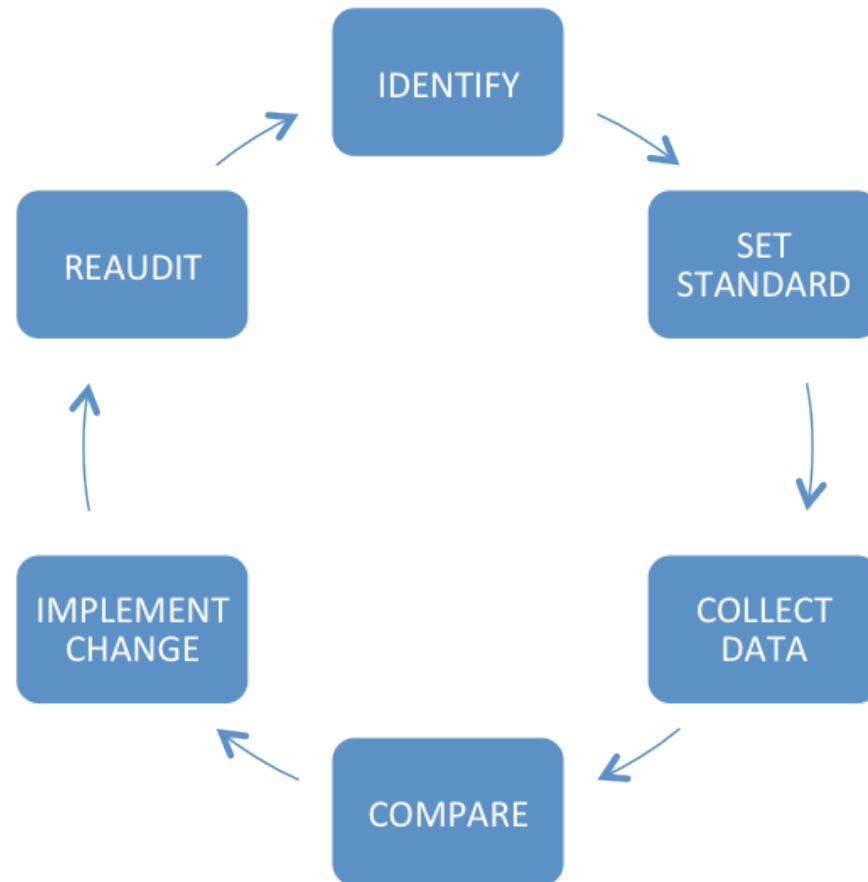


Pre-operative Assessment

Dr Craig Taylor
Andrea Harris

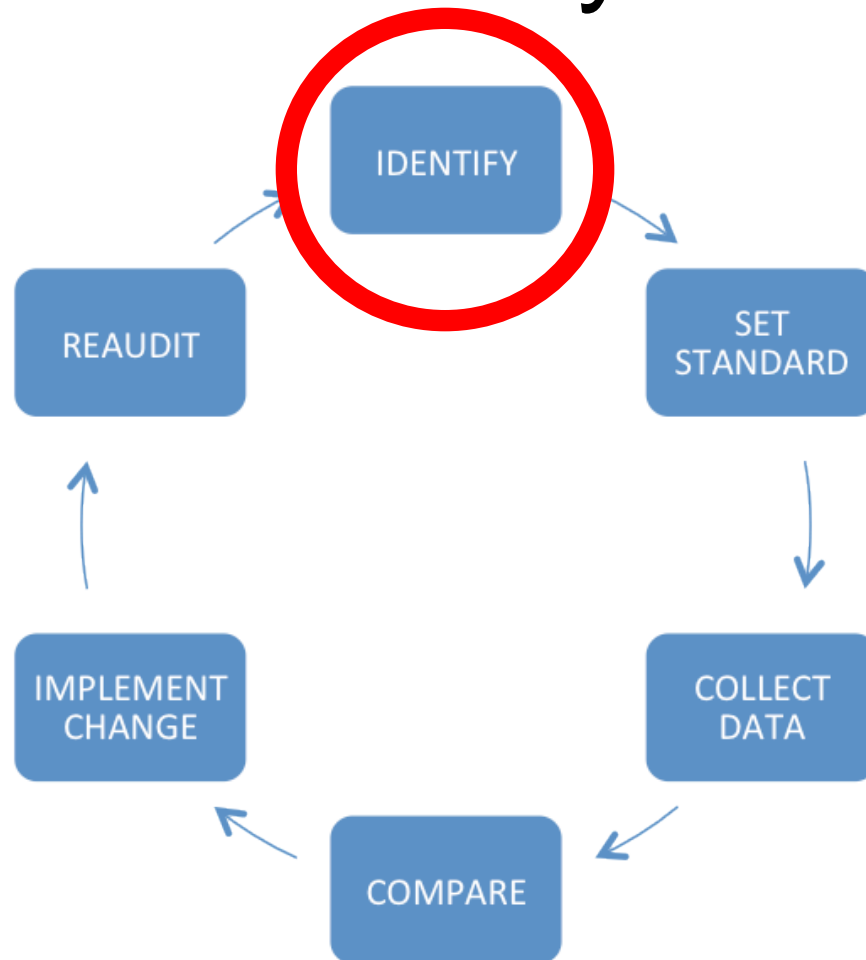
On behalf of the WM RTC Audit Group

A good example of an audit cycle



.... or is it !! ??

