

The Perioperative Quality Improvement Programme: improving outcomes

The Perioperative Quality Improvement Programme has been set up as a multidisciplinary initiative to look at the quality of care and outcomes of patients undergoing major surgery in the NHS. Its aim is to reduce variation while effecting an overall improvement in morbidity.

The Perioperative Quality Improvement Programme

As mortality in the perioperative setting is becoming a rarity, current emphasis is being placed on improving care, morbidity and patient-reported outcomes. The NHS performs around 6 million operations per year (Abbott et al, 2017) and is ideally suited to look at structures, processes and outcomes to improve patient care. Already the NHS has seen the set up of services such as Proactive care of Older People going to have Surgery (POPS) (Harari et al, 2007) and Getting It Right First Time (Barratt et al, 2017).

In 2016 the National Institute of Academic Anaesthesia Health Services Research Centre, working on behalf of the Royal College of Anaesthetists in collaboration with the Royal Colleges of Surgeons (England), Physicians and Nursing and the Faculties of Intensive Care Medicine and of Pain Medicine, has set up the Perioperative Quality Improvement Programme, a National Institute for Health Research portfolio-adopted study. The aim is to investigate perioperative care of patients undergoing major non-cardiac surgery

and measure complication rates, failure to rescue and patient-reported outcomes. The Perioperative Quality Improvement Programme is gathering patient risk factors, processes of care and outcomes as part of its dataset and volunteering hospitals have the option to either randomly recruit 3–5 eligible patients per week or to try to recruit all eligible patients.

The Perioperative Quality Improvement Programme has set up a website (www.pqip.org.uk) with an online database for data entry and, through this, hospitals receive near real-time feedback of their results via dashboards, along with quarterly and yearly reports. These dashboards, added to the quality improvement tools from the website, are intended to support local and national improvement in the perioperative care of patients.

As recruitment proceeds, it is envisaged that the Perioperative Quality Improvement Programme will provide a significant patient dataset for research. The model of ‘big data’ in medicine has already proven successful in bringing about clinical change (Fuchshuber et al, 2012). It is hoped that, by making data readily available to researchers both locally and nationally, the Perioperative Quality Improvement Programme will help bring about a global improvement in patient care and satisfaction. Importantly, the Perioperative Quality Improvement Programme itself is also being evaluated on its effectiveness as a quality improvement initiative. Studies using both quantitative and social sciences approaches are evaluating whether or not the Perioperative Quality Improvement Programme ‘works’, and the results will be used formatively to improve how the Perioperative Quality Improvement Programme team interacts with clinicians to use data effectively, and therefore improve patient outcomes.

The aim of the Perioperative Quality Improvement Programme is not to just be another data collecting exercise that feeds back about service provision in different NHS hospitals without using the data to bring

about clinical change. As the Perioperative Quality Improvement Programme grows, it is hoped that it will become a valuable source of information and data for interpretation and research to help drive improvement in the perioperative care of major surgical cases.

As Dan Wellings, NHS England’s head of insight and feedback, said at the European Healthcare Design Congress and Exhibition in 2015: ‘We have to ask ourselves, to what level are we just good at measuring things, but not good at doing something with all that data?’.

Conclusions

The Perioperative Quality Improvement Programme has been launched to bring about improvement in perioperative care of patients in the NHS. Its aim is to decrease variation and improve outcomes, while acting also as a source of data for research at a local and national level. **BJHM**

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Further reading

www.pqip.org.uk

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