

Evaluation Of The Benefit Of The PRIME (Peri-Operative Review Informing Management Of The Elderly) Clinic With Regards To Reduction In Day Of Surgery Cancellations

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Introduction

Our PRIME pre-operative assessment multidisciplinary clinic has been running since 2014. Indications for assessment primarily include those patients over the age of 65 with a frailty score of 5 and above.

The aim of the PRIME service is to optimise patients before surgery. Patients are assessed by an Anaesthetist, Geriatrician, Occupational therapist and Physiotherapist.

National cancellation rate of surgery is 10% to 14%, with one third due to clinical reasons, resulting in costs estimated to be as high as £400 million per year.¹

The overall aim of this quality improvement project is to evaluate the main reasons behind cancellations on the day of surgery at Addenbrookes Hospital in patients >65 years old, and evaluate the benefit of the PRIME clinic with regards to reducing these, which would not only benefit patients but incur cost savings.

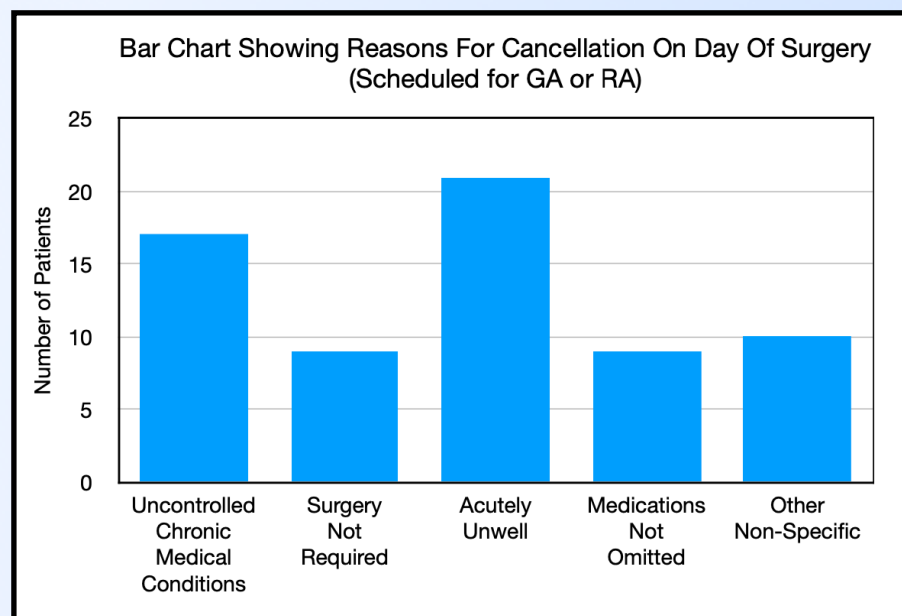
Methods

An anonymous list of patients above 65 years, cancelled on the day of surgery between September 2019 and February 2020, was obtained. Using non-identifiable information, the authors established the cause of cancellation and decided whether this cancellation may have been prevented by assessment in the PRIME clinic.

This quality improvement project conformed to acceptable ethical standards, thus not requiring ethical approval.

Results

66 cases were included in the study. Overall, it was established that 17/66 cancellations (26%) were considered preventable by PRIME clinic. Only 3/66 cases were seen in the PRIME clinic; all having a cause of cancellation deemed non-medically preventable. It is also worth noting; of those who had a frailty score documented in their notes, only 22.2% had a score of 5 or above. Therefore 77.8% would not satisfy criteria to be seen in PRIME Clinic pre-operatively.



Conclusion

Approximately a quarter (26%) of operations cancelled on the day of surgery may have been preventable by assessment in the PRIME clinic. Only 22.2% of patients aged above 65 years of age had a frailty score of 5/more. Following this, we decided to accept patients into the PRIME clinic who may not necessarily have a frailty score of 5/more, recognising the benefit of this multidisciplinary clinic in multi-morbid older patients who may not score 5/more. Furthermore, frailty scores can have a subjective element.

References

1. M.Gillies, D.Wijeyesundera et al. Counting The Cost Of Cancelled Surgery: A System Wide Approach Is Needed. British Journal Of Anaesthesia. October 01, 2018. [https://www.bjanaesthesia.org/article/S0007-0912\(18\)30643-3/fulltext](https://www.bjanaesthesia.org/article/S0007-0912(18)30643-3/fulltext)