Identify



Better Blood Transfusion

2002

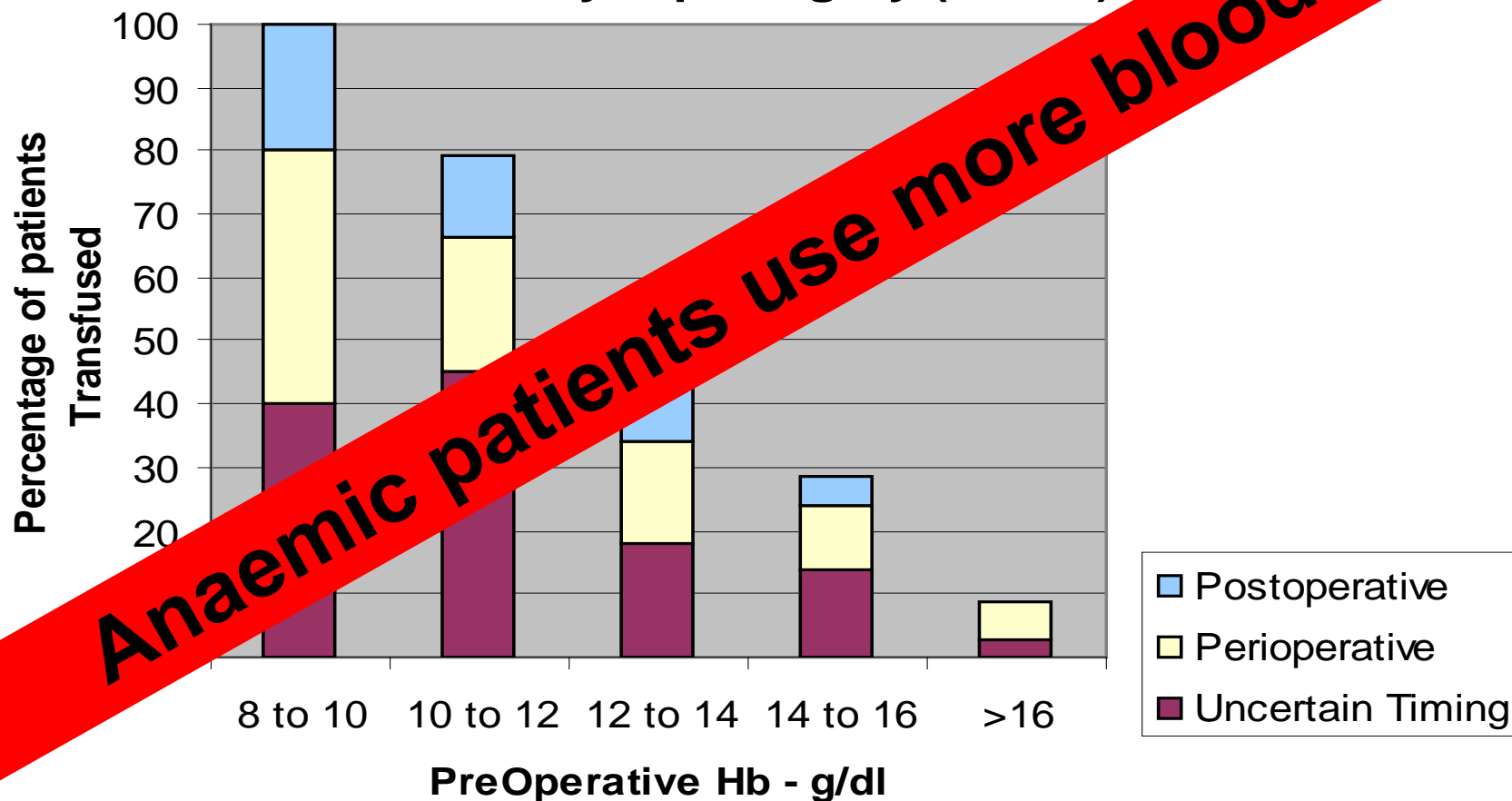
Secure appropriate and cost-effective provision of blood transfusion and alternatives in surgical care	<ul style="list-style-type: none">• Ensure that mechanisms are in place for the pre-operative assessment of patients for planned surgical procedures	Chief Executives of NHS Trusts working with clinicians and Hospital Transfusion Teams By April 2003
--	--	--

2007

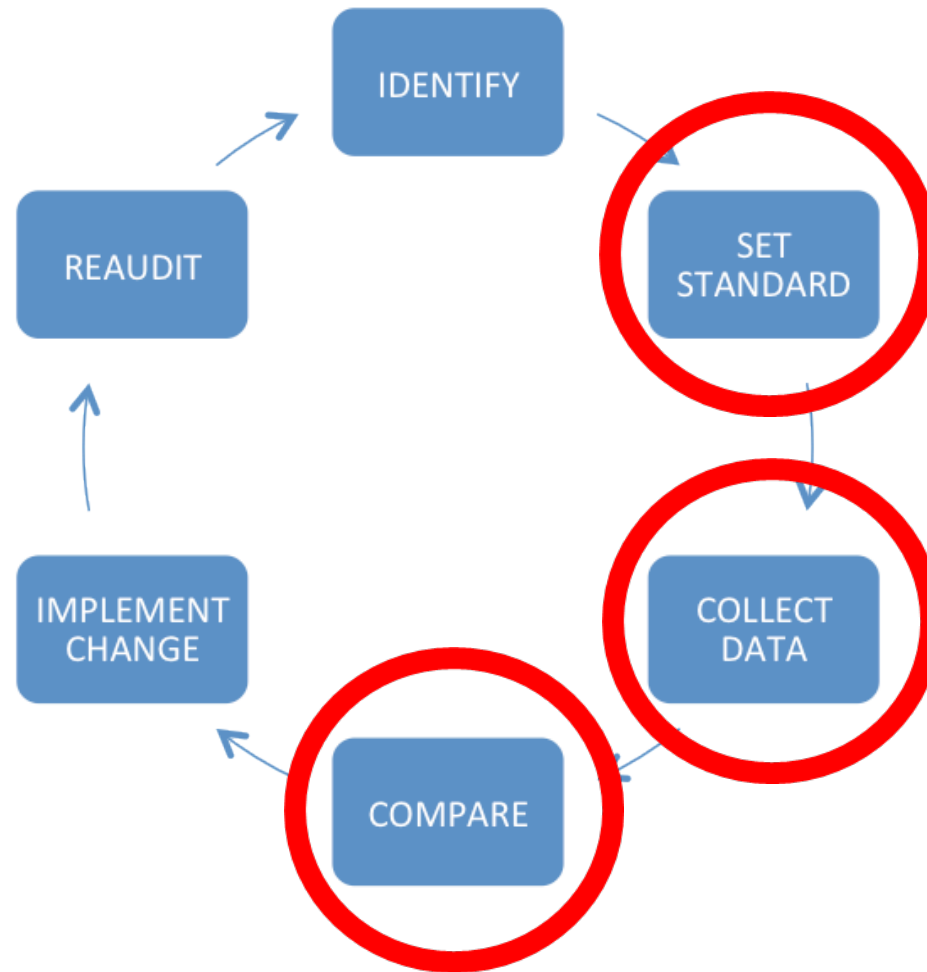
Secure appropriate and cost-effective provision of blood transfusion and alternatives in surgical care	<ul style="list-style-type: none">• Ensure that mechanisms are in place for the pre-operative assessment of patients for planned surgical procedures to allow the identification, investigation and treatment of anaemia and the optimisation of haemostasis	HTCs and HTTs working with clinicians, pathology and other hospital managers
--	--	--

West Midlands Audit of Blood Use in Orthopaedic Surgery (2005)

