#### Trust Board Meeting: Wednesday 10 September 2014
TB2014.92

<table>
<thead>
<tr>
<th>Title</th>
<th>Patient story</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>For information</td>
</tr>
<tr>
<td>History</td>
<td>Patient stories are regularly presented to Trust Board and Quality Committee.</td>
</tr>
<tr>
<td>Board Lead(s)</td>
<td>Ms Catherine Stoddart, Chief Nurse</td>
</tr>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
</tr>
</tbody>
</table>
### Executive Summary

1. Mr M sustained multiple injuries following a road traffic collision (RTC). His story details his treatment in different departments in the hospital. Mr M acknowledges the skill with which the diverse, multi-disciplinary team supported his recovery and helped him to achieve optimum functional outcomes.

2. This patient story was selected based on the criteria previously approved at Quality Committee for the selection of stories; as the story highlights key topics for organisational learning in relation to:
   - Sharing positive practice.
   - The length of nursing shifts.
   - Transferring patients between services and coordination of care between services.

3. Staff experience:
   - Challenges for the staff on SSIP for planning, prioritising and implementing Mr M’s care.
   - Ensuring accurate communication between multiple health care professionals.

4. Conclusion
   - This story highlights how the patient’s experience of traumatic injury can be enhanced through the establishment of a therapeutic nursing relationship and access to nursing expertise at a senior organisational level. It also highlights the value of continuity in nursing care for patients with complex needs over an extended hospital stay.
   - This story will be circulated presented at the Senior Nurses meeting to enable Trust wide reflection and learning.

5. Recommendation
   - The Trust Board is asked to note the issues highlighted in this story.
Patient Story

1. **Purpose**
   1.1. The purpose of the paper is to provide background and context to Mr M’s experience of recovering from multiple injuries and staying on three different hospital wards: intensive care unit (ICU), Trauma Unit and the Specialist Surgery Inpatients Ward (SSIP).

2. **Background and context to the patient story**
   2.1. Research\(^1\) undertaken with trauma patients have concluded that therapeutic relationships and effective team work aids their recovery. Patients often require additional emotional support due to the complex and devastating nature of their injuries.

   2.2. Mr M is a gentleman in his 30s who sustained multiple injuries following a road traffic collision (RTC) 18 months ago. His injuries necessitated admission to the Trauma Unit where he unfortunately deteriorated. As a consequence of his injuries he required admission to Intensive Care (ICU). Once stabilised, he returned to the Trauma Unit, and underwent multiple surgical procedures over a number of days to salvage his left leg: from his hip to toe. On his final trip to theatre, extensive soft tissue reconstruction was undertaken by the Plastic Surgery team and he was transferred post-operatively to the Specialist Surgery Inpatient Ward (SSIP). Mr M acknowledges the skill with which the diverse, multi-disciplinary team supported his recovery and helped him to achieve optimum functional outcomes.

   2.3. This patient story was selected based on the criteria previously approved at Quality Committee for the selection of stories. The story highlights key topics for organisational learning in relation to:

   - Sharing positive practice: the nurse consultant and patient built up a therapeutic relationship that provided reassurance, information, coordinated care and reduced the need for the patient to repeat information. He also valued access to considerable information in relation to this condition and treatment.

   - The duration of nursing shifts in some clinical areas meant that there was often limited continuity of care. Mr M had to repeat information and nurses did not have the opportunity to develop their understanding and knowledge, learned on previous shifts, in order to best support his particular needs.

   - Transferring patients between services. Mr M was under the care of multiple specialities and thus stayed in different wards within the Trust. Whilst this allowed immediate access to the necessary medical expertise, access to trauma nursing expertise was limited. This also meant he had to re-orientate himself to his surroundings on several occasions and re-establish relationships with new members of staff, which he found this emotionally challenging.

2.4. Staff experience:

- The challenges for the staff on SSIP, in planning, prioritising and implementing Mr M’s care in relation to his musculo-skeletal injuries with the reconstructive surgery. For example, how best he could be moved, positioned and mobilised without compromising his recovery and minimising complications. The Trauma Nurse Consultant advised on how best to meet Mr M’s complex nursing needs and discussed strategies to help the team manage the emotional and physical labour associated with caring for this patient and his family.

