

Trust Board Meeting in Public: Wednesday 9 September 2015

TB2015.104

Title	Patient Story
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Status	For information
History	Patient stories are regularly presented to Trust Board and Quality Committee

Board Lead(s)	Ms Catherine Stoddart, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The purpose of this paper is to tell the recent story of Mr P and his experience of day surgery in the Lichfield Day Surgery Unit (LDSU).
2. This story provides an important opportunity to reflect on:
 - The complexities of communication between theatre and nursing staff and between clinicians and patients.
 - The impact of long periods of fasting on patients with lengthy waits for surgery and the importance of avoiding unnecessary dehydration.
 - The fine balance in achieving maximum patient comfort during day surgery, avoiding delays in surgery and best use the team's resources.
 - The implementation of best practice in relation to compassion when day surgery patients are informed that their surgery has been cancelled and requires re-scheduling.
 - The importance of staff understanding the personal circumstances of patients and the impact of delays and cancellations, particularly if they live alone.
3. **Recommendation:**
 - 3.1. The Trust Board is asked to read and reflect on the patient story and acknowledge the learning.

Patient Story

1. Purpose

- 1.1. This paper tells Mr P's story of day surgery for micro laryngoscopy¹ and a biopsy² in the Lichfield Day Surgery Unit (LDSU) in March 2015. In particular, the story focuses on Mr P's experience of preoperative fasting³.

2. Background and context to the patient story

- 2.1. Mr and Mrs P initially telephoned the Complaints Team outlining the events. Following discussion with the team, Mr and Mrs P decided to create a patient story with the clinical team instead of making a complaint.
- 2.2. Mr and Mrs P emphasised that they did not want to attribute blame or identify individuals. Their aim was to provide learning and improvement opportunities for the Trust.
- 2.3. The Patient Experience Team facilitated a two hour meeting with Mr P, his wife, who accompanied him on the day of surgery, the Ear Nose and Throat (ENT) Consultant, the Service Manager, the Ward manager, the Sister and the Matron for LDSU⁴. The relevant anaesthetist was unable to attend the meeting, but staff agreed to feedback the learning and recommendations.
- 2.4. LDSU treats all adult day case patients for the Specialist Surgery Service (SSIP); this includes ENT, plastic surgery, oral-maxillofacial and ophthalmology patients. All booked day case patients have their surgery and are discharged home the same day. LDSU also admits all theatre direct admissions (TDA's); patients begin their journey here and are taken to the operating theatre from LDSU. After surgery, they return to an inpatient bed on the SSIP ward.
- 2.5. Overall, the story conveys the importance of timely communication, particularly in relation to keeping patients and carers informed. Mr and Mrs P understood that logistically there can be unavoidable delays in day surgery and that it is often difficult to predict the time of surgery, but they felt they should have been kept better informed.

Mr P said:

"I would have been perfectly happy to fast until 4pm and not raised it as an issue if someone had just come and said to me, "We are sorry you are

¹ Micro-Laryngoscopy is an examination of the larynx and vocal cords.

² A biopsy is a medical procedure that involves taking a small sample of body tissue so it can be examined under a microscope.

³ Preoperative fasting is the practice of a patient abstaining from oral food and fluid intake for a time before an operation is performed. This is intended to prevent pulmonary aspiration of stomach contents during general anesthesia. (https://en.wikipedia.org/wiki/Preoperative_fasting).

⁴ The LDSU Ward Manager has recently started and was not in post at the time of Mr P's operation. The Matron has recently been appointed but not yet started in post and is currently the Outpatient Manager. The existing Matron has contributed virtually to this story but was not able to attend the meeting

waiting, but we don't know when your surgery is going to take place. As soon as we know we will let you know."