**Transfusion Rate v PreOp Haemoglobin level
Primary Hip Surgery (n=887)**

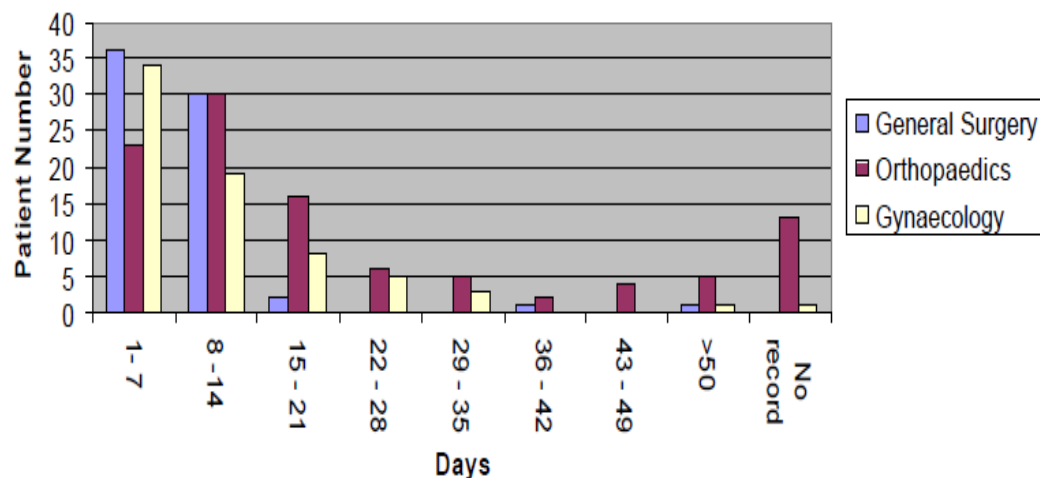


West Midland Pre-operative Assessment Clinics and Management of Anaemia Survey (2005) and Audit (2007)

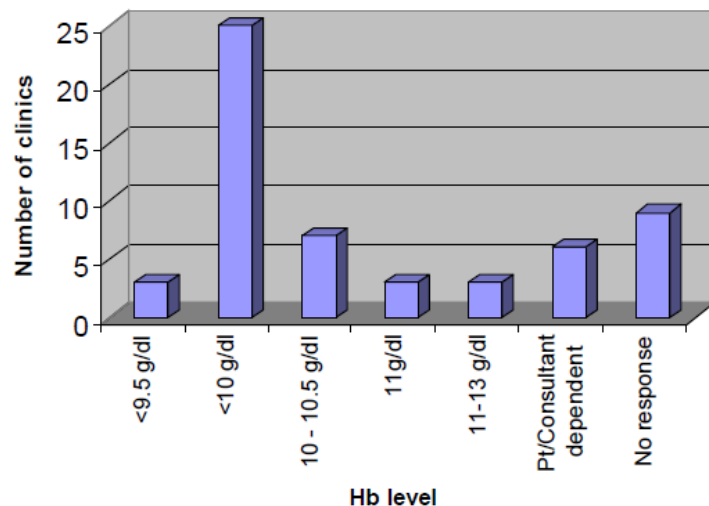


West Midland survey of pre-operative assessment of clinics (2005) and audit of management of anaemia pre-operatively (2007) - Key results

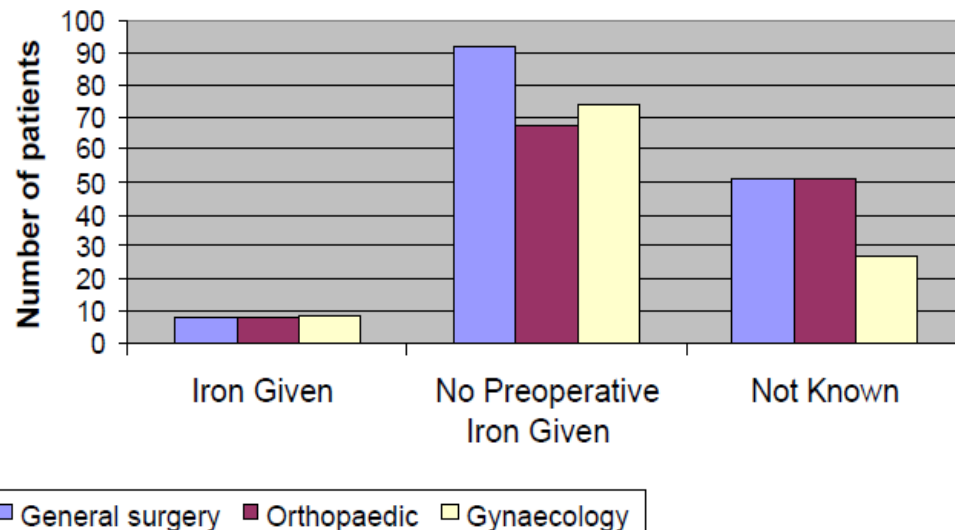
The Time Interval between the Preassessment and Routine Surgery



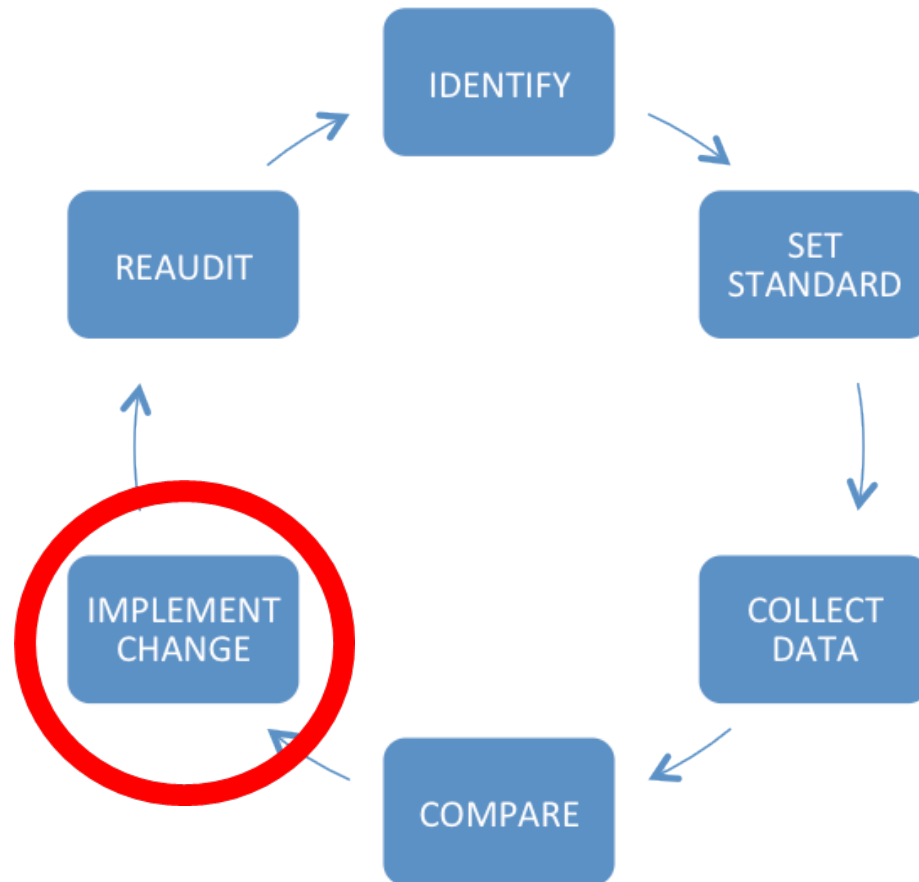
Haemoglobin levels when action is taken in fit patients under 65 yrs of age