- Ensuring accurate communication between multiple health care professionals was challenging due to frequent moves between specialist areas. This was compounded by the way in which nursing care was delivered in some areas: nurses allocated to geographical areas rather than to individual patients. If the patient was moved they would be allocated a ‘new’ nurse. For patients with complex needs consideration could be given to named or primary nursing. The Trauma Nurse Consultant provided a means to ensure accurate and timely communication between the patient, multiple health care professionals and the nursing team.

2.5. Patient feedback for trauma and SSIP

- There were 6 complaints for Trauma (wards 2A and 3A) during 2013/14. Themes included: lack of communication; delay seeing a doctor on admission; noise from staff while trying to sleep; pre-operative assessment process lacking; delay waiting for admission and surgery; poor discharge process; lack of observations; medication error; loss of property.

- There were 3 compliments for Trauma (wards 2A and 3A) recorded on the Datix database during 2013/14. The themes included:
  - Positive staff attitude (“The whole team were very caring and compassionate with him”; “the nurses were wonderful, very caring and efficient. The porters, cleaners and caterers were all wonderful and I can't believe how lucky we were to have such wonderful care”; “shown nothing but kindness by the nurses”).
  - Good patient and carer involvement. “The doctors kept us involved and we knew what was going on at all times”,
  - High quality care, for example “he was happy with every aspect of his care”.

- The most common themes for Trauma (wards 2A and 3A) from feedback on the Friends and Family Test were:
  - Positive staff attitude. Staff were described as caring, friendly and helpful (“nothing was too much for them”)
  - High quality care (“centre of excellence”; “I was very well looked after”).

---

More compliments may have been received by the ward in cards and letters but these are not recoded centrally.
• There were 7 complaints for SSIP during 2013/14. Themes included: Poor communication with relative; poor communication between nursing staff and patient; lack of communication between medical team and patient; lack of nursing care and personal care; poor discharge process; lack of knowledge; staff attitude (rudeness); missed diagnosis.

• There were 3 compliments for SSIP recorded on the Patient Advice and Liaison Service (PALS) database during 2013/14. Themes included:
  o Positive staff attitude (“courteous, helpful and understanding”)
  o High quality care (“Exceptional care and attention”; “I do not believe that I could have received better treatment from all I met”; “staff cannot be faulted”).
  o Short time from diagnosis to treatment, which minimised the patient’s anxiety about recovery.
  o Good infection control procedures.

• The most common themes for SSIP from feedback on the Friends and Family Test were:
  o Positive staff attitude. Staff were described as kind, polite, efficient and attentive (“nurses and doctors cannot do enough for you”)
  o High quality care (“excellent care”; “Expert medical support”; “Looked after my needs very well”).

3. Conclusion
3.1. This story highlights how the patient’s experience of traumatic injury can be enhanced through the establishment of a therapeutic nursing relationship and access to nursing expertise at a senior organisational level. It also highlights the value of continuity of nursing care for patients with complex needs over an extended hospital stay.

3.2. This story will be circulated presented at the Senior Nurses meeting to enable Trust wide reflection and learning.

4. Recommendation
4.1. The Trust Board is asked to receive the story and consider the issues highlighted by this patient’s experience.

Catherine Stoddart, Chief Nurse

Authors:
Julie Wright, Trauma Nurse Consultant
Ella Reeves, Patient Experience and Involvement Manager

10 September 2014

---

3 More compliments may have been received by the ward in cards and letters but these are not recoded centrally.
**Mr M’s story**

Being in hospital is a strange experience, especially when it happens without warning and, like me, you are moving from various wards and units. Throughout it all I knew I was being cared for and in the best place, everybody who looked after me was kind, patient and always gave me as much information as possible as to what was happening and why. The John Radcliffe Hospital really was the best place that I could have ended up in, because of the level of care I received. But, even with all of this, the constant changes and moves did make it difficult for me to feel grounded and safe in the knowledge there was somebody I could call on. The Trauma Nurse Consultant saw me regularly and it was reassuring to know that there was somebody who knew about my time on all 3 wards that I stayed on. She knew about every aspect of my care and treatment and she coordinated my care between the different teams to ensure that I got the right care and treatment.

