

'The heart of the matter'

NCEPOD 2008

Death following a first time, isolated coronary artery bypass graft

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NCEPOD Report: The heart of the matter

- Forward
- Introduction
- Methods
- Data returns
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- Results overview
- Principal recommendations

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Forward;

- Organisation of the service
- Time-critical care of coronary artery disease
- Coronary Heart Disease National Service Framework (NSF) 2000
- Organisation, co-operation, communication and teamwork are core

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Introduction;

- Demography
- Age up, greater co-morbidity
- Mortality 2% down to 1.6%
- Waiting times down
- Less stable patients

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Methods;

- Good practice
- Room for improvement - clinical
- Room for improvement - *organisational*
- Room for improvement- clinical & *organisational*
- Less than satisfactory

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Data returns & results overview;

- Casenotes returned 79%
- Contrasting quality of care between case studies and controls
- Marked discrepancy in reporting of co-morbidities between anaesthetists and surgeons
- Variability of accuracy of documentation of the Euroscore

Principal recommendations

Referral and admission process;

- 'Hub & spoke' inter-hospital transfer (49.5%)
- Clear protocols for optimisation and transfer (adherence to NSF) + communication (ICM/HDU *Consultant*)
- ICP documents properly designed (MDT) fit for purpose and used
- MDT approach to pre-admission clinics with core membership to include anaesthesia (9/49)
- Half of procedures urgent
- Electronic referral???

Principal recommendations

Scheduling;

- 10% cases OoH
- OoH standard of care better than working hours
- More senior (consultant) clinical involvement

Principal recommendations

Multidisciplinary case planning;

- Protocols
- Documentation
- Record of attendance
- Policy for case selection
- Clear, written operative plan
- 25% cases discussed
- Core membership (anaesthetists only 1/21)
- Time allowance in agreed job plan

Principal recommendations

Patient investigations;

- 10% did not receive appropriate investigations
- In 50% of those outcome adversely affected
- Clearly defined reviewer
- Protocol

Principal recommendations

Medical management;

- Unit protocol
- Evidence based
- Inter team agreement, otherwise confusion (wards)

Principal recommendations

Non-elective, urgent, in-hospital cases;

- Protocol for review of unstable cases, involve anaesthetists
- Senior involvement needs team clarity
- Communication
- Use of ICM/HDU/outreach protocols and staff
- Optimisation

Principal recommendations

Co-morbidities;

- Height, weight, BMI recording mandatory (absent in 25%)
- 50% overweight/obese
- Management plan for pre-existing co-morbidity agreed by MDT
- Guidance on assessment of LV function

Principal recommendations

Anaesthetic process;

- Cardiac anaesthesia consultant based *or delivered* service
- 98% cases assessed pre-op by anaesthetist (79% consultants)
- 97.6% consultant present at induction

Principal recommendations

Peri-operative management and postoperative care;

- Senior clinicians available throughout the peri-operative period (consultant to consultant)
- CICU v GICU
- CICU renal replacement therapy facility
- Clear peri-operative plan

Principal recommendations

Communication, continuity of care and consent;

- Protocols for handover theatre/ICU/HDU/ward
- Protocols for team handover

Principal recommendations

Multidisciplinary review and audit;

- M&M meetings at least monthly
- Clear records
- Personnel to reflect MDT (anaesthetists 44% only)
- Learning systems
- Results of autopsies?

Training

- Not mentioned except by implication in critical incident or less than satisfactory care
- Properly supervised
- Supported OoH with clear communication policy
- 'The purpose of training is future service'

The anaesthetist as peri-operative physician

- Pre-operative assessment
- Optimisation in 'hub' and 'spoke'
- Transfer of critically sick patients
- Stabilisation
- Co-morbidities
- ICU – likely to provide full time cover
- M&M

....and then there is anaesthesia

Intensive Care

- Competitive market
- Currently 2000 Level 3 beds in UK
- Need 6000 in next 10 years to support changing demography
- Staffing and resource

Conclusions

- Unit and national protocols
- Accurate, easily interpreted record keeping
- Involvement in all stages of care
- Job planning
- Increased staffing levels
- Cost

Next Steps

- 'Time Out'
- WHO Safer Surgery initiative
- Attention to detail