Iron administered to the patient preoperatively



Implement Change



Pre-operative Assessment - Reducing the need to Transfuse



A regional conference for pre-operative assessment staff and allied
healthcare professionals

Worcester University
Tuesday 12th June 2007
10.30 - 16.00
(Registration from 10.00)

Conference themes to include:

- Department of Health HSC 'Better Blood Transfusion 3'.
- Results of the West Midlands Regional Transfusion Committee audit 'Management of anaemia in pre-assessment clinics'.
- Government initiatives.
- What are the risks of transfusion?
- How can we reduce the need to transfuse?
- The development of regional guidelines for the 'Management of anaemia in pre-assessment clinics'.
- There will be interactive workshops to discuss the audit results and the draft guideline content and implementation.

Conference fee £10 per delegate (to include refreshments and lunch)

Worcester is situated close to the M5 motorway (J6 / 7) - 'on campus' parking is available (currently £1.50 per day). By train, the university campus is approximately 15 minute walk from Worcester Foregate Street train station. A bus service is also available



Guidelines for the Management of Anaemia in Pre-operative Assessment Clinics (2007)



Some key recommendations:

www.transfusionguidelines.org.uk

The GP should **identify and treat anaemia before referral** wherever possible

Pre-operative assessment should take place **at least 4 weeks prior to surgery**,
and ideally immediately following the decision to operate

All patients who are identified as at risk of requiring a blood transfusion should
have FBC assessed at PAC. These patients should also be given information
about the possibility of requiring a blood transfusion

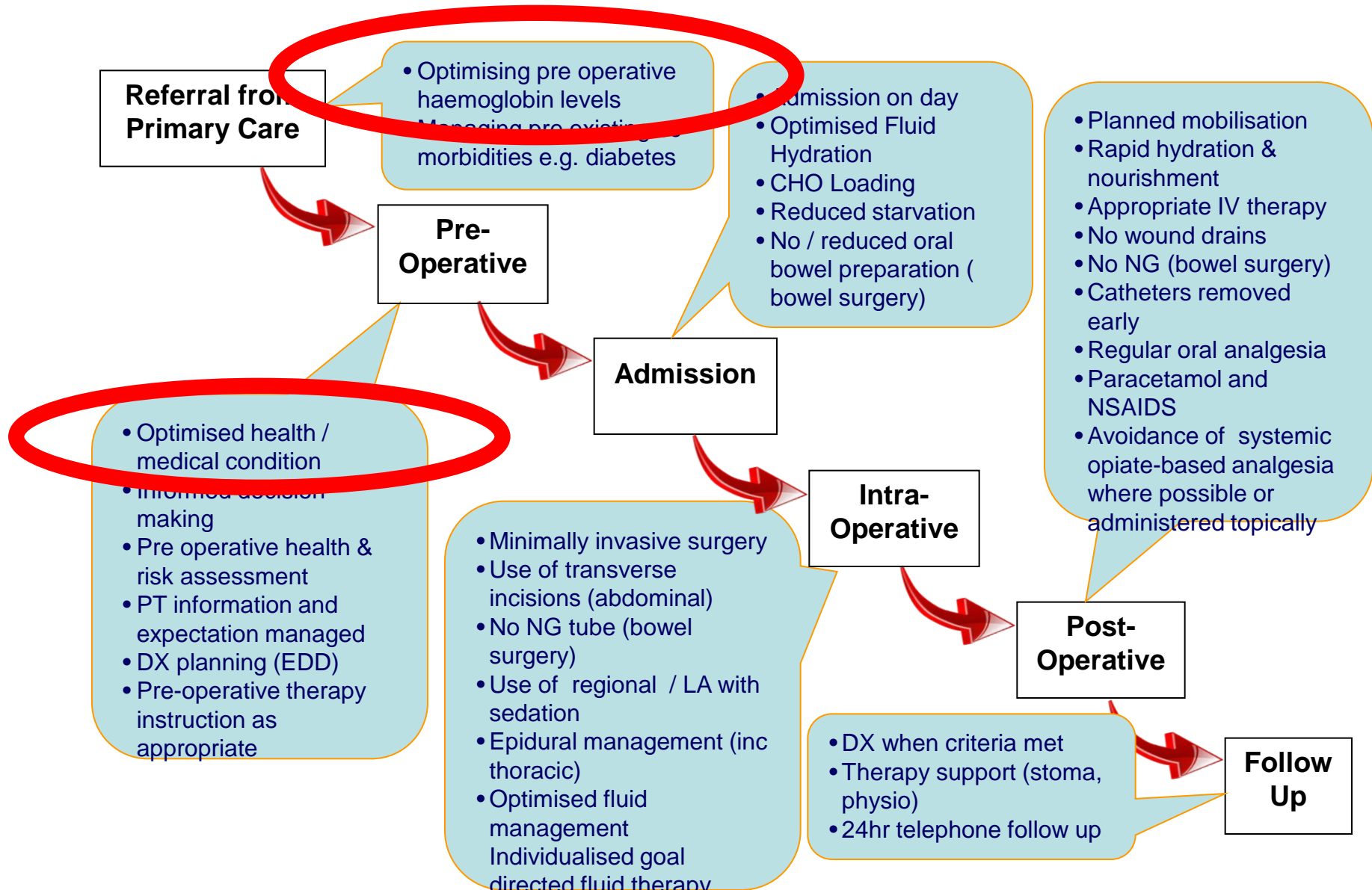
All FBC **results should be reviewed within 2 working days**
The **definition of anaemia** should be based on **WHO classifications**
Male Hb <13g/dl / Female Hb <12g/dl

Anaemic **results should be seen by a member of the clinical team who has
sufficient authority** to commence treatment, refer for further investigation or delay
surgery.