- I was in such a lot of pain and they gave me morphine for it, but it made me confused. I kept trying to leave the ICU and I was put on oxycodone instead.
- I developed a chest infection after the accident and I had to be moved to ICU. The nurses were always caring and calm, but they were covering a lot of things, so I felt it was difficult to ask for help.
- The medical team were concerned that the tissue in my leg was being lost the longer the fracture was not repaired. I was scheduled for surgery but the surgeon told me that he did not feel confident carrying out a long and complicated operation as it had been a very difficult week and he was very tired. I understood this and was grateful for his honesty – I preferred this to the risk that he could have made a mistake through exhaustion.
- They took me into theatre and gave me a complete debridement (removing dead tissue to give the healthy tissue a good chance of healing). They also put sponge on my leg, and wrapped it in a vacuum pumped, sealed clear plastic dressing. A machine helped the blood and fluid to circulate.
- I was moved to the Specialist Surgery Inpatients Ward (SSIP), which meant another change of scenery. The Trauma Nurse Consultant came to visit me regularly, which put me at ease, and I knew she would ensure that my care was well co-ordinated.
- The surgeon who led my surgery was excellent. He made it possible for me to keep both legs. He explained the surgery and the risks very comprehensively and I knew that there was a chance of amputation. He made sure I knew exactly what was going to happen and that all my questions were answered.
- The surgeon made sure he did everything to avoid a delay to surgery on the day. He made sure he knew who my anaesthetist would be and I had my blood tests done in advance.
- Once back on SSIP ward, I was moved to a side room with my own television and some privacy. This was invaluable to me and my sanity.
- I was in hospital for a month and I was eager to get home, so I worked hard to be able to transfer myself from the bed to the wheelchair and back to the bed.
- A pressure sore on my heel was identified on the day that I was discharged from hospital.

**Staff experience**

- **Trauma Unit**

  Mr M’s primary nurses on trauma mourned the loss of a patient with whom they had built a therapeutic relationship.

  - **Specialist surgery inpatients (SSIP)**

    Challenges for the staff on SSIP for planning, prioritising and implementing Mr M’s care in relation to his musculo-skeletal injuries together with reconstructive surgery. For example, how best he could be moved, positioned and mobilised without compromising recovery and minimising complications. The Trauma Nurse Consultant advised on how best to meet Mr M's complex nursing needs and discussed strategies to help the team manage the emotional and physical labour associated with caring for this patient and his family.

**What we have learned and what we have implemented as a consequence of this story:**

- **Trust-wide**

  Mr M greatly appreciated the input from the nurse consultant. He was reassured that she could provide information, coordinate his care which reduced the need for him to repeat information. He also valued access to a wealth of information about his condition and treatment.

  The duration of some nursing shifts meant that it was challenging trying to provide nursing continuity from one day to the next. This meant Mr M had to repeat a lot of information and nurses did not have the opportunity to capitalise on what they had learned about caring for this patient on previous occasions. We should consider the impact of 12 hour nursing shifts as it does not always facilitate the development of therapeutic relationships and effective coordination of care for all patient populations.

  We will review the process for transferring patients between services. In some cases it may be more beneficial for the patient to remain in an appropriate ward with specialist medical personnel visiting in order that the patient has access to the most beneficial and consistent nursing expertise, if all agree this is in the best interests of the patient.

  Named or primary nursing rather than geographical organisation of nursing may better meet the needs of patients who have complex needs over an extended hospital stay.

- **Specialist surgery inpatients (SSIP)**

  Mr M’s pressure ulcer was reported and a root cause analysis (RCA) undertaken, following the Trust’s policy.

**The major changes we have undertaken is**

- To support Trust wide exploration of nurse consultant roles in specialities that requires significant expertise and coordination of care and to develop the existing nurse consultant roles.

- Review of shift configuration to support improved communication and handover.