Gut Instinct: Optimising the Colorectal Patient Journey (Enhanced Recovery after Surgery)

Health
Northern Sydney Local Health District

Case for change

Variation was demonstrated in the care provided to Elective Colorectal Patients at Royal North Shore Hospital (RNSH). This largely impacts on the patient's condition and recovery and may lead to complications. Such variation often results in staff confusion with processes and a **decreased level in staff confidence and satisfaction**. This was evident across the entire Multi-disciplinary Team (MDT), particularly amongst junior staff members.

The impact of this variation in care has been seen in the **increasing Average Length of Stay (ALOS)** at RNSH in comparison to other facilities. Recent data (2018) demonstrates for patients undergoing a bowel resection, there is an ALOS of 4.9 days (range 2.8-7.2), a full day longer than the average of our peer hospital. This translates into almost 4,000 occupied bed days per year and a **large cost** to the organisation.

The care for these patients' costs, on average, between $1000 and $4000 a day, depending on the level of complexity and any confounding factors (NSW Health 2018). With the large amount of bed days currently occupied by this cohort, a major saving could be made with any improvements to length of stay and standardisation of care.

Goal

Improve colorectal patients' experience and outcomes through optimising their journey at RNSH by April 2020.

Objectives

Improve **patient and family/carer satisfaction** from 70% to 90% by April 2020.

Decrease **average length of stay** from

- Bowel Resection: 4.9 to 3.9 days by April 2020
- Bowel Resection with stoma: 10.0 to 7.0 days by April 2020

Increase **staff confidence** in managing post-operative colorectal patients from 80% to 95% by April 2020.

To increase the percentage of colorectal patients who receive **standardised care** as part of a patient care pathway from 0% to 80% by April 2020.

Method

The project was developed following the Redesign Methodology from the NSW Agency of Clinical Innovation. The methodology moves through 5 phases as seen below:

Initiation > ***Diagnostics*** > ***Solutions*** > ***Implementation*** > ***Sustainability***

Methods Used

Process mapping sessions	Patient Interviews	Root cause analysis
Patient and staff surveys	Staff interviews	A3 problem solving
Focus groups	Data analysis	Thematic analysis, IIMS, peer benchmark analysis

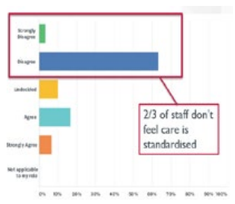
Diagnostics

When conducting diagnostics, we triangulated a range of data including operational data analysis, MDT focus groups, patient surveys, staff surveys, process mapping etc.

It was important, given the scope of our project, that we engaged and collected information from all of our stakeholders, not only including our surgical team and nursing staff, but also including clinical teams involved in the patient care from pre-admission through to discharge.

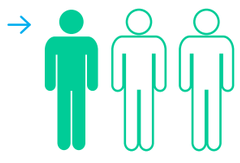
From these, we summarised and themed, with four key issues coming to the forefront.

Variation and inconsistency in patient care: →
2 in 3 of staff don't feel care is standardised



Lack of staff knowledge and confidence:
only 6 in 10 staff require little guidance in managing colorectal patients

Lack of patient preoperative education:
1 in 3 patients don't feel they have been adequately educated preoperatively →



Breakdown in MDT communication:

Patient: "I felt let down by the lack of communication overall"

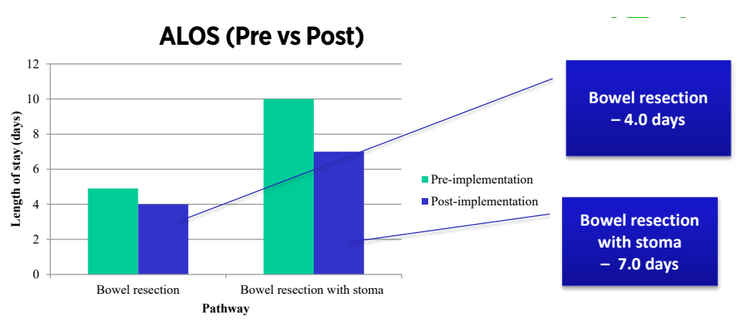
Nurse: "Currently I would consider my experience with colorectal patients to be limited"

Physio: "Referrals to MDT occurring too late – day before or day of discharge"

Results

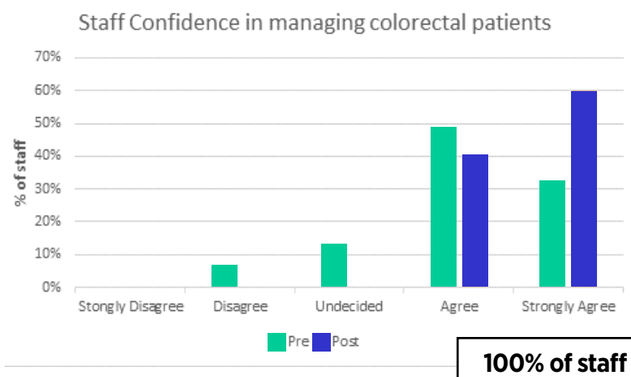
During our project, we were able to achieve **implementation** of a **Bowel Resection and Bowel Resection with Stoma clinical pathway**, and **patient education resources**, which resulted in **improvements** across all of our project objectives.