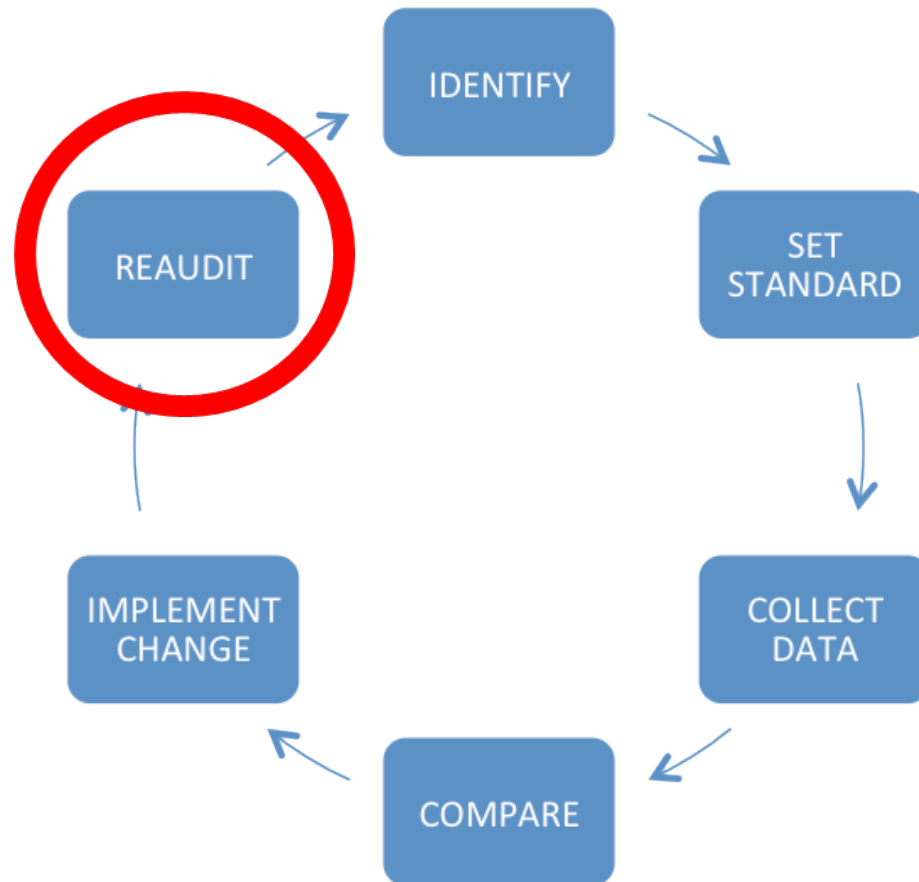
Enhanced Recovery

NHS Improvement

Members of the RTC joined forces with NHSBT colleagues to drive forward pre-operative optimisation on the Enhanced Recovery Pathway



Re-survey (2013)



Where possible, we have done a comparison of results between:

- **WM RTC 2005 Pre-op survey**
- **WM RTC 2007 Pre-op Audit**
- **WM RTC 2013 Pre-op survey**

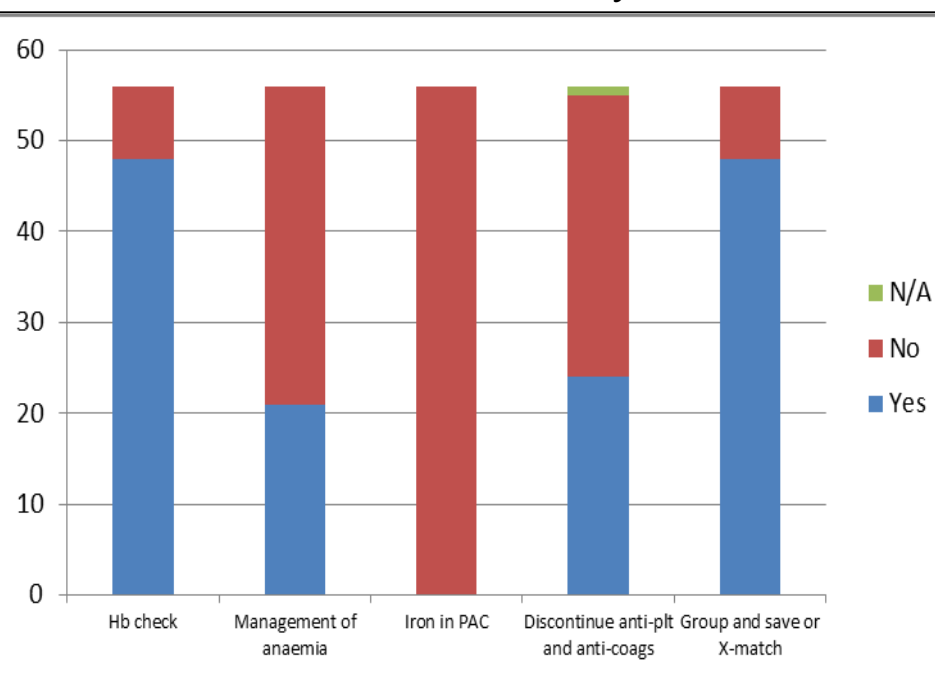


So how do you reckon we have done?

