

PQIP at Salford

At Salford Royal NHS Foundation Trust, we were lucky to be one of the early adopters of PQIP. We are a large teaching hospital based just outside Manchester. Across Greater Manchester we are the Major Trauma Centre, a tertiary neurosurgical and complex spines centre, one of two nationally funded intestinal failure centres and are due to acquire all the major upper gastrointestinal surgery. Salford is one of the four sites identified for acute major abdominal surgery under the Healthier Together initiative, and also undertakes major pelvic urology surgery.

Given this portfolio of services, it seemed only appropriate that Salford would be actively involved in PQIP. Our research nurses Diane and Padd are the key drivers to the success of our programme, and they are backed up by our acute research team to cover weekend data collection.

Optimising patient recruitment

Initial processes looked to optimise patient recruitment. As a trust all patient notes, theatre scheduling and investigations are electronic, and we are heavily dependent on these systems. Regular review of theatre schedules enables us to identify patients early. Another key relationship is with our specialist nurses. We are forewarned about upcoming eligible patients, their dates for clinic appointments and surgery. As such Diane and Padd have become a regular feature at outpatient clinics. We started recruiting in January and have on average recruited 28 patients a month for the past 4 months. Our use of electronic systems has consistently enabled us to achieve a 95-100% locked record rate.

Building engagement through communication

At the same time communication and collaboration was and remains important. We presented to all the directorates and received universal approval for PQIP. In collaboration with our surgical leads, we have returned to present the current findings of the programme and will be doing so regularly as recruitment numbers demonstrate meaningful results. The aim of this has been twofold, to advertise our achievements and secondly to cultivate discussion and collaborative interventions. What is crucial is for colleagues to recognise PQIP as a huge data source.

Planning improvement

A group is looking at respiratory status and interventions perioperatively in our oesophagectomy patients initially. We are considering the role for respiratory prehabilitation prior to surgery and look to undertake a version of a plan-do-study-act (PDSA) intervention. The use of the query builder on the website has been key to identify these patients and the specific pre-op and post-op findings relevant to the study.

Secondly, dashboard and quarterly reports suggested we could improve our patients' early post-operative experiences. Specific areas for improvement highlighted thirst and sore throat. A collaborative study between recovery and clinical staff will examine the causative factors for these experiences and where simple interventions may impact on patients' experiences.

Supporting innovation

Initially the CAN-Move prehabilitation programme was only available for local Salford patients. However given its success as a resource, this has been extended and incorporated into the Greater Manchester Prehab 4 Cancer programme. This provides a single point of access for prehabilitation for patients undergoing cancer surgery and is available at many sites across Greater Manchester. This is especially important for us as Greater Manchester's upper GI cancer centre with patients across the city, but also equally relevant across other specialties. Similar programmes are being established nationally and we

hope to see its benefit in our patient outcomes.

Still some challenges

One of the ongoing challenges is encouraging clinician involvement. By leading from the front we hope to encourage collaboration between all levels of clinical staff to improve outcomes. A second challenge is the expanding portfolio of eligible patients and its impact on limited research team resources, especially for weekend data collection. This is something we are currently addressing to ensure optimal recruitment and have recently welcomed Vicky to the team.

As a Trust, PQIP has focused minds not only on the processes of care but importantly the quality of care and its impact on outcomes for our patients. We hope it will lead to established best practices that can be promoted both regionally and nationally.

