Collaboration for Success: Our experiences with the SNAP 3 study GAIL WILLIAMS, TEAM LEAD, CARDIFF & VALE UNIVERSITY HEALTH



BOARD







SNAP 3: An observational study of frailty, multimorbidity and delirium in older people in the perioperative period

- To describe the impact of frailty, multi-morbidity and delirium, and their management, on outcomes following surgery.
- ► The number of patients undergoing surgery is increasing globally
- Describe the variation in hospital-level and patient-level frailtyrelated interventions
- Identify associations between hospital-level and patient-level frailtyrelated interventions and outcome
- Develop and internally validate a risk prediction tool for postoperative delirium



SNAP 3: An observational study of frailty, multimorbidity and delirium in older people in the perioperative period

Observational study

National target was 12,000 day case, elective and emergency surgery patients over 60 years of age

One week recruitment window 21st March – 25th March 2022



Cardiff & Vale University Health Board

Endocrine surgery ENT General Surgery Gynaecology Multi-trauma Neuro Surgery Ophthalmology Oral/Maxillary Facial/Dental **Renal Surgery Robot Assisted Urology Surgery** Sexual and Reproductive Surgery Transplant surgery Trauma & Orthopaedics Urology Vascular



University Hospital of Wales



University Hospital of Llandough

Meet the team!



UHL team



PI Margaret Coakley



Martin Grigg, Trial Administrator



Surgical research team

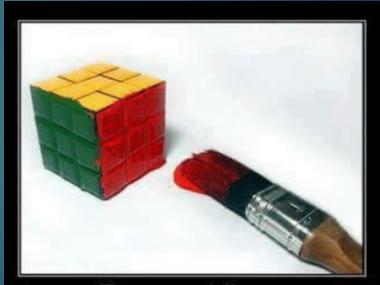
Challenges

- Large geographical spread including over two sites
- Covid unable to cross from emergency to elective surgical areas
- Increased likelihood to identify delirium and how to manage this?
- How to communicate between sites and the research team to prevent missing or re-approaching patients
- Promise of support from anaesthetic trainees but unsure who will be available that week
- Frequent changes to protocol and patient facing material
- One week recruitment period only
- Looking recruit as many patients as possible



Solutions:

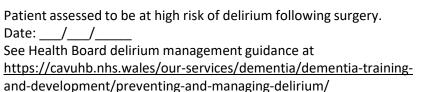
- Core team to plan recruitment strategy, including PI, research delivery team and associate PIs
- Associate PI scheme used at both sites to co-ordinate with the anaesthetic trainees
- Regular planning meetings
- Link in with the surgical Perioperative care of Older Peoples (POPs) team



There are solutions: even to the hardest problems

Solutions:

- Prioritised SNAP 3
- Visit to all the wards with study posters to promote the study
- Sharepoint spreadsheet
- WhatsApp groups to help direct to new patients
- Buddying up Research Delivery with junior medics
- IPADs used to complete real time data entry
- ► 7 am starts
- daily/twice daily briefings during recruitment
- QR code sticker created to link with latest UHB delirium guidelines







Margaret.coakey@wates.ttris.ok

SNAP 3 is a national observational cohort study which is being carried out in the majority of UK hospitals.

We aim to describe the **impact** of frailty, delirium and their management, on **outcomes** following surgery in older people. We intend to recruit 12, 000 patients. We hope our results will improve the care of older patients having surgery.

https://www.niaa-hsrc.org.uk/SNAP

Success!

100 patients recruited

All potentially eligible patients approached

Wards informed and supportive of study

Closer links with surgical nursing team and senior nurses

Development of future Pls

Further initiatives identified locally

Conclusion

SNAP 3 was an exciting collaborative study which allowed us to take advantage of technological improvement to assist with successful recruitment but it did not replace the basic principles of

- ► Teamwork
- Good communication
- Engaged PI



Feedback

- How easy it is to miss mild frailty in inpatients, likely underreported
- Delirium can be accepted by some ward staff almost as part of the recovery process in older patients. No concept of preventing delirium.
- Loneliness -both in hospital and especially on the phone follow ups.
- Consolidated my belief that we need a sustainable pops service in the elective stream.
- Enjoyed working with the research team and working with our trainees in a different setting. It was clearly measuring a gap in care, starting to tackle the unknown unknowns that can improve patient care so was very rewarding.
- If I was to do it again, more planning on my part. I would have liaised with our fantastic associate PIs to plan the post op follow up allocation of trainees as effectively as we planned the pre op. I also would have tried to get to some Med reg teaching to speak directly about the aims of the Med reg survey and come up with a more robust way of communicating during the survey period.
- We had two very conscientious associate PIs, I hope the scheme helped them navigate the role and I'm glad that it recognised their hard work.
- Thanks again to you and Charlotte for all your help in making the project a success.



Margaret Coakley, Pl

feedback

- To work so closely as a team in the fast-paced environment of SNAP3 was a fantastically rewarding experience.
- Motivation remained high throughout and patients were extremely keen to take part.
- I felt that this study raised an awareness of the important part research plays in current and future healthcare.
- As we work so closely as a team, there was always support and assistance on hand as we were all striving to achieve the same goal.

Laura Jones, Research Nurse

- I thought SNAP3 was a really positive experience.
- Everyone involved seemed really motivated, and I liked how input was welcomed from the whole team, making use of everybody's individual skills.
- The short, rigid timescale for recruitment established in advance seemed to work really well, perhaps because it allowed everybody to plan for that week well in advance and because it didn't require a longer-term commitment from clinicians.

- Generally, the research team in UHL work fairly independently as we cover a number of specialities, it was lovely for the team to come together and all work on one study, it gave us good opportunities for peer support and for learning different ways of communicating about research and for sharing experiences.
- Similarly, it was great to work with the anaesthetic team, to be seen as one team was a big step in the right direction, we all contributed regardless of banding or training and helped each other out
- It was great to do a fast paced, high numbers study, it added variety to the portfolio
- It challenged how we use technology, it pushed us into setting up the ipads and using them for consent and data entry in real time, something we do infrequently.
- Gave us an opportunity to form links with a clinical team we haven't worked with before

Charlotte Eglington, UHL Team Lead

Martin Grigg, Trial Administrator