

# *Development of new 'Post Operative Care Unit (POCU)'*

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## Good Perioperative Practice:

### *Development of new 'Post Operative Care Unit (POCU)'*

- New Enhanced Care Unit to provide improved post operative care for elective surgical patients
- Four bedded unit on elective surgical ward
- Supported by Critical Care Outreach Team and clear escalation policies for deteriorating patients
- Able to provide invasive monitoring and CPAP / Optiflow for patients at risk of undiagnosed OSA



### ENHANCED CARE:

Guidance on service development in the hospital setting

May 2020



Guidance on Establishing and Delivering Enhanced Perioperative Care Services

October 2020



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## How has this been developed?

- Good buy in from all stakeholders – Anaesthetic, ICU, Surgical and Nursing Teams – with a clear objective to improve post operative care to high risk patients
- Comprehensive SOP based on national guidance and agreed with all stakeholders
- Clear booking criteria and education for anaesthetic and POA teams to ensure resource is allocated to most appropriate patients
- Regular meetings with leadership team to review outcomes and plan new developments

## Challenges

- Surgical involvement
- Availability of equipment - Optiflow
- Location – based on elective surgical ward away from theatres and ICU
- Staffing - not enough anaesthetic staffing – have had to empower nursing and CCOT teams

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## **New changes since implementation:**

- Airway support guidance to provide post operative Optiflow support
- Digital booking form
- Digital Theatre to POCU handover form

## **Future Aims:**

- Vasopressors – Yes / No
- Integration into new trust Prehabilitation Programme

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# Booking Criteria

## Inclusion Criteria

- Elective Post Operative Surgical Patients

## Exclusion Criteria

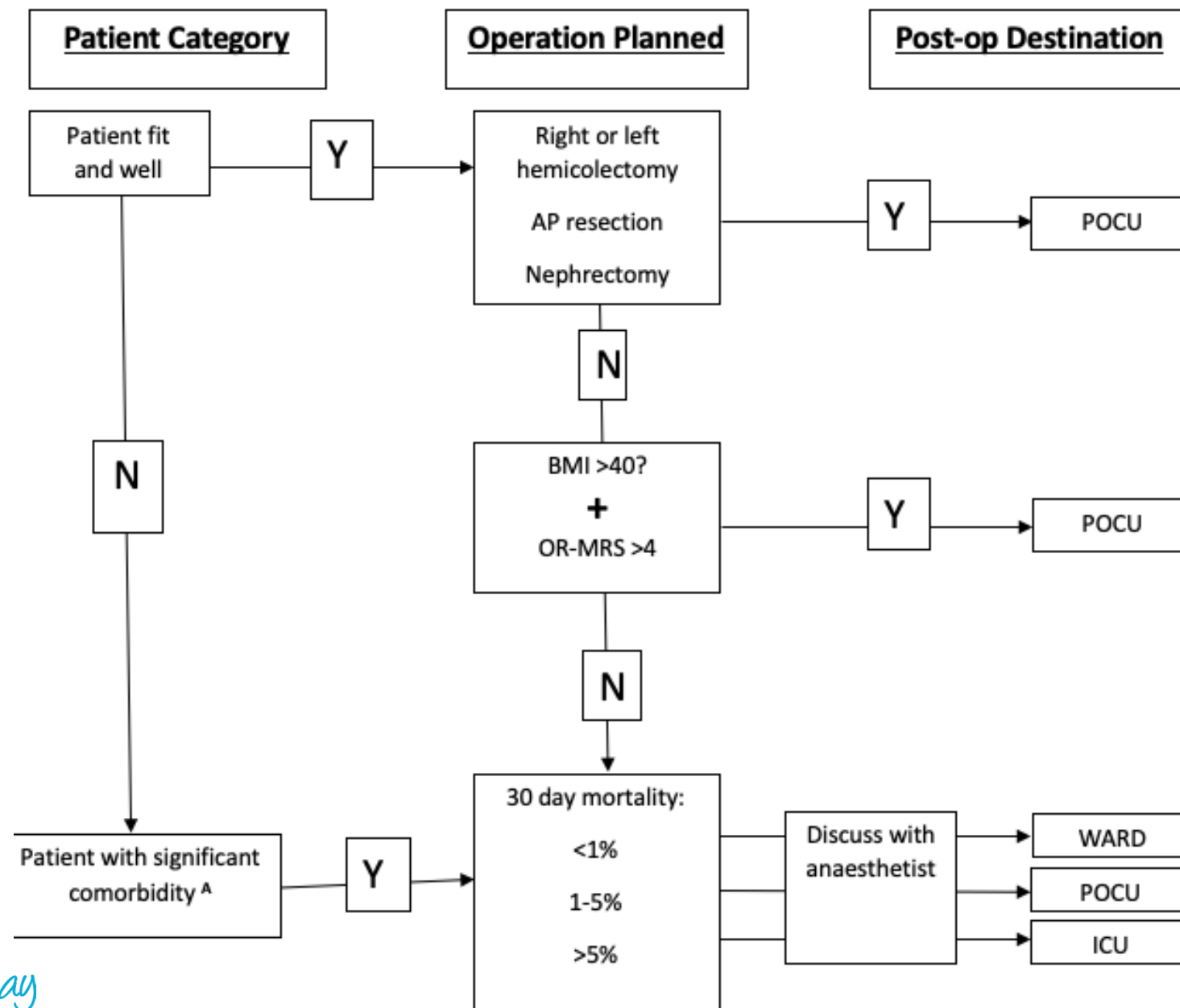
- Emergency surgical patients
- Patients requiring new CPAP (excluding OPTIFLOW)
- Patients whose care can be provided on normal ward
- Patients requiring or likely to require organ support

## Patient Selection

- Patients undergoing planned major surgery:
  - o Laparoscopic / open bowel resection
  - o Nephrectomy
- Patient with 30-day mortality risk 1-5% (NSQIP)
- Patient with significant co-morbidity *Appendix A* → discuss with POA anaesthetist
- Patient with BMI >40 + OR-MRS score >4 *Appendix B*
- Patient with chronic pain requiring >100mg oral morphine equivalent pre-op
  
- Patients requiring new OPTIFLOW post operatively [started by perioperative anaesthetist]

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