

Revascularisation

North Trent CHD Collaborative



Modernisation Agency

1. Before and After

Progressive Care Unit (PCU)

The Progressive Care Unit (PCU) was developed as a step down alternative to the high tech environment of the Cardiac Intensive Care Unit (CICU). The development of PCU was supported by structural modifications and staffing developments within the cardiac theatres recovery unit. The need for the PCU followed an acknowledgement that the Cardiac Intensive Care Unit had insufficient capacity to accommodate increased levels of surgical throughput.

Before

- All patients moved post operatively to CICU
- CICU bed blocked on occasions
- Patient operations cancelled when no CICU capacity
- Theatre capacity under utilised

After

- 4 bedded Progressive Care Unit developed & opened within the cardio-thoracic ward
- Patients extubated in recovery and transferred to PCU
- Designated theatre slots for PCU CABG patients
- More appropriate utilisation of CICU
- Less cancellation of operations



- Theatre recovery area modified & staffed to manage protocolled CABG patients

'Alert' State Introduced

In recognition of the disruption to patient throughput when CICU is bed blocked, the surgeons agreed to the declaration of an 'alert state' when 6 or more bed on CICU are filled with 'long stay' patients.

Before

- No immediate modification of lists

After

- Surgeons meeting convened when alert state declared
- Lists modified to minimise impact of future caseload on CICU
- Less unplanned cancellations

Earlier Access for Emergency Angioplasty

In recognition of the delay in access for emergency angiography/angioplasty, the scheduling of cath lab rooms has been changed to accommodate additional emergency activity. Since the change, 4 'emergency' sessions are scheduled each week for use by the on call cardiologist. A dedicated pacemaker session is also scheduled thus removing pacemaker activity from the routine workload. This has provided reasonable levels of capacity for emergency angiography and angioplasty. Previously emergency activity referred was scheduled into the on call cardiologist routine list. Consultants do not have a list every day so some delay was almost inevitable. The problem was compounded by competition for space with pacemaker and elective activity.



Before

- Patients referred from DGHs had to await availability of a bed and angio slot in cath lab
- DGH beds blocked by patients awaiting transfer
- Patients accommodated within routine cath lab list so no daily availability of emergency capacity

After

- Emergency patients routinely admitted within 72 hours of referral
- DGH beds released
- Patients accommodated within emergency cath lab lists

Project Aim

To improve the speed & quality of service offered to patients requiring angioplasty or surgery through reduction, or where possible removal, of delays within the process from referral to discharge.

2. Patient and Carer Experience

Obtaining the views of patients & carers has been a central plank of the service improvement strategy.

Patients and carer views have been sought through questionnaires and discovery interviews and the service improved where deficiencies identified. Generally feedback received has been very supportive of all the services provided and of the staff providing the service. The remarks reproduced below give a flavour of the key issues that have come out of the questionnaires and interviews



Feeling of isolation

A feeling of isolation and the lack of a specific person to contact for advice and support was a theme running through a number of responses received.

'....I felt a little isolated on the waiting list. My wife is a nurse so I was able to seek help and advice from her. Many of my concerns were too simple to trouble the doctor with.....'

'....I would have liked a face I could contact...'

'.....It would have been better if someone could have phoned me to ask how things were going'

'.....I think the time between appointments and things were quite bad, quite a long time to wait, I knew what was wrong with me, the doctors obviously knew, but then you sort of have to go on a waiting list to get it done.....'

Change implemented - Cardiac Care Coordinator Appointed

This post of Cardiac Care Coordinator has been developed in response to feedback provided through CHD Collaborative questionnaires and discovery interviews and hospital organised patient focus groups. In all cases, patients and carers highlighted the isolation and anxiety felt whilst awaiting the call for surgery. Jeanette hopes to reduce both anxiety and isolation through personal contact throughout the wait.

Additionally, Jeanette will be able to help patients to arrive for 'fit for surgery'. Those patients for whom a change in lifestyle will reduce the risk of problems during or after surgery will be encouraged to link with a variety of services and support networks within the hospital and the community. The emphasis will be to ensure that the patients are as healthy as possible in mind and body when they are admitted to NGH for surgery.



Cardiac Care Coordinator
Jeanette Douglas

The right information at the right time

The level of information provision was generally very well received. Responses received from some of our younger patients included:

'.... I liked the pre-op four session information sessions that they had...It wasn't always easy to get...'

'....Monday morning is a difficult time to miss work to attend your session....'

'....Attention was not drawn to the very helpful BHF booklets I discovered in racks round the hospital....'

Change implemented - Review of Session Timings

Provision of pre-surgery education & rehab sessions has been a feature of the service offered at the Northern General. Following feedback received in questionnaires and focus groups, timings have been adjusted to respond to this concern. Attention is now always drawn to the availability of explanatory booklets

Organisation of pre-admission clinic

Pre-admission clinics are an invaluable aid to ensure that patients are well prepared for surgery. Feedback received has however encouraged us to re-think the organisation of the sessions to make them more patient focused.

'.....I came in on the Monday beforehand and that didn't go too badly.....a lot of waiting around and things but I can see the need for that, to get everything sorted out before you come in. If theres anything wrong you don't want to come in on the day of the operation or the day before....'

Change implemented - re-organisation of pre-admission clinic

All surgical patients attended a pre-admission clinic arrived at the same time and toured the diagnostic departments. Change to the process in one pre-admission clinic now centre the service around the patient providing a number of diagnostic tests in one location and scheduling visits to those services that can't be centralised. Ultimately a planned investigations unit with a generic operative is planned leading to increased centralisation and smoother patient flow.

3. Run charts

As part of the Modernisation Agency reporting process, progress within the project is assessed against measures with locally set measures. This is then illustrated graphically as a run chart. The runchart reproduced below illustrates progress with the reduction in time from the referral of a patient requiring emergency angiography normally proceeding immediately to angioplasty, to discharge. The major change highlighted on the chart is indicative of the re-scheduling of cath lab activity to accommodate emergency activity 4 half days per week.

