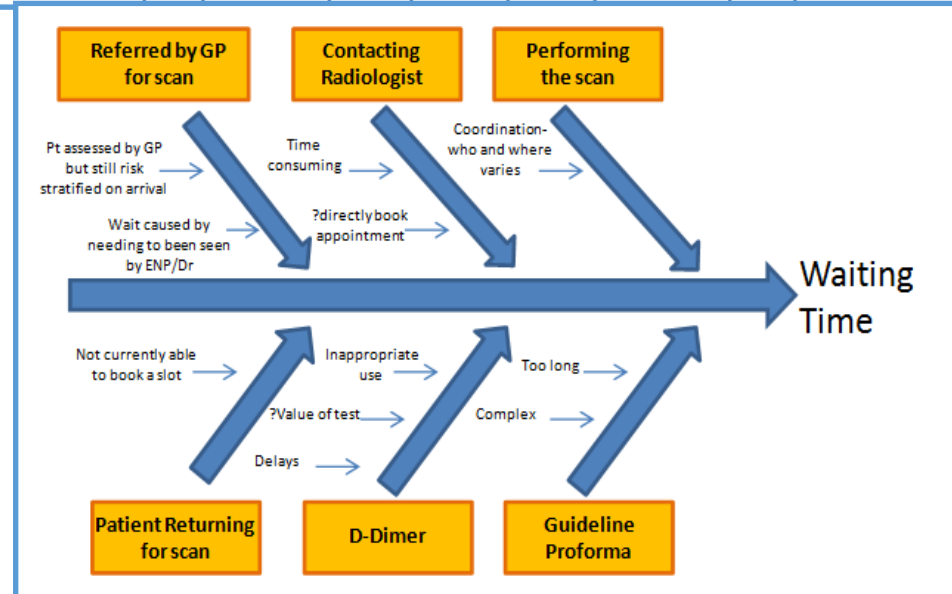
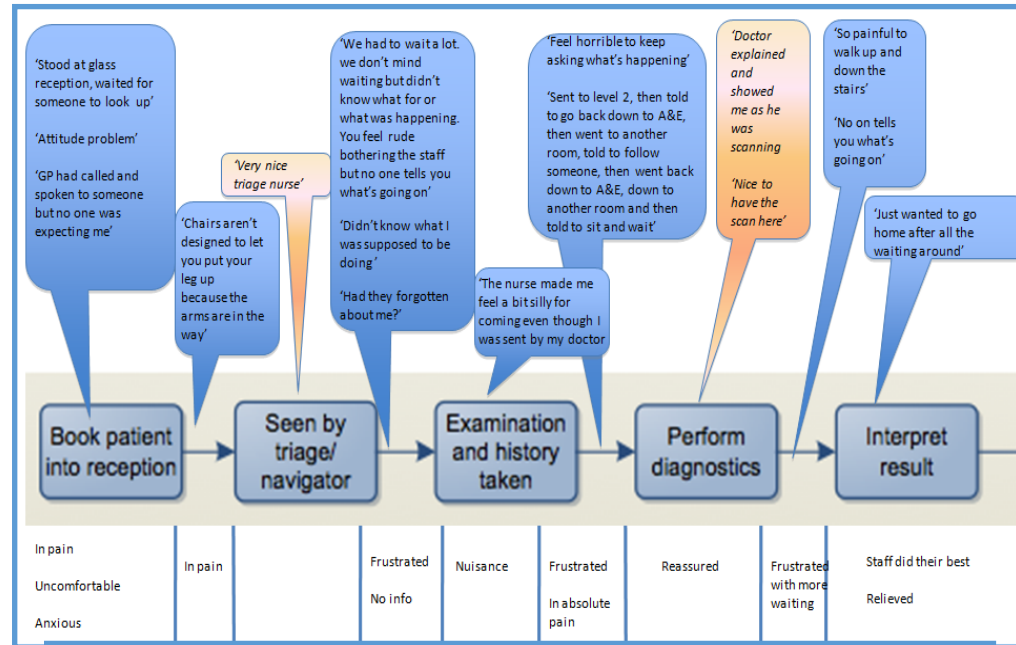


Model for Improvement

What are we trying to accomplish?

