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<b>Título</b>	Implementation of the Extended Care in High-Risk Surgical Patient (EXCARE) post-surgery care pathway in high-risk non-cardiac surgical population: impact on morbidity and 30-day mortality
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## **Implementation of the Extended Care in High-Risk Surgical Patient (EXCARE) post-surgery care pathway in high-risk non-cardiac surgical population: impact on morbidity and 30-day mortality**

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**Background:** High-risk surgical patients are subject to complications that impact overall mortality (>5% as per definition). This study proposes the creation of a post-surgery care pathway called Extended Care in High-Risk Surgical Patients (EXCARE) in the form of coordinated multiprofessional actions dedicated to high-risk non-cardiac surgical patients with the aim of improving the postoperative outcomes. The pathway comprises actions that include individual patient-centered risk assessment (assessed by the SAMPE Risk Model , a 30-day probability of death institutional model), specialized care in the post-anesthetic care unit (PACU) and in the surgical wards performed by the nursing, anesthesia, internal medicine and surgery teams. **Methods:** Quasi-experiment including 1720 patients, 430 consecutive non-cardiac patients >16 years who underwent elective or non-elective procedures in Hospital de Clínicas de Porto Alegre, referred to post-anesthesia care unit after surgery and classified as high-risk (probability of death  $\geq 5\%$  in 30 days by the SAMPE Risk Model) in the intervention group and 1290 controls (matched by propensity score in a 1:3 ratio) in which the clinical effectiveness of EXCARE is being analyzed using a before-and-after comparison. Primary outcome is a compound of in-hospital 30 day-mortality and complications by Postoperative Morbidity Survey (POMS). Secondary outcomes include number of Rapid Response Team (RRT) calls, length of stay, reoperation, readmission. Procedures performed outside the main surgical unit (outpatients, diagnoses, performed under local anesthesia); patients submitted to cardiac surgery with extracorporeal circulation and / or referred to the cardiac ICU postoperatively; organ transplantation; low risk patients classified as <5% probability of death within 30 days by SAMPE Risk Model were excluded. **Results:** The preliminary analysis included 402 patients (151 intervention and 251 controls) from January to June 2019, with overall high adherence to protocol by health professionals. EXCARE group presented higher number of calls to RRT within 7 days, more reoperations and lower mortality within 30 days ( $p < 0,05$ ). It has proved itself to be feasible as an institutional project, supported by Medical Vice-Presidency. This is the first study to evaluate the implementation of an institutional postoperative care bundle involving nursing and medical teams, and can be consolidated as a future standard of care.