- 2.6. The facilitated meeting revealed that, while staff of all disciplines are committed to delivering compassionate care and see communicating regularly and fully with patients as integral to it, there can be gaps and differences in terms of how these efforts are perceived by patients and carers.
- 2.7. The story highlights how effective communication channels between the nurses and medical staff facilitate patients being kept informed and reassured.
- 2.8. Mr P's experience highlights the importance of ensuring that patients are given drinks at appropriate times when waiting for day surgery, if it does not result in a delay in their procedure taking place. It highlights that it is a fine balancing act to ensure patient comfort, whilst avoiding delaying their surgery and maximising the team's resources.

3. Mr P's clinical episode

- 3.1. Mr P went in to LDSU at 7.30am on 17 March to have micro laryngoscopy and biopsy as a day case procedure. His surgery took place at 4pm and he had not eaten or drunk anything from midnight the night before⁵. Mr and Mrs P raised issues in relation to the lack of communication while he was waiting for surgery, the length of time he fasted and the impact of surgery cancellation.

4. Communication

- 4.1. The impact of inconsistent communication runs throughout this story and is discussed in the following sections.
- 4.2. The operation was successful and many aspects of the day went well. Mr P and his wife were welcomed by ward staff, and had conversations before the procedure with the operating surgeon and anaesthetist. After the operation, there was *"excellent postoperative care"* and *"reassuring feedback and gave advice as to how to prevent future problems"* (Mr P). An informative follow up letter was sent to the patient.
- 4.3. It was clear from the meeting that staff view good communication as being at the heart of delivering compassionate care, and that while everyone agreed there is evidence of good practice (such as the surgeon introducing himself and nurses regularly talking to patients and asking appropriate questions), there can be gaps in how the communication is received by patients. Mr P identified clearly that if the communication had been better, he would not have raised any issues about his experience.
- 4.4. Patients may also find it difficult to communicate important information about their circumstances and it is important that staff have extra awareness of people for whom this may particularly be the case.
- 4.5. There is a need for effective communication between the theatre staff and ward staff, in order to ensure patients feel informed. A particular issue was

⁵ The Trust's Fasting Policy

<http://ouh.oxnet.nhs.uk/Search/Pages/PoliciesSearchResults.aspx?k=Fasting%20policy>

raised about possible lack of confidence in junior nurses when needing to ask the relevant questions of medical staff. Also discussed was the need for medical staff to keep the nurses on the ward fully up to date on progress, wherever possible.

- 4.6. Mr P would have liked fuller information on the day, particularly in relation to the timings of his operation, being able to have a drink up until the time limit, whilst he waited and the circumstances that may be impacting on the day's scheduling and timings.
- 4.7. Better communication about surgery time would have enabled Mr P to be more comfortable, relaxed and empowered on the day, and to have a walk round the site, rather than sitting in a theatre gown on a bed with surgery stockings on.

5. Fasting

- 5.1. The main difficulties Mr P experienced during day surgery were in relation to fasting. Despite arriving at 7.30am, his surgery did not take place until 4pm, at which point he had fasted for 14 hours. At 10am he asked if he was allowed a drink of water but did not receive one. The patient notes record that he asked for a drink of water but that the nurse thought *"he was alright for the moment"*, but Mr P did not recall saying this. He became dehydrated during the course of the day.
- 5.2. Mr and Mrs P felt that the effects of being 'nil by mouth' for a long time affected his level of comfort and queried whether this could have impacted on his recovery from surgery.
- 5.3. The consultant explained the usual procedure for a day surgery clinic and that there is sometimes a need to delay or cancel procedures due to operational reasons, such as emergencies.
- 5.4. The operating surgeon and the junior specialist registrar meet with their patients on the ward at the beginning of the day, to give them an opportunity to meet the surgeon, ask any questions and have reassurance about the forthcoming procedure.

