****

**PERIOPERATIVE CARE
CASE STUDY SUBMISSION FORM**

We hope to use case studies of local perioperative services to develop networks to facilitate establishment of new services, to illustrate what can (or can’t!) be done, and to reduce duplication and encourage shared learning.

If you have any examples or case studies of perioperative services such as anaemia, prevention of respiratory complications, exercise, nutrition, diabetes, comprehensive geriatric assessment, prehab, surgery school or Level1.5/PACU type postoperative care arrangements at your place of work, CPOC would be delighted to review your submission.

Please complete the form below and submit to cpoc@rcoa.ac.uk Please provide as much information as possible, including links to articles and photographs (including the written consent of those in the photos).

**Contact Details**

|  |  |
| --- | --- |
| **Your full name:** |  |
| **Title:** |  |
| **Job role:** |  |
| **Email address:** |  |
| **Telephone number:** |  |

**Case Study Details**

|  |  |
| --- | --- |
| **Country:**  | [ ]  England [ ]  Northern Ireland [ ]  Scotland [ ]  Wales |
| **Hospital/Trust/Healthboard:** |  |
| **Suggested case study title:** |  |
| **POM pathway stage:**(*double click box on right*) | [ ] Before surgery [ ]  Surgery specific initiatives [ ]  After surgery[ ] Specific Patient groups [ ]  Perioperative pathway and team working |
| **Specialty in focus:** | [ ] Anaesthesia [ ]  Surgery [ ]  Nursing [ ] General Practice [ ]  Physicians |
| **Perioperative care themes covered in this case study:** (*double click box on right*)  | [ ] Improving quality of care [ ]  Empowering patients and carers[ ] Supporting our workforce [ ]  Influencing policy [ ]  Technology and digital [ ] Shared decision-making [ ]  Day surgery [ ]  Research and innovation[ ] Perioperative care pathways and outpatients [ ]  Other  |
| *If ‘Other’, please provide more detail:* |
|  |

**Tell us you perioperative care story** (*boxes will expand as you type*)

|  |
| --- |
| **Overall Summary** **Brief summary of problem, solution, key results and outcomes of the case study** |
| **Introduction and Purpose** |
| **Describe the problem** |  |
| **The number of patients affected?** |  |
| **Proposed Solution** |
| **What solutions were identified?** |  |
| **Why and how were these solutions selected?** |  |
| **What were the challenges and enablers to success?** |  |
| **Did the solution require a multi-disciplinary approach? If yes, which disciplines were involved?** |  |
| **Key Results and Outcomes** |
| **What evidence is there to demonstrate impact on:*** morbidity/mortality
* patient record outcomes
* patient experience
* process measures (e.g. reduction in referral times, hospital bed days, readmissions, cancellations etc.
 | **Please use visuals to support analysis where possible****Can be either qualitative or quantitative evidence or both****Can be either positive or negative evidence** |
| **Were patients engaged and consulted?** i.e. was there a PPI/E group? |  |
| **Did you link your service to any aspects of the NHS**  | **e.g. the NHS Long Term Plan (or similar across the devolved nations)?** |
| **Have you linked with Integrated Care Systems/Partnerships and Primary Care Networks?** |  |
| **Recommendations/Next Steps** |  |
| **Acknowledgement and References** |  |

**Please Note**

**By completing this form, you are consenting to the supplied information (excluding contact details) being:**

* published on websites for CPOC and its partners, including photographs
* shared publicly on social media channels
* shared with UK and international media outlets
* shared within CPOC promotional materials.

**Please tick the relevant box below to consent to this information (including contact details) being shared privately with practitioners from other hospitals who wish to set up similar pathways and may want to ask you any relevant questions. CPOC will never share your contact details via any public channel, including websites or social media, without consent.**

[ ] **Yes** I consent to my details being shared privately with other perioperative practitioners

[ ] **No** I do not consent to any sharing of my details

 **Additional Comments**

|  |
| --- |
|  |

**Please return this form to** **cpoc@rcoa.ac.uk**