A daunting experience

Liverpool Heart and Chest Hospital NHS Foundation Trust provides specialist services in cardiothoracic surgery, cardiology, respiratory medicine and diagnostic imaging. Its catchment area of 2.8 million people spans Merseyside, Cheshire, North Wales and the Isle of Man. The communities it serves are marked by an increased prevalence of cardiovascular disease as well as higher levels of heart failure, hypertension and coronary artery disease. In 2018, more than 3,400 patients underwent cardiothoracic surgery at the hospital, involving procedures such as coronary bypass grafts, aortic and mitral valve replacements, aneurysm repairs, and lobectomies and wedge resections (most commonly for cancer).

Traditionally, patients are admitted to a surgical ward at least 24 hours before surgery. They meet the surgeon and anaesthetist, who run through the procedure and tell them when they can expect to be called into theatre; patients then have to wait until the next day for the surgery to take place. If the theatre department is dealing with emergencies, the wait can be prolonged by several hours. When their turn comes, patients part from their relatives on the ward and walk into the theatre department without a familiar face at their side. Many have never been in such an environment before and perceive it as impersonal and cold.

In the meantime, families face a long wait for news. They will have been given a rough idea of how long surgery will take, but if they have gone home they will have...
to telephone the hospital to find out whether their relative has left theatre and been transferred to the critical care unit (for cardiac surgery patients) or the ward or high-dependency unit (for patients undergoing thoracic surgery).

What were our aims?
Our trust’s mission is to provide excellent, compassionate and safe care for every patient, every day, and our strategic objectives include enhancing the quality of care, patient experience and staff motivation. We were aware that our traditional perioperative processes made for a poor patient experience but we also believed that, by making a few simple changes, we could hugely improve that experience and provide exemplary care that was centred around the patient and their family.

Our primary aims were to:
- Reduce the pre-operative anxiety of patients and families;
- Improve their understanding of the journey ahead;
- Support them at every step.

From there we derived two secondary goals:
- To keep families informed;
- To open up the theatre department.

What changes have we made?
Today, all patients receive a visit from the theatre team – comprising nurses, operating department practitioners and healthcare assistants – on the ward on the day before their surgery is due to take place. Staff explain to patients and families what they can expect in the theatre department, answer their questions, address their concerns and talk about recovery. Rotas are planned so there is a named member of staff who undertakes the pre-operative visit and is also on duty at the theatre the next day, so patients will see at least one familiar face.

On the day of surgery, patients are given the opportunity to have up to two relatives (or carers or friends) accompanying them to the area where they wait before anaesthesia, so they do not have to be alone in unfamiliar surroundings. They can stay together until the last minute before the patient goes into the anaesthetic room.

Immediately after the operation, theatre staff call the relatives, having previously ensured that they have a direct contact number. This means families do not have to repeatedly call the hospital, wondering how their relative is; instead, they know they will receive an update from the hospital as soon as the surgery is over.

Advice for setting up similar projects
- Put patient and family centredness at the heart of all perioperative processes
- Think about how you could improve perioperative care without needing a large and costly project
- Bear in mind that small and simple changes can have huge benefits
- Ensure staff engagement
- Introduce new processes on a small scale and gradually generalise them

“Quiet determination and a simple and effective idea have made a huge difference to patients, families and staff.”

(Judges’ feedback)

We also made changes to the pathway for vulnerable patients, such as people with learning disabilities. After having been identified at the pre-operative assessment clinic, these patients are offered a home visit by the safeguarding nurse. An individual care plan is put in place, which may involve a single room or having relatives present in the anaesthetic room. Another option is to schedule the patient’s arrival to the theatre department when all other patients are already in theatre, thereby ensuring the environment is calmer and quieter.

How did we go about it?
The idea originally came from the theatre matron, who also led the project. She had had a negative experience at another trust, which led her to think about how we could reduce the stress and anxiety patients and families go through. The changes involved no extra cost, no extra staff, no modifications in working patterns and no negotiations with management.

We started introducing the new processes in December 2017. Staff engagement was crucial and forthcoming. Pre-operative visits started with a handful of volunteers recruited among the theatre department team. As the project grew, more staff wanted to be involved and the new processes gradually became a normal part of their roles. Today 30 members of the team are involved.

What are the next steps?
The project is continually evolving as new ideas emerge. To reduce the wait before surgery, we have started offering same-day admission to patients where feasible. A member of the theatre team – usually a nurse or operating department practitioner – comes to meet the patient and their relatives in our ‘day-of-surgery admission lounge’, before taking them to the theatre department. They then accompany the patient into the anaesthetic room. We aim to have the same member of staff telephone the family once surgery is finished.

Cardiothoracic surgery can be time consuming. Some operations, such as aneurysm repairs and valve replacements, can take 12 hours or more. We plan to call relatives several times during lengthy procedures to prevent them having to wait anxiously for news for hours on end. We will start to do this for procedures that last longer than six hours. The calls will be coordinated by the team member who oversees all theatres.

What have we achieved?
Our achievements include a better understanding, on the part of patients and families, of the journey ahead of them, including the surgical procedure. This, combined with improved support, means they are less anxious. Collaboration between theatre, wards and critical care has greatly improved and there has been a culture shift within the theatre department. Staff at the department recognise the importance of enhancing the experience of patients and families, and support them throughout their journey, making it less daunting.

Staff members’ job satisfaction has increased. Verbal feedback and staff survey results show their engagement and pride in continually improving the service. Pre-operative visits are something they look forward to doing.

The changes have been met with extremely positive feedback from patients and families. Often, in hospitals, wards hear back from grateful patients but theatre departments do not. At Liverpool Heart and Chest Hospital, this is no longer the case: theatre staff receive thank you cards and letters, just like ward staff.

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