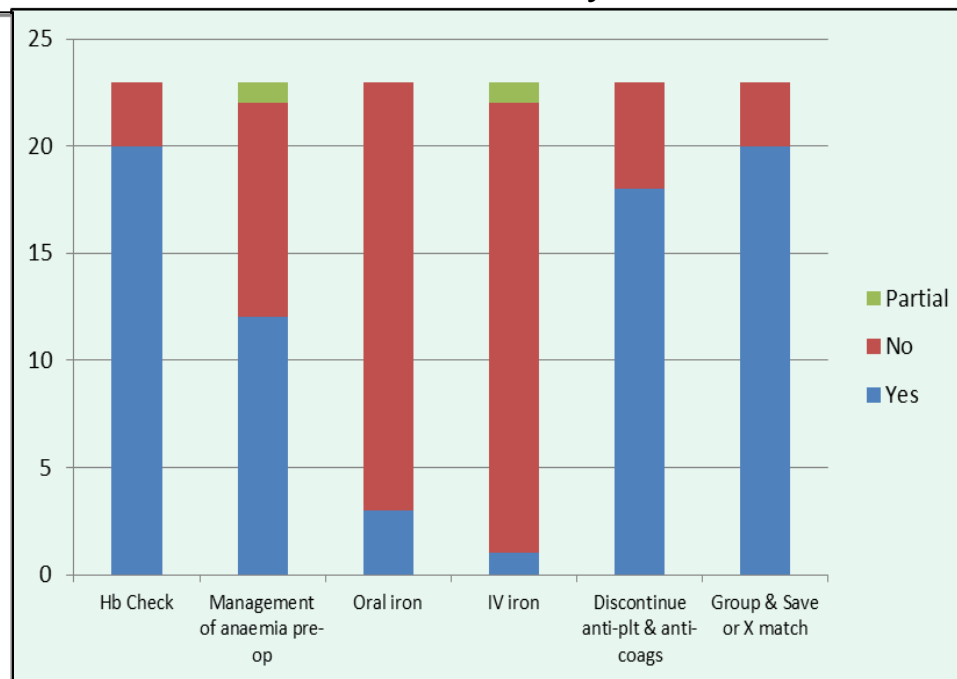
West Midlands RTC

Pre-op assessment clinics policies

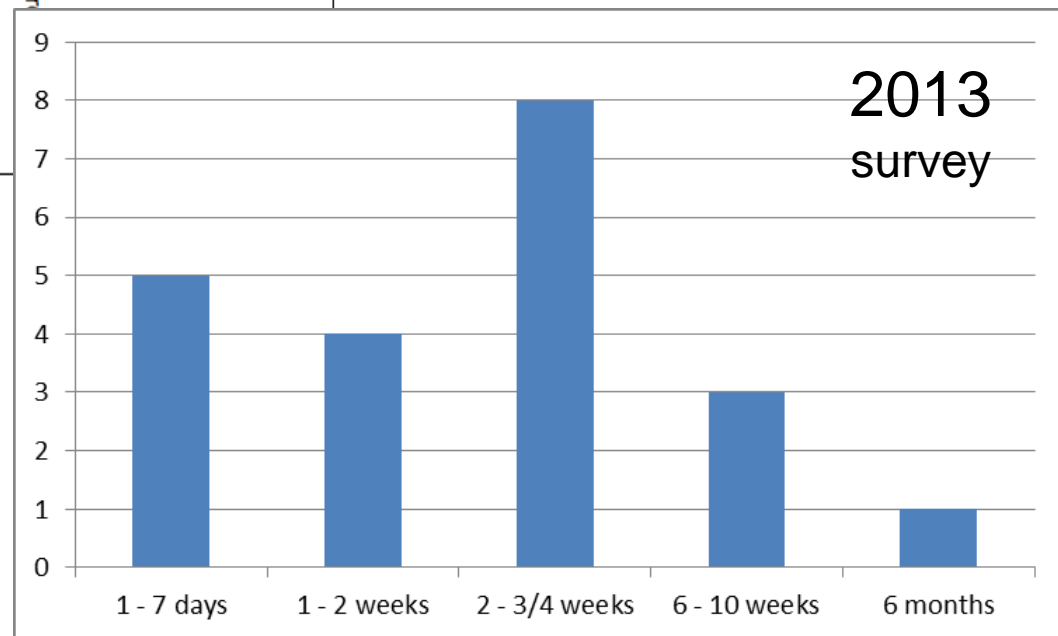
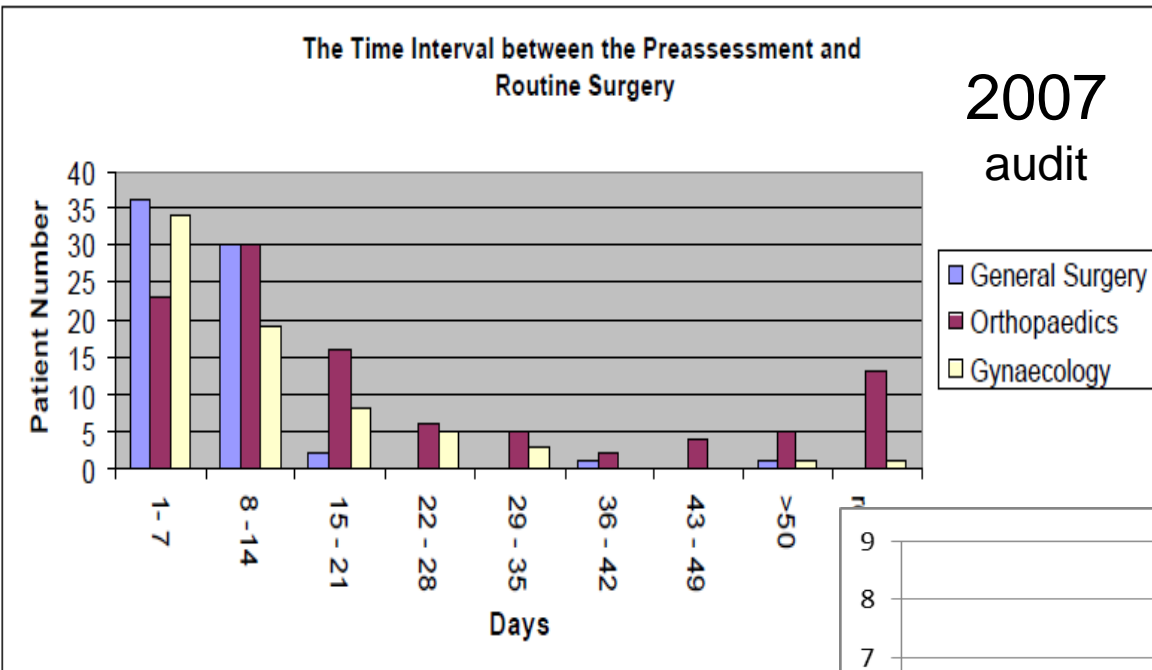
2005 survey



