Improving The Pathway For Patients Undergoing Complex Aortic Surgery – A Multidisciplinary Approach

SCTS Ionescu Nursing & Allied Health Professional Fellowship Award 2015 – My Experience
Background to Application

- Nurse Case Manager in Cardiac Surgery since April 2010
- Working with surgeon with a specific interest in surgery of the thoracic aorta – means a large part of caseload is patients with varying degrees of thoracic/thoraco-abdominal aortopathy
- Advent of advanced Endovascular Stent Grafting (EVSG) means some patients can be managed by vascular surgeons
- Not all patients referred for EVSG are suitable and would be best served by open surgery and vice versa
- Multiple trips for patients to different clinics
- Identified need for multidisciplinary approach to treatment
Introducing A Multidisciplinary Approach

- Asked to Coordinate a monthly Complex Aortic MDT meeting

- 1st dedicated ‘Aortic Clinic’ and Complex Aortic MDT meeting – June 2014

- MDT team consisted of CT surgeon, Vascular surgeon, Vascular interventional radiologist, cardiac anaesthetist and nurse case manager

- Since then, gained another CT surgeon and Research Nurses recruiting for ETTAA study

- One outpatient clinic per month dedicated as ‘Aortic Clinic’
• January 2015 – MDT approach still very much in its infancy

• Still trying to figure out best working formula for both clinic and meetings

• As my knowledge of the subject expanded, so too did my interest

• Increased interest led to further ideas as to how to bring more into the service in order to improve the patient experience

• Best way to look for ways to improve – visit other centres

• Problem – Time and cost involved in doing this
Successful application would mean money to be used for travel and accommodation in order to visit other centre/centres for an extended period of time

More time spent in another centre gives a much broader view of the service and the ability to see all facets of the service

My application was made in order to be able to explore the importance of the MDT approach in the management of both elective and emergency aortic surgery and gain insight into the roles of the different personnel

Of particular interest to me was the role of the Aortic Nurse Specialist
Where Would You Go With A Travel Award?
Liverpool Heart and Chest Hospital

NHS Foundation Trust
Largest single site specialist heart and chest hospital in UK

Dedicated Aortic Aneurysm Service comprising:
- 24 hour on call aortic emergency service
- 3 dedicated aortic operating lists per week
- 24 hour specialised care
- Hybrid theatre facilities
- Dedicated aneurysm clinics
- Monthly Aortic MDT meeting

Aortic Nurse Specialist

Aortic Patient Support Group
What Did I Do?
Key Differences

- 13 Cardiac surgeons
- Dedicated Aortic Team (Red Team) comprising 4 surgeons – 5th starting summer 2016
- All emergency aortic dissections managed by on call aortic surgeon from Red Team
- Dedicated Aortic operating lists each with set anaesthetist
- Dedicated Aortic clinics weekly – all Red Team surgeons

- 6 Cardiac surgeons
- No dedicated Aortic Team – 1 surgeon specialising in complex aortic surgery + 1 working towards taking on more complex cases
- Emergency dissections managed by whichever surgeon on call and Senior Surgical Fellows
- No set lists for aortic cases
- 1 Aortic clinic monthly – hit and miss
Op lists planned by non clinical staff
All dissection patients followed up in an aortic clinic
Aortic Nurse Practitioner in post
Patient Support Group
Patient information booklet specific to surgery of the thoracic aorta
Op lists planned by Nurse Case Managers
Dissection patients followed up by local cardiologist or UHS surgeon
No Aortic Specialist post – NCM includes aortic work in with other workload
No support group as of yet – work in progress
Take Home Message?

GOOD JOB!
Next Steps

- Visit QEH Birmingham + 1 other centre (Papworth or St Thomas’)
- Continue to build support network of patients – 4 patients currently who are happy to be contacted by other patients either pre-op or post op – aim is to have a group that meets regularly and to have patient information days
- Produce information booklet – I have produced a resource pack of diagrams and graft samples for use in clinic, but written info is still needed
- Introduce support, information and follow up for dissection patients
- Submit a business case for a role of Aortic Nurse Specialist – supported by members of MDT – watch this space!
- Continue to network and build upon links already established through SCTS and other centres
What Won’t Be Changing

- Not enough surgeons to have a dedicated on call aortic surgeon
- Emergency Type A dissections will continue to be done by all surgeons – results are very good, surgeons enjoy doing them, therefore no reason to change
- My determination to improve the patient journey for those with complex aortopathies
Obstacles

It takes time!
Would I Recommend Applying?

YES
Important Advice!
UHS Complex Aortic MDT