



Reducing postponements/cancellations for surgical patients

Cardiff

Background

Patients on elective surgery waiting lists often experience postponements and delays late in the pathway relating to Comorbidities – leading to increased number of steps in the pathway required. We want to reduce burden and number of steps required to patients and staff (hospital appointments; clinical time) in current pathways and standardise methods of communication.

Aim & Stakeholders

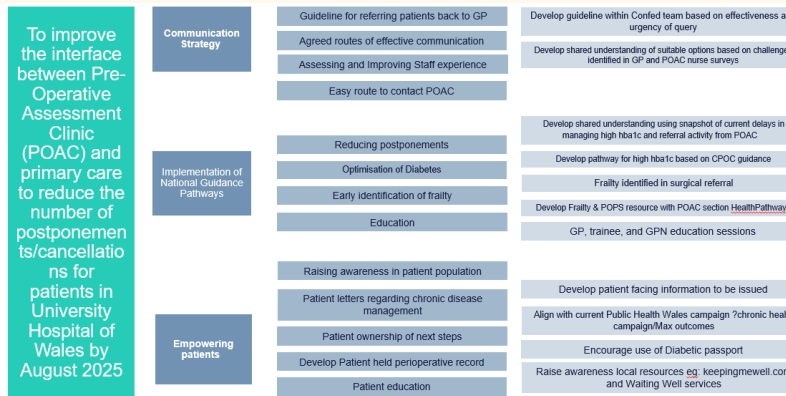
Aim: To improve the interface between Pre-Operative Assessment Clinic (POAC) and Primary Care to reduce the number of postponements/cancellations for patients in University Hospital of Wales by August 2025.

Project team: Associate CD Anaesthetics; Lead Anaesthetists for Frailty and Diabetes; Consultant Geriatrician; Lead POAC Nurse; Deputy CD Primary Care

Measurement

1. Number of postponements from POAC requiring comorbidity optimisation in Primary Care (%).
2. % patients with hba1c < 3 months at time of referral.
3. GP awareness & recognition of Frailty.
4. No. of direct referrals by surgeon to POPs facilitated by Primary care recognition/frailty flag.
5. Improvements from survey to GPs (in progress).

Driver Diagram



PDSA cycles/testing

Currently exploring:

1. Using the CPOC guidelines as a template to develop pathway for high HbA1c and monitor compliance with guideline.
2. Develop Frailty & POPS resource with POAC section Health Pathways.
3. Look within referrals from surgeons to see if Frailty highlighted/flagged from initial referral.
4. Test improvements with new Communications strategy from POAC nursing perspective.

Intended/outcomes

1. Reduction in number of patients experiencing postponements for referral back to Primary care.
2. Standardisation of communication methods leading to reduced work and better experience.
3. Increase the number of early referrals to our POPS (PeriOperative Management for the Older People having Surgery) service.

General Reflections

1. It can be challenging to influence and engage with key stakeholders due to competing priorities.
2. Take time to build relationships and leadership.
3. Project management support is critical to help keep team members connected and on track.
4. Organisational support – in timescales.
5. Systems not set up to support clinical pathways and data sharing.

Next & sustainability

Introduce Management and Organisational Support to enable implementation.
Re-start regular Clinical Working Group meetings to develop pathways and communications strategy further.