6. Surgery cancellation

- 6.1. Mr and Mrs P spoke to another patient on the ward whose surgery was cancelled that day and re-booked. They observed and were upset about the impact this had on him. They felt that the staff were not aware of his circumstances and that the patient did not feel able to communicate it to staff. He lived alone and had made arrangements for one neighbour to collect him after surgery and for another to look after his dog. When he was told the surgery was cancelled (which Mr and Mrs P felt was delivered sensitively by the team) he looked distraught but did not communicate his feelings to the staff. He told Mr and Mrs P about the arrangements he had made:

"He seemed so upset, we thought he was about to burst into tears. He was given a sandwich and a cup of tea but he just stared at it and didn't eat or drink anything. I went over and asked him if he was ok and he told me everything – he just needed to tell someone." Mrs P

- 6.2. The staff explained that sometimes surgery has to be cancelled for unplanned operational reasons. The consultant said that they make every effort to keep theatre open to complete scheduled operations. However, in order to keep the theatre open, the whole team needs to be available to stay later and for some staff this isn't always possible. It may be that patients are told about cancellations late in the day, but the consultant assured everyone that this is because they will have been trying to find the resources to perform the surgery.
- 6.3. The clinicians expressed their concern that this had happened and outlined their considered approach to communicating cancellations to patients, as well as their awareness of individual circumstances.
- 6.4. Patients are usually pre-warned during their outpatient appointment that their surgery may be cancelled. The service manager provided a summary of his approach to letting the patient know that the surgery is cancelled. He aimed to speak to the patient himself and fully explain the reasons and he would then stay with them for a few minutes. Finally he would also ensure that a new date was set before the patient left.
- 6.5. The nurses explained that they are very aware of the impact of cancellations on their patients and try to keep them informed and reassured. They also routinely ask patients about their personal circumstances and the impact the delay or cancellation may have, with particular awareness for those who are in hospital on their own without a family member, or who live alone.

7. Learning and improvements

7.1. Communication

The staff involved in this discussion felt disappointed that Mr P had not been kept fully informed. Although delays are sometimes unavoidable, one clinician said "*there is no excuse for not communicating*".

It was felt that it can sometimes be difficult for staff to communicate uncertain situations to patients and staff may sometimes avoid saying anything, rather than having to say that they do not know when the surgery will take place. Mr and Mrs P felt that saying "I'm afraid I don't know" is better than saying nothing at all.

There is considerable documentation in relation to improving communication between nurses, medical staff, and patients.⁶ A consensus was reached that open and flexible channels of communication between nurses on the ward and the theatre staff are important.

"There is the need to promote an open culture within the team, giving people the strength and tools to allow this to happen. This comes from strong leadership from the top and an empowering approach from the bottom."
(Matron)

There was a discussion about the importance of strong leadership and the positive changes implemented since Mr P's experience. Three new ward sisters and a ward manager with expertise in emergency surgery have

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http://journals.lww.com/ajnonline/Fulltext/2009/11001/Improving_Communication_Among_Nurses_Patients_.6.aspx

recently been recruited, all of whom will provide increased leadership and empower junior nurses and nursing assistants.

7.2. **Fasting**

The meeting discussed the possibility of developing a guideline for how fasting is managed on LDSU. However, there was uncertainty about whether this would be helpful, as there is a need for flexibility and regular communication between the theatre staff and the nurses on the ward. Currently, if there are significant changes to surgery times, the consultant will try to personally let the patients know.

The senior nurses at the meeting said that they regularly communicate with the medical staff in the theatre to get updates on progress and potential delays.

The new ward manager will research at what guidance is already in place and in other hospitals, and explore the possibility of updating the guidance, in addition to making improvements through awareness-raising and staff development.

7.3. **Surgery rescheduling**

The ward manager will work with the service manager to ensure that best practice is implemented at all times when patients are informed that their surgery is rescheduled for another day.

8. **Recommendations**

- 8.1. The Trust Board is asked to read and reflect on the patient story and acknowledge the learning.

Catherine Stoddart
Chief Nurse

September 2015

Report prepared by:

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