

# Introduction of a Surgical Older Persons Assessment Service (SOPAS) in a large regional centre

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## Introduction

The number of older people undergoing surgery is increasing – by 2030 it is estimated that 20% of those aged 75 and over will undergo surgery each year.<sup>[1]</sup> In this age group, frailty is a key factor associated with increased risk of postoperative mortality and morbidity.<sup>[2][3]</sup> The National Emergency Laparotomy Audit and the Centre for Perioperative Care recommend joint protocols for management of perioperative care to include geriatricians.<sup>[4][5]</sup> Inspired by Shipway's surgical liaison service at North Bristol, we introduced a Surgical Older Persons' Assessment Service (SOPAS) at Morriston Hospital.<sup>[6]</sup>

## Method

SOPAS started in April 2021 and was developed using QI methodology.

Key elements of the service:

- Improved frailty scoring – Clinical Frailty Scale (CFS) was introduced and added to the surgical proforma. We raised awareness of criteria and CFS app amongst surgical teams through regular teaching sessions.
- Proactive screening of surgical admissions via Consultant led ward rounds
- For our analysis, the trust's data analytics team developed a surgical frailty viewer based on the Hospital Frailty Risk Score<sup>[7]</sup> to analyse general surgical patients for length of stay, mortality, and readmission rate (COVID-19 positive patients were excluded)
- Developed an electronic referral process and criteria in collaboration with general surgery, vascular and urology

## Results

SOPAS has seen over 300 patients to date – of these, 203 patients were identified by the software tool with data covering April 2021 to January 2022.

When comparing to the same period in the previous year, there was a **fall in mean length of stay (LOS) of 2.83 days** and **reduction in mortality of 2.59%**.

This equated to a cost saving of **approximately 574 bed days or £109,153**.

There was also noted to be an increase in readmission rate of 2.90% but this was comparing to a period impacted by the pandemic which may have led to relatively lower readmission rates.

## Limitations

- Dataset only shows general surgical patients
- Analysis dataset did not include all the patients seen by our service during the time period
- Comparing to a period heavily impacted by Covid-19 pandemic
- Scalability to other regional locations

## Conclusions

SOPAS has led to a reduction in mortality and length of stay in general surgical patients with frailty, in line with previous similar services. This has resulted in a significant estimated cost saving of £109,153. This was a targeted service and our internal estimate for overall cost saving across surgery is approximately £1.5 million/year.



## Next steps:

- We have been invited by the trust to submit a business case to expand the service with additional staff and employ a dedicated perioperative geriatrician for a fully functioning emergency POPS pathway
- Aim with expanded team to comply with NELA standards
- Commence the screening of elective surgical pathways with the aim to start trialling virtual and face to face clinics in next few months to allow development of an elective pathway team

## References

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