

Measuring the experiences of patients cared for on a colorectal ER pathway and how the results will be used to shape services in the future

Getting the measure of the patient experience

In this article...

- › Methods for collecting patient opinion
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Enhanced recovery uses evidence-based interventions to improve the perioperative care of patients undergoing major surgery. Due to the relative lack of research into patient experience, Central Manchester Foundation Trust distributed a questionnaire to measure the experience of patients cared for on a colorectal ER pathway. Overall, results were favourable, and described good pain management and high-quality care provided by the enhanced recovery team. This article describes how the results will be used to shape services in the future.

Enhanced recovery (ER) has been adopted by a growing number of surgical teams throughout the UK. It is an evidence-based, multi-modal approach to the perioperative care of patients undergoing major surgery (Enhanced Recovery Partnership Programme, 2010). The underlying principles are for patients to be in the best possible condition before surgery, and to have optimal intraoperative management using minimally invasive surgical techniques where possible; individualised, goal-directed fluid therapy; appropriate anaesthetic to minimise the need for postoperative opioid analgesia; and proactive rehabilitation after surgery.

Introducing ER pathways in colorectal, gynaecology, urology and orthopaedic surgery has been shown to reduce length of hospital stays, significantly improve

multidisciplinary working and improve patient experience (ERPP, 2010). It is this measure, improving patient experience, that we are most interested in affecting. However, there are few articles on the effect of ER pathways on patient experience in its own right.

Background

Central Manchester Foundation Trust (CMFT) has ER pathways in gynaecology, orthopaedic, urology, hepatobiliary and colorectal surgery. All ER patients are given the opportunity to comment on the information and care they received during their hospital stay. They are offered a paper questionnaire based on the key performance indicators (KPIs) of ER, which also incorporates parts of the National In-Patient survey so satisfaction of general nursing and medical care and the environment can be assessed. To gauge patient reaction to the pathway, we expanded the questionnaire to include a section on the preoperative assessment clinic, the information leaflets they were given and if they understood the concept of ER.

Patients receive the questionnaire when they are discharged from hospital. It combines closed questions with space for free text in order to gain both quantitative and qualitative responses. This method of combining data types is supported by Blazeby et al (2010), who suggested the two can supplement each other and assess the effectiveness of single interventions rather than the pathway as a whole.

Questions on patients' experience of certain elements of ER were included in a "daily diary", which patients were given at their preoperative assessment. The diaries ask patients about preoperative

5 key points

- 1** Enhanced recovery pathways can improve patient experience
- 2** There is a lack of research on patients' experience of enhanced recovery
- 3** Patient-experience data can and should be used to change, shape or develop services
- 4** Collecting both qualitative and quantitative data is beneficial in assessing single interventions
- 5** Postoperative pain management is a key element of improving patients' ability to recover



Views on the quality of food had a high degree of variation



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BOX 1. PATIENT COMMENTS

Comments on information given preoperatively:

“I have been given information leaflets and contact numbers.”

“It was made very clear.”

Only one negative comment about the information was recorded:

“There were rather a lot of leaflets!”

Comments regarding postoperative nursing and medical care:

“A nurse was always around when I needed one.”

“Treatment and staff were excellent.”

“Doctors always prepared to listen – made me feel part of my own care.”

“Nursing care is outstanding, sensitive, respectful and considerate at all times.”

“Everyone treated me really well.”

“Some excellent support staff.”

“Very caring, helpful and understanding.”

Comments on postoperative pain management:

“Epidural a gift! Postop was not the nightmare I remember from the 90s.”

“Liked being asked if I was in pain rather than having to draw attention to it.”

“The pain was always well controlled.”

“I didn’t think it possible to have a major operation with so little pain.”

carbohydrate loading – administration of a clear, carbohydrate fluid up to two hours before transfer to theatre is associated with improved recovery (Kratzing, 2011) – postoperative nausea or vomiting; and ability to mobilise as early as possible after surgery. We planned to combine information gained from the diaries and questionnaires in order to assess the full experience of our ER pathway.

Responses

Between May 2011 and May 2012, 171 patients were cared for on the colorectal ER pathway. All were given a daily diary to record their progress, although only one completed diary was returned. This was not analysed as it would not have provided enough information to be useful. The low return rate of the diaries meant there was a significant lack of information on the elements of ER the diary addressed.

A total of 105 patients (61.5%) were given a patient experience questionnaire when being discharged from hospital. Patients who did not receive a questionnaire included those discharged over the weekend or by ward nursing staff rather than the ER nurse specialist. Forty-eight (46%) patients returned their questionnaires.

Results

The quantitative results are summarised in Table 1, while Box 1 contains examples of patient comments. All 48 patients who returned the questionnaire reported a positive experience of the preoperative assessment clinic, and 92% (44) rated the

ER information they received as good or excellent. Feedback on postoperative care covered a range of subjects.