1. Decrease average length of stay. ✓



- Bowel Resection 4.9 to 3.9 days by April 2020
- Bowel Resection with Stoma 10.0 to 7.0 days by April 2020

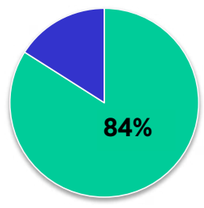
2. Increase staff confidence in managing post-operative colorectal patients from 80% to 95% by April 2020. ✓



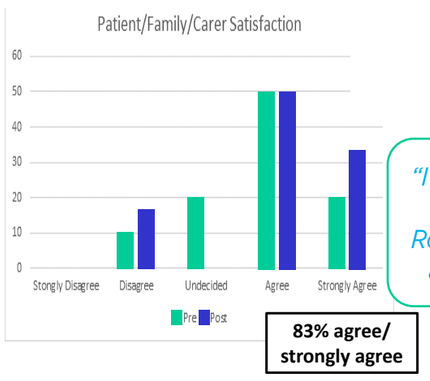
100% of staff agree/ strongly agree

3. To increase the percentage of colorectal patients who receive standardised care as part of a patient care pathway from 0% to 80% by April 2020. ✓

Number of patients completed pathway



4. Improve patient and family/carer satisfaction from 70% to 90% by April 2020.



"Thank you very much for all that was done for me to get me back to continuing my life post cancer" - Patient

"I would not hesitate to recommend to Royal North Shore to anyone" - Patient

83% agree/ strongly agree

Sustaining change

- To ensure sustainability there has been a **working party** established, with stakeholders involved in patient care across all nursing, medical, allied health disciplines.
- This group will continue to focus on outstanding risks and actions, monitor data through the **monthly length of stay report** and obtain feedback from frontline staff and patients.
- There is a well-established **communication plan** which includes weekly newsletter to key stakeholders, ward meetings, weekly colorectal meetings and an orientation education package for all clinical areas.

Acknowledgements

- Susan Henderson – Divisional Nurse Manager for Surgery and Anaesthesia, Royal North Shore Hospital
- Professor Alexander Engel – Colorectal Head of Department, Royal North Shore Hospital
- Jessica Drysdale – A/Manager Service Improvement, Royal North Shore Hospital

Solutions

To identify specific key solutions, we utilised various design techniques.

- *Multi-voting sessions*
- *Blitzing and brain storming sessions*
- *Literature research*
- *Focus groups using the EAST framework*

Following solution design techniques, we engaged with our steering committee with representation from medical, nursing, allied health and anaesthetics, ward staff, preadmission staff and most importantly patient feedback on key issues and solution design. The outcome resulted in a clear sequence of prioritised solutions with the first two being critical to the success of solutions 3 and 4.

Solution 1. Patient care pathway

- Bowel Resection
- Bowel Resection with Stoma

Solution 2. Preoperative education package

- Patient education booklet
- Infographic
- Patient diary

Solution 3. Staff training based on the clinical pathway implementation

Solution 4. Verbal and written MDT communication based on defined goals outlined in pathway

Planning and implementing solutions

surgery and stay in hospital.

Collaborative care approach, utilising a standardised Enhanced Recovery After Surgery (ERAS) pathway where patients actively participate in their journey.

Consistent patient centred care from all members of the MDT.

Facilitate faster recovery and expedite discharge from hospital.

Throughout solution design and implementation, there were a number of key strategies that we engaged. These include:

- Ongoing communication with all key stakeholders across the entire patient journey and all disciplines
- Consistent communication with project sponsors, and steering committee via face to face fortnightly and monthly meetings, emails and phone calls

Conclusion

- It is imperative to **understand your case for change** and be prepared for every encounter as it forms the foundation of the project.
- **Good sponsorship and stakeholder engagement** is vital to help drive your project forward.
- It is important to **identify** and work with the correct people to make the project a success and sustain the change.
- **Communication** is key.
- Be **clear and concise** with the information and ensure the message is conveyed in the stakeholder's frame of reference.
- **Regular communication** and follow up is beneficial to your project.
- **Never assume** the message you are delivering has been received and understood and always follow up with your stakeholders to close the loop!
- **Be open minded** and try to avoid pre-conceived ideas as this may impact the ability to achieve your objectives.
- Remember that you cannot achieve this on your own – as a project team, you need to **surround yourself with key players** – those who are experts, those who are influential, and those who can help drive your project forward and sustain it.
- A **collaborative** change is a successful change.

Contact

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