IMPROVING PATIENT EXPERIENCE FOR CORONARY ANGIOPLASTY

In an effort to cut waiting lists and improve patient care one trust has set up a fast-track service that enables patients to have operations at another hospital.

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Queen Elizabeth Hospital NHS Trust has set up a ‘treat and return’ service to allow patients to be fast-tracked for coronary angioplasty surgery. This initiative has resulted in reduced waiting times, reduced anxiety, improved patient experiences and positive skills development for nurses.

THE PROJECT
When an inpatient has a diagnostic coronary angiogram, they may require further intervention for coronary angioplasty.

Until recently, this additional treatment could be provided in a specialist centre only. Patients would routinely have to wait until a slot became available at St Thomas’ Hospital, which often resulted in bed-blocking at Queen Elizabeth Hospital (QEH) and increased anxiety experienced by patients.

Treat and return means exactly what it says. Patients are taken to St Thomas’ in the morning. They have their procedure performed by a QEH consultant and are returned to QEH later in the afternoon. The following morning they are seen by the consultant and discharged home.

AIMS
The aims of the treat and return project can be seen both from the patients’ perspective and that of the trust.

From the patient’s perspective, we wanted to tackle the following problems:

- Inequality of access to care;
- Inefficient use of beds;
- Increased length of stay.

The trust also aimed to:

- Increase the nursing team’s profile;
- Establish collaborative working between two centres.

BENEFITS FOR PATIENTS
The project began in May 2006. The pathway is now embedded and is a well-established service for patients. By mid-March 2008, 238 patients had been successfully treated through the treat and return service.

The initiative has resulted in reduced waiting times. Before treat and return was introduced, the average wait was seven days; the maximum wait is now four days. This has resulted in a better patient experience. It has also led to appropriate use of specialist beds, in that patients now receive the right care at the right time.

Patients’ stress and anxiety is also reduced. They are given a set date for their procedure and they know who will be performing it. Patients have evaluated the service positively, with one describing it as ‘awesome’.

In addition, patients are treated by one team from the beginning of their hospital journey to the end. The inclusion of cardiac rehabilitation staff on the team ensures that patients receive a seamless service from entry to exit point.

As a result of the project, nurses at the district general hospital have acquired extra skills managing post-operative angioplasty patients.

We started an angioplasty service on site at QEH in April 2007 and are looking forward to developing this further over the coming year.

The development of a joint integrated care pathway between QEH and St Thomas’ Hospital has improved communication, audit and variance tracking. It has also fostered networking and the sharing of good practice and skills.

OTHER DEVELOPMENTS
We made a successful poster presentation on the project at the trust’s yearly ‘Raising the Standards’ event.

South East London Cardiac Network has now introduced a web-based referral system, and all transfers between hospitals for cardiac interventions in the area are completed through this system.

This is another example of trusts working together to improve the patient journey by sharing expertise. See www.selcardiacnetwork.nhs.uk for more details.

CONCLUSION
The treat and return project is an example of a multidisciplinary team working collaboratively to achieve better patient experience and has produced positive results for all the teams. The importance of cross-boundary working cannot be stressed enough.

Patient experience has without doubt been improved, both in terms of waiting times and the continuity of care experienced.

Patients are also actively encouraged to be involved in their care and this is facilitated by starting them on the ‘angioplasty plan’ – a brief cognitive-behavioural rehabilitation programme to aid self-management of a long-term condition, which includes goal setting and stress reduction. This tool was developed by a team at the University of York, following the development of the ‘angina plan’ (see www.anginaplan.org.uk/angioplasty.htm).

FIND OUT MORE
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