Pain

Most patients (47; 98%) said their pain control was good or excellent, while one described it as average. Kehlet (1997) identified effective postoperative pain management as a key element in improving patients’ ability to recover.

Fearon et al (2005) suggest that relying on only one mode of postoperative analgesia, such as patient-controlled analgesia, should be avoided. Optimal pain relief can be achieved with effective thoracic epidural infusion, regular oral analgesia (paracetamol and non-steroidal anti-inflammatory drugs) and/or local infiltration or wound catheters, all of which are promoted as part of the ER pathway.

Food

Views on the quality of food and snacks offered had the highest degree of variation, although the majority of respondents (76%) said they were “average” or “good”. The provision of high-quality food is widely recognised as an area in which health professionals have a responsibility (National Institute for Health and Clinical Excellence, 2006). All results regarding food quality were fed back to the catering team.

As part of the ER pathway, patients are offered nutritional supplements to support their oral intake postoperatively. The audit tool the trust uses to monitor

compliance indicates that over the year, 68% of patients (116/171) were offered nutritional supplements. However, no patient comments were made about nutrition supplements specifically.

Nausea and vomiting

Minimising the risk of postoperative nausea and vomiting is a key component of the ER pathway (Enhanced Recovery Partnership Programme, 2010). The use of intraoperative and postoperative anti-emetics is written into the ER pathway. However, without completed diaries, we were unable to assess the effectiveness of methods used to prevent nausea during this study.

Nursing and medical care

Ninety-eight per cent and 100% of patients (47 and 48) reported excellent or good nursing and medical care respectively; one patient reported average nursing care. Patient feedback comments are displayed on the ward for patients and staff to read to provide positive feedback to staff.

Discharge

Some 90% of patients (43) said they felt confident to leave the hospital at the point of discharge; two did not answer this question, while three did not feel confident to be discharged and gave a reason in the comments section. All the reasons were based on social circumstances; one man was his wife’s main caregiver, and was concerned that the live-in carer he had arranged would not stay on after he was discharged and that he would be unable to fulfil his care-giving role during his own recovery period. (The care agency was asked to stay on for a further five days and agreed that this could be reviewed depending on the patient’s needs.)

Another patient was concerned about his dog jumping on him when he was discharged, while one felt she was being discharged a little too soon after her operation; however, she did comment that after discussion with the consultant and ER nurse specialist she felt reassured that she would be safe at home. She was given contact numbers for help and advice, and made aware that she would be contacted at home following discharge.

Bailey (2012) recognised the importance of good communication on discharge in reducing the incidence of readmission. It was reassuring to see that 98% of patients (47) knew who to contact if they had any worries or questions after being discharged. The remaining patient did not answer this question.

Nursing Practice

Audit

Diaries

Patients gave a number of reasons for not using the daily diary, including:

- » “I forgot to complete my diary – I was too busy getting better!”
- » “Completed most of the diary – then became bored with it.”
- » “I wasn’t in hospital for long enough to use the diary – I was able to take mental notes.”

These comments were presented to the multidisciplinary team and we plan to discuss the value of patient diaries both for patients themselves and to aid service evaluation. Another option that may improve data collection may be to change the current questionnaire to include all elements of ER, as patients may prefer this to giving data in two formats. This will be discussed with patients and staff.

Conclusion

The very low return rate of the daily diaries, in addition to some of the negative comments received from patients, implies this method of data collection should be reviewed. To improve understanding in future, the questionnaires may be altered to monitor all aspects of the ER pathway.

About half (48/105) of the questionnaires were returned. Taylor and Burch (2011) also reported a low response rate to their invitations for patients to attend a specifically designed focus group during their research in the same subject area. This is also consistent with response rates to other patient experience studies (Blazeby et al, 2010).

Overall, the majority of responses and comments regarding the colorectal ER pathway were positive. Provision of information in preoperative assessment clinic, nursing and medical care, pain management, understanding of and following the ER pathway and discharge from hospital all generated positive feedback. Further research is needed in to some areas of the pathway, including carbohydrate loading, management of postoperative nausea and early mobilisation. Negative comments were mainly aimed at processes outside of the ER pathway. This included food quality and environmental or staffing issues.

Implications for practice

This audit shows that the colorectal ER pathway has had a positive impact on patient experience at CMFT. Coulter (2011) says the patient voice can be extremely powerful in improving care processes and shaping services, so these results will help to increase compliance with all elements of the ER pathway.

TABLE 1. QUESTIONNAIRE RESPONSES

Question	Response
How was your experience of the preoperative assessment clinic?	● Excellent 71% ● Good 29%
Did you find the leaflets about enhanced recovery useful/helpful?	● Excellent 40% ● Good 52% ● Average 4% ● No answer 4%
How well were you cared for by the nursing staff?	● Excellent 71% ● Good 27% ● Average 2%
How well were you cared for by the doctors?	● Excellent 81% ● Good 19%
How well was your pain controlled?	● Excellent 48% ● Good 50% ● Average 2%
