The Hidden Pandemic of Post-Operative Complications

- Clinical Focus Group Meeting Notes

The Hidden Pandemic
Post-operative Complications

Notes from a subsequent focus group meeting 07 March 2020

National Clinical Focus Group Meeting Notes
Paechtown, South Australia
06 March 2020
https://thehiddenpandemic.com

Kindly sponsored by Edwards Life Sciences

Attendees
Dr R Mitchell (Anaesthesia, ANZCA)
Dr Vanessa Beavis (Anaesthesia, ANZCA)
Prof Mike Grocott (Anaesthesia and Critical Care; Royal College of Anaesthetists)
Prof Monty Mythen (Anaesthesia and Critical Care; University College London)
Dr John Koncelik (Anaesthesia;
Prof Karen Reynolds (Engineering, Medical Devices; Flinders University)
Prof Guy Ludbrook (Anaesthesia, Acute Care Medicine; University of Adelaide and Central Adelaide Local Health Service)
Prof Peter Hewett (Surgery; Central Adelaide Local Health Service)
Prof Guy Maddern (Surgery, Central Adelaide Local Health Service)
Prof David Story Anaesthesia and Perioperative Medicine, University of Melbourne)
Prof Bernhard Riedel (Anaesthesia; Peter McCallum Cancer Centre)
Ms Kathy Heyman (PARC Clinical Research, Central Adelaide Local Health Service)
Ms Francesca Zappia (PARC Clinical Research, Central Adelaide Local Health Service)
Dr Helena Williams (General Practice, Silverchain, Adelaide, SA)
Dr Jeremy Fernando (Anaesthesia,
Dr Jill van Aker (Anaesthesia; pecialist Anaesthetist, Chair Perioperative Medicine SIG; ANU Medical School)

Retreat notes
Pre-op
Risk assessment - by GPs/primary Care
PMac low/med/high risk For management
low/med/high risk For surgery

GP roles today
a) fasttrack = 6 min consults; bulkbill unchanged by Medicare review
b) family consults; co-pay
Home Hospital is also relevant to preop care

A) Screening
Standards needed for a minimum of: risk assessment
needs assessment

Coordination needed: coordinator; nurse navigator?
dashboard approach?

Tools: Rag Rating? Grocott
NSQIP
Health Assessment Q'aire

B) Assessment and triage (part of A), or separate?
Standards needed – eg traceable in referral form/letter

C) Workup / prehabilitation

Informed consent
risks, outcomes and planning are explained
expectations on both sides are clear, and documented
alternate or no treatment options clearly explained and documented

Post-op
What is high risk - >5% mortality?
Low risk/safe - <1%

ARRC
Optimal nursing ratios?
Cohort patients by risk – eg downgrade some patients who progress well to lower monitoring and nursing ratios
Include ICU and advanced care directives
AI/learning – means to identify and triage to lower or higher risk
Acceptibility
Nurse credentialing/training
Cohorts of patients – urban may be more applicable than rural
MBS items?
Principles of care is the ARRC focus (see ARRC documentation, RAH)

What is post-ARRC care

STEEP
Reduce cancellations
Reduce testing – choosing wisely
Reduce or streamline Preop clinics
Increase happiness
Improve late status less regret
meet expectations (determine these preop, and measure whether met postop
measure- eg EQ5D
Regional and remote support – eg hub and spoke

Touch points with key current issues
- Rural and remote
- Primary care
- Out of Hospital Care

General targets of perioperative care
- ‘towards zero’
- no tolerance for no improvement
  - aligns with rewards: rankings
    relative improvement