2013 survey

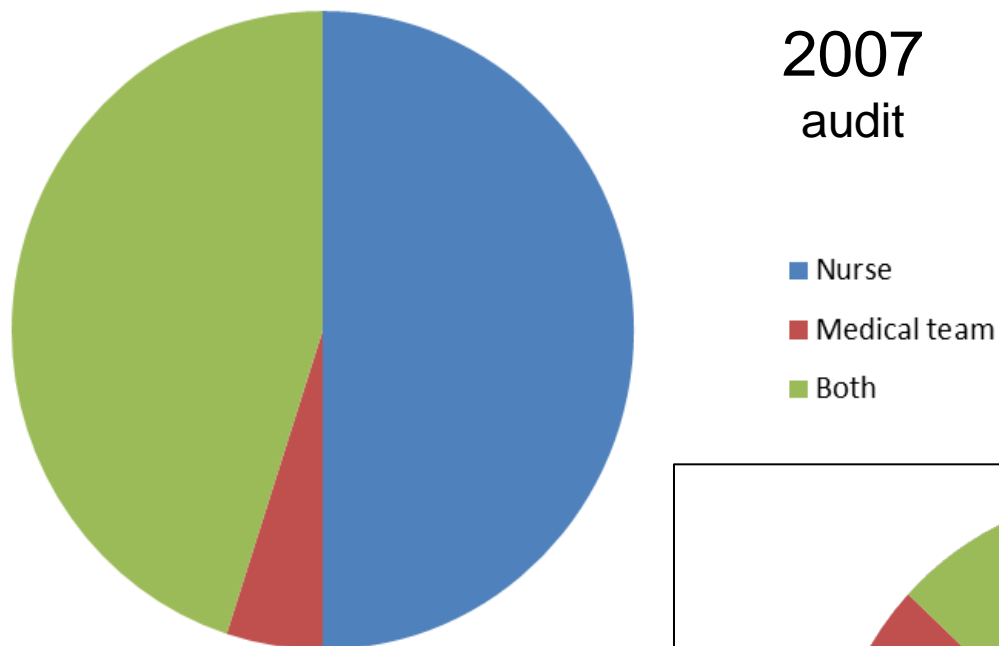


Time interval between pre-assessment and routine surgery



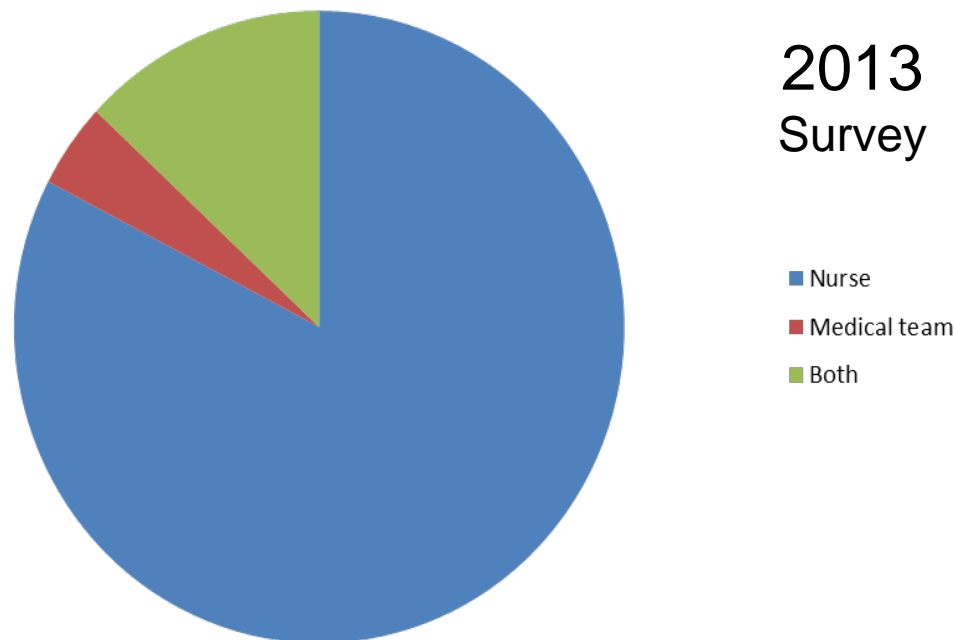
Who are patients assessed by?

2007
audit



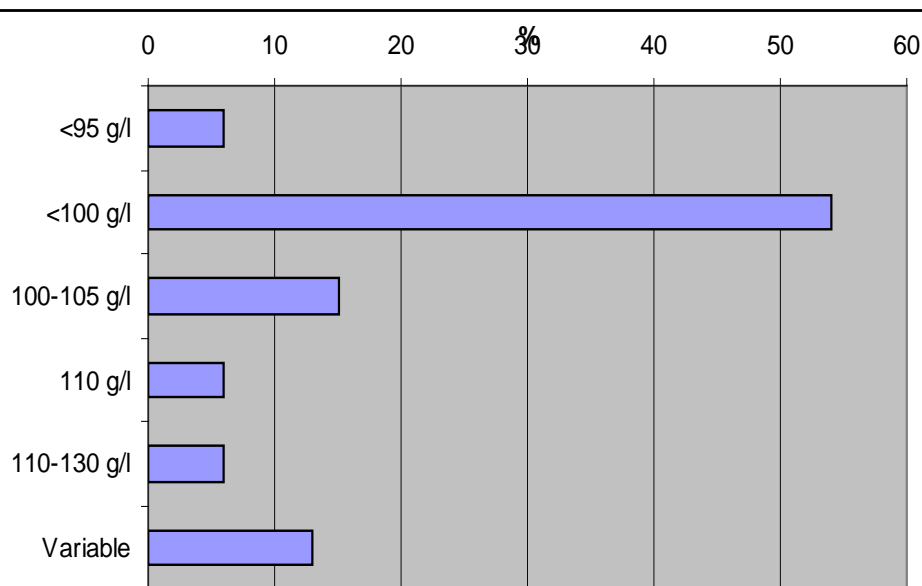
Do these nurses always
have the authority to
initiate treatment plans or
make referrals?

