

Geriatrician Input for Emergency General Surgical Patients: An Audit Report Based on the recommendations of 'An age-old problem' – NCEPOD report 2010

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Rationale and aims of audit

In 2010 the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published a report entitled 'An Age Old Problem' which looked at the outcomes following emergency surgical admission of elderly patients.

Unsurprisingly the report found that outcomes in this group were worse than for younger cohorts of patients. It made a number of recommendations including the early involvement of a Care of the Elderly Physician and the need for assessment of; disability, frailty, pain, nutrition, cognition and hydration.

The COPES (Care of the Older Person requiring Emergency Surgery) service at Basildon Hospital was set up in an effort to comply with these recommendations and in doing so to improve patient outcomes. The rationale for conducting this audit was to ensure that this aim was being met.

Audit Methodology

The COPES service's adherence to NCEPOD recommendations was initially measured in August 2013.

Following this survey a COPES proforma was devised that contained elements of a comprehensive geriatric assessment. The aim of this was to increase compliance with NCEPOD recommendations.

The COPES service was then surveyed again in September 2014.

In both 2013 and 2014 the case notes of all emergency general surgical admissions over the age of 78 were reviewed for evidence of adherence to guidelines. In both years the length of stay required for inclusion in the survey was 2 days or more and patients admitted and discharged over the weekend were excluded.

This resulted in a data set of 33 case note in 2013 and 46 case notes in 2014.

Table 2
Percentage of eligible patients seen

	August 2013	September 2014
% seen by COPES – total	81%	72%

Table 3
Number of eligible patients going on to have inpatient surgery

	August 2013	September 2014
Number of patients having surgery/total number of patients	7/33	2/46
Percentage of patients having surgery	21%	4%

Audit Findings – Summary

The second survey showed an improvement in the compliance with NCEPOD guidelines when patients were reviewed by the COPES team [Table 1]. It also demonstrated a significant difference between the quality of assessments carried out by the COPES team compared to assessments made by surgical teams alone [Table 1]. There was, however, no increase in the percentage of patients seen by the COPES service [Table 2].

Interestingly, the audit also demonstrated that only a small proportion of elderly surgical patients actually go on to have inpatient surgery [Table 3].

Table 1 Compliance with NCEPOD recommended assessment		August 2013 Seen by COPES	September 2014 Not seen by COPES	September 2014 Seen by COPES
AMT assessment		36%	56%	100%
Hydration assessment		97%	67%	100%
Nutrition assessment		97%	25%	100%
Pain assessment		94%	100%	100%
Mobility assessment			31%	100%
Frailty assessment			6%	100%
Bowels assessment			88%	100%

Conclusion and Future Work

We showed that compliance with NCEPOD recommended assessment criteria of elderly surgical patients is possible with a dedicated Geriatrician led team and the use of a proforma. However, the lack of an increase in referrals to the Basildon COPES service suggests that a proactive approach may be needed to ensure geriatrician review. We plan a recruitment of a surgical liaison nurse.

We also demonstrated that assessment of these patients is done better by a Geriatrician. Combined with the low inpatient operative rate in this cohort this raises the question if admitting these patients under surgical teams is justifiable. Further research in this area is required.

