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What does integrated care look like in a perioperative service?

The traditional approach to planning care based on surgical procedures rather than patient needs is no longer fit for purpose. The typical surgical patient has grown increasingly more complex over the past decade due to a combination of clinical and social factors. If this complexity is poorly managed, it can result in substantial and avoidable increases in length of hospital stay, post-operative complications, hospital readmissions, delayed recovery and reduced quality of life.

Integrated care is a growing movement in health service reform that has emerged as a response to managing the complexities of health care delivery. The World Health Organization defines integrated care as 'an approach to strengthen people-centred health systems through the comprehensive delivery of quality services designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care'.¹

Integrated care has been widely adopted in chronic disease, where significant efforts have been made to create a seamless health service for complex medical patients. High-quality perioperative care also requires communication and collaboration across primary, secondary and social care sectors that would benefit from an integrated approach. Unfortunately, this philosophy has not been successfully adopted in surgery services, particularly in Australia. In contrast to the patient-centred integrated care approach, many surgical services remain fragmented and structured around the needs of health professionals rather than those of the patient.

Ideally, integrated perioperative care involves the individualised care of patients from referral for surgery

through to complete recovery. A multidisciplinary perioperative care team delivers the care, incorporating all individuals involved in a patient's perioperative journey, including doctors, nurses, other health professionals and family members or other carers. The multidisciplinary team works collaboratively with the primary care team, social services and family and carers to provide safe, effective and efficient care.²

The emergence of perioperative frailty clinics is an excellent example of effective integrated, perioperative care that could be more widely adopted. As the population ages, increasing numbers of frail older people undergo elective and emergency surgery. Frailty is a significant risk factor for surgical complications. As a response, some services have developed a dedicated multidisciplinary perioperative frailty clinic that addresses patients' medical, psychological, functional and social needs.³ Frailty clinics have been highly successful where they have been trialled. One of the key outcomes is an increase in shared decision-making about surgical and non-surgical options.

Perioperative medicine is an emerging field dedicated to optimising care for patients prior to surgery and minimising the risk of and managing perioperative complications. The field has been established to provide optimal

pre-operative, intra-operative, and post-operative care for all patients, particularly those at high risk of adverse outcomes. The multidisciplinary perioperative medicine team performs risk and needs assessment, coordinates pre-operative care, helps prevent and manage post-operative medical complications and supports functional recovery. The Australian and New Zealand College of Anaesthetists has recently released a perioperative framework to help facilities develop a perioperative medicine service.⁴

Enhanced Recovery after Surgery (ERAS) refers to a patient-centred, evidence-based pathway delivered by a multidisciplinary team. ERAS protocols aim to reduce patients' surgical stress response, optimise their physiologic function and facilitate recovery. These care pathways form an integrated continuum as the patient moves from home through the preadmission, pre-operative, intra-operative, and post-operative phases of surgery to home again.⁵ Unfortunately, ERAS has not been systematically adopted in Australia and, where it has been adopted, it is often in a specific area of care (pre-operative, intra-operative, or post-operative) and not integrated.⁶

Integrated perioperative care is essential for achieving a seamless patient-centred surgical service. We can learn from the above examples, but I fear that widescale change will not happen without a paradigm shift from health care staff, health services and government. If you have an example of a successful integrated perioperative service, please consider sharing it in the *Journal of Perioperative Nursing*.

References

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