Glenn Alexander



Team Leader Trauma Orthopaedic Theatres

Nottingham University Hospital NHS Trust

Carer2Theatre – Improving the theatre experience of the confused adult patient



@traumatheatres @nuh_recovery @teamtraumaNUH @nottmhospitals



Introduction



- Nottingham University Hospitals (NUH) is one of the busiest and biggest acute trusts in England.
- NUH has 56 operating theatres across all of its locations.



Background



- Trauma Orthopaedic Theatres at NUH operate on 800 Neck of Femur (NOF) patients per year plus a further 400 patients classed as elderly.
- Of the 800 NOF patients, 34% sign a consent form 4 – patient who lack capacity to consent themselves.



Current Practice



- Every adult patient enters the theatre department alone.
- This can be a busy, unfamiliar and scary environment.
- This can lead to an increase in anxiety and behavioural issues which affects patient experience and theatre efficiency.



Our Solution



- To offer a more personalised care to this patient group.
- By following the paediatric model of the patient being accompanied to theatre pre and post op. This was campaigned for in the 1960's.
- To trial this with three orthopaedic wards, four orthopaedic theatres and theatre recovery.



Benefits



- Reduced patient anxiety by offering better emotional support through reassurance and familiarity.
- Potential increase in patient cooperation.
- Improved clinician communication with relatives.
- Increase in relative confidence in the care that their relative is receiving.
- Potential to reduce post-op delirium.



Is this a good idea?



Every consultant anaesthetist within T&O completed a short survey.



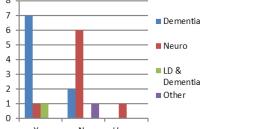
This gave confidence that the project had merit.



Core Planning team



 This included orthopaedic wards, orthopaedic theatres and theatre recovery. Theatre recovery then completed their own survey asking if it would be useful for a relative to attend recovery.



 We sought further advice regarding planning and independently evaluating the project.





- Dedicated theatre recovery bays for consent form 4 patients.
- Dementia aids available in every consent form 4 recovery bay.
- Patient 'about me' document now following the patient to theatre and theatre recovery.



Communicating the Project Nottingham University Hospitals

• Multi-pronged approach .



NUH Trauma Theatres @TraumaTheatres • 9 Sep 2018 We have approval! Our Carer2Theatre trial will start on September 24th. Allowing relatives to accompany vulnerable adult patients (consent 4) to theatre/anaesthetic room and recovery post surgery. Wards/Theatres/recovery #workingtogether #dementiafriendlyhospital

NUH Trauma Theatres @TraumaTheatres · 21 Sep 2018 Your welcome. Excited to talk about our joint project 'Carer2Theatre' starting Monday. Trying to improve the theatre experience of the vulnerable adult patient.

NUHTeamTrauma @teamtraumaNUH

Great band 6 time out informing the units 6's with upcoming changes and opportunity to feed back to senior leaders. Thanks @terenceongkk and @CleggAndrea @TraumaTheatres for coming. #teamtrauma twitter.com/pansyblotch/st... NUHTeamTrauma @teamtraumaNUH · 19 Oct 2018

Fabulous happenings with @TraumaTheatres first few carers through the doors and nothing but positive feedback. Very proud to be working together to improve the quality of the patient experience #carer2theatre



Challenges



- Challenging an historical way of working.
- Communicating and highlighting this opportunity to carers and relatives.
- The change would impact many different departments.
- To say that it will not work perfectly with everyone but that is ok.



Results



- During the trial, direct observations and comparisons of patients 'with' and 'without' relatives were taken from within the anaesthetic room.
- Extensive verbal feedback was collected from carers, anaesthetists, theatre team members, recovery and ward staff who were asked to comment on their perceptions of the initiative.



Positive Feedback



• A sample of feedback from an anaesthetic colleague below:

"As a principle, I think that this is something that we should aspire to offer to all elderly patients coming to theatre. It may slow the process slightly but in this case certainly added to the perception of "quality care" that we all aspire to. Whatever metric is employed to measure this intervention, the perception of quality care noted by the patient's carer is I think very important."

• More importantly, a sample of feedback from a carer who attended theatres with a patient:

Daughter stated "it would be nice for everyone not just confused adult patients. It gave me reassurance that my mother was in good hands. It sped up the efficiency of administered anaesthesia. Not sure if it made a difference to the patient, just nice for a familiar face to be there"

She would summarise it as "perfect, worked very well and said she would recommend it to anyone".





- Patients not given time slot so relative can be waiting all day.
- Sometimes seen as an extra task.
- Communication between ward, theatre and recovery.
- Lower uptake than expected.



Future Success



- implement across all theatres at NUH.
- We believe this project could be replicated throughout the NHS and become 'standard care'.
- That this has become a guideline from the AAGBI for management of people with dementia.

Guidelines for peri-operative management of people with dementia



Carers and relatives should be involved appropriately in all stages of the peri-operative process.





Questions?