2013
Survey

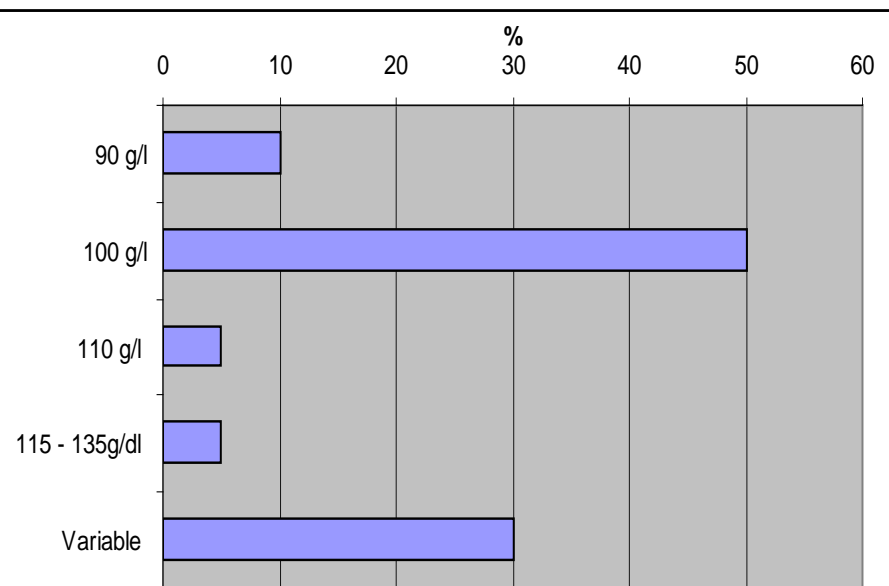


Hb level at which action is taken in fit patients under the age of 65

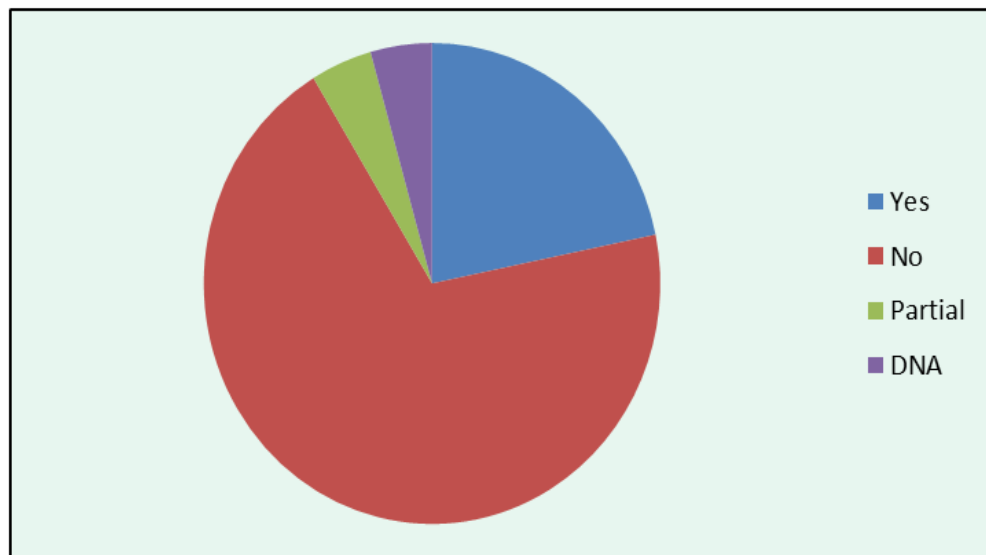
2005 survey



2013 survey



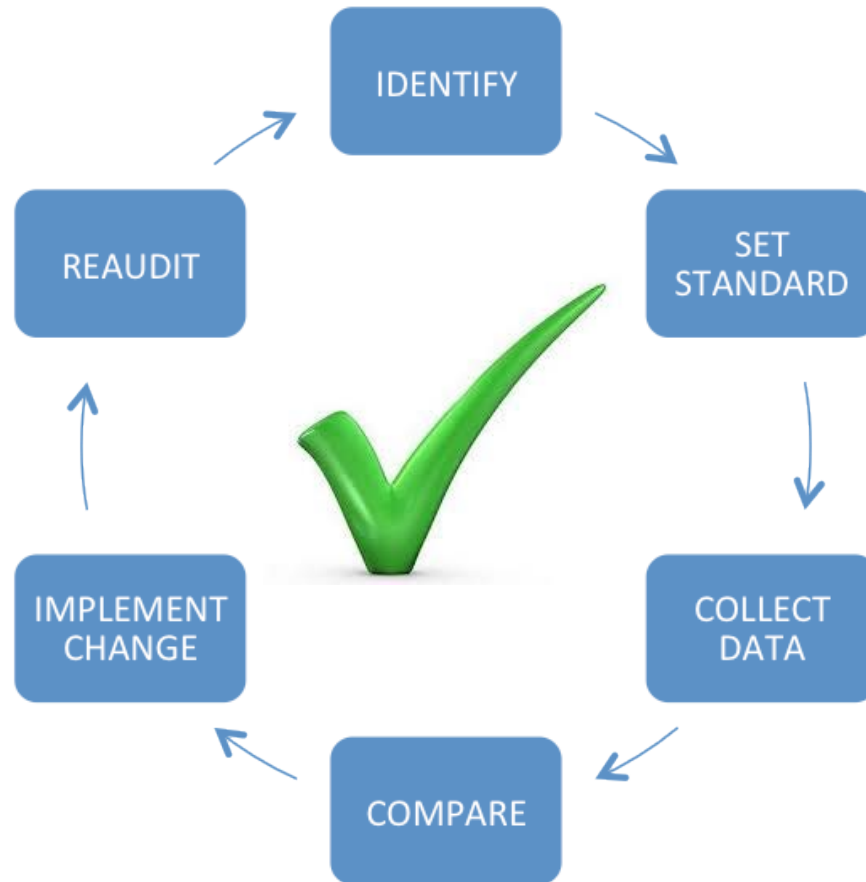
Is treatment of anaemia initiated by the POAC – 2013 survey results only



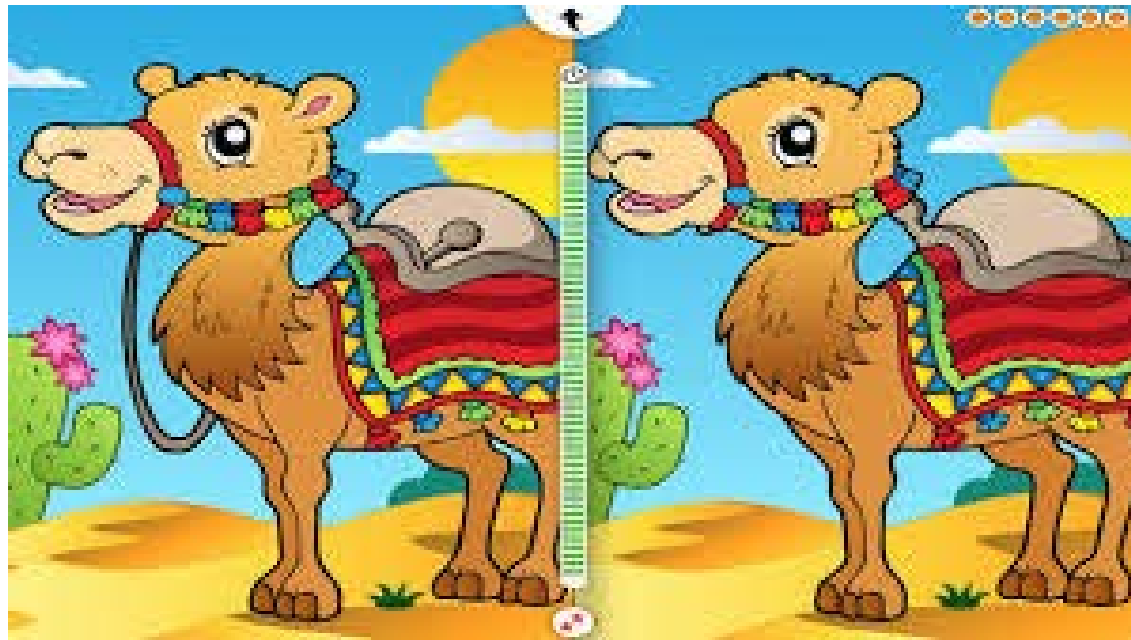
If yes – what treatments are initiated?

	Routinely	Regularly	Rarely	Never
Oral Iron	2	1	2	0
IV iron	0	1	0	3
Transfusion	1	2	2	0

So – was it a good example of an audit cycle?



So have we successfully implemented change ?



SPOT THE DIFFERENCE !!

What next

BCSH Guidelines for the Management of Anaemia Pre-operatively



3 WM RTC audit group members involved

National Comparative Audit

2015 Audit of Patient Blood Management in scheduled surgery

To include pre-operative assessment