How will we know if change is an improvement?

What changes can we make that will result in improvement?



Next steps

- Nominate a lead for your EBD study.
- Signpost them to the EBD 'moodle'.
- Agree a plan and timescale for the EBD study for patients and staff.
- Involve your local PPI lead.
- Contact kate@nhselect.org.uk to organise your log in.
- Identify a method to collect the data.
- Start to think about a patient group you can connect with to co-design improvements.
- Remember we will do the analysis and reporting for you.
- Get in touch if you have any issues at all.

Questions and Comments



Moving your project forward

Lisa Godfrey

Where are we now?

- We are now three months into our six month programme
- We are keen to understand
 - where you have got to in your project planning and delivery
 - your plans for the next three months of the programme
 - what you need from us to accomplish that
- To capture this, we're going to start with some quick Slido questions.....

slido



Which of the following have you addressed as part of your improvement project set-up?

ⓘ Start presenting to display the poll results on this slide.

slido



What are you most proud of in the work you have done so far?

ⓘ Start presenting to display the poll results on this slide.

What is your focus going forward?

- We would now like you to break into your teams for 10mins.
- Thinking about the core components of the POPS Toolkit, what is it that you're going to be focusing on going forward? (You may want to take a photo or screen shot of the below for reference).
 - Deliver preoperative CGA and optimization through multidisciplinary working
 - Provide postoperative CGA on the surgical ward
 - Ensure ownership of patient care
 - Facilitate proactive liaison with other teams
 - Provide education and training to POPS team and key stakeholders
 - Establish governance structure and evaluation processes
 - Developing a business case

slido



What do you need from us to make this happen?

ⓘ Start presenting to display the poll results on this slide.

Top tips....

- Ensure you have scheduled regular calls with your QI Associate (Lisa Godfrey or Simon Griffiths) as needed
- Ensure you have regular team meetings scheduled (recommended fortnightly)
- Access measurement support from Matt Tite and Alice Clayton
- Log into the POPS website and read the Toolkit
- Access the webinar series, including the most recent one from Gareth Corser on building your business case
- Contact networksinfo@nhselect.org.uk to access the EBD app and start to collect data
- Register for the Frailty Opportunity Identifier Tool



Summary and closing remarks

Dr Jugdeep Dhesi

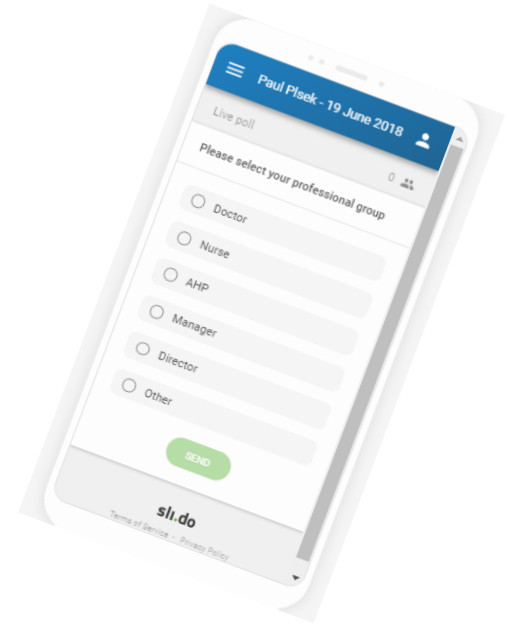
Next steps

- Please consider what materials your site has that could be shared as resources on the Members Area of the POPS website.
- If you are happy to share your driver diagram with other teams and have it uploaded in the Members Area please send it to networksinfo@nhselect.org.uk.
- Register for the next Core Event on **Thursday 7th October** from 9am to 11am.

sli.do

Open a browser on any laptop, tablet or smartphone

- Go to www.sli.do or scan the QR code below
- Enter the event code **#POPScore4**
- 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