Survey of the urgent in-house patient experience whilst waiting for surgery

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Background
Patient’s experience

Waiting times

Impact on daily living

Understanding of the human experience
Methods

- Patient Experience Survey
  - Urgent in–house patients
  - Oct 2010 - Jan 2011
  - Semi-structured interviews
  - Hospital Anxiety Depression Score (HADS)
- Pilot study (n=19)
- Interim analysis
- Implement some changes
- Main study (n=31)
Study Group

Gender

Location

- Male
- Female

- Medical, 1
- Cardiology, 18
- Cardiothoracic, 31
Results
Pilot Study Results

- High levels of anxiety: 100%
- Fear of dying: 32%
- High levels of boredom: 100%
- Unsure reason for staying in: 37%
- Dislike of food: 47%
- Mixed bays: 21%
- Date for surgery: 42%
- Communication: 53%
- Bathroom: 21%
Changes after Pilot Study
Interventions

- In-house **urgent patients moved** to cardiothoracic ward.
- **Provisional date for surgery** given in the first 24 hours.
- **Daily Communication** with the surgical team.
- **Domestic services** provision increased.
- **Catering** improved (following catering audit).
- **Heightened awareness of nurses** to environmental factors highlighted by pilot study presentation.
Comparative Results

- Anxiety/depression
- Communication
- Environment
- Wishlist

- Snapshots
Comparative Results

Anxiety and Stress
Experience in waiting for surgery

- Fear of dying: 6% (Pilot Study), 2% (Main Study)
- Bored: 19% (Pilot Study), 2% (Main Study)
- Anxiety: 19% (Pilot Study), 19% (Main Study)
- Fitness worries: 8% (Pilot Study), 8% (Main Study)
Snapshots

- “I can’t sleep worrying about this. I have had some very bad days. I'm quite depressed at the moment.” (male, 82 yrs age)

- “Chap in the next bed was taken away in the night. I don’t know where he's gone, I’m very worried I might die.” (male, 80 yrs age)
Comparative Results

Communication
Communication

Satisfaction with communication regarding illness

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>31, 100%</td>
<td>7, 37%</td>
</tr>
<tr>
<td>12, 63%</td>
<td>0, 0%</td>
</tr>
</tbody>
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Number of Patients

Pilot study
Main study
Comparative Results

Environment
Dissatisfaction

- Food: Pilot Study 47%, Main Study 32%
- Mix Bays: Pilot Study 21%, Main Study 16%
- Toilets: Pilot Study 21%, Main Study 10%
- Date for Surgery: Pilot Study 42%, Main Study 10%
- Short stay/Trolley: Pilot Study 0%, Main Study 3%
- Communication: Pilot Study 53%, Main Study 3%
Snapshots

- “Men and women’s toilets should be separate, it’s terrible having mixed toilets and bathrooms.” (female 79 yrs)
- “I don’t like having men sleeping in the same bay as me.” (female 64 yrs)
- “Communication has been excellent.” (Female 66yrs)
- “It’s lovely here, everyone knows what they’re doing.” (male, 78yr)
Wish List
Patient Wish List

- No Change: 5% (Pilot) vs. 45% (Main)
- Communication: 3% (Pilot) vs. 26% (Main)
- Food: 3% (Pilot) vs. 26% (Main)
- Cleanliness: 3% (Pilot) vs. 16% (Main)
- No Mixed Bays: 0% (Pilot) vs. 10% (Main)
- No Night Transfers: 0% (Pilot) vs. 11% (Main)
- Date for Surgery: 6% (Pilot) vs. 0% (Main)
- No Short Stay Trolley: 0% (Pilot) vs. 3% (Main)
Summary

↑ Communication

↓ Boredom

Food + toilet: still need improvement

Mixed gender sleeping: Is it a gender issue?
Conclusion

- Patients are at the centre
- Important
  - Measure their experience
  - Involve them
- Small changes
- Minimal cost
- Great benefit
“It was a hard journey but I got there in the end. Everyone has been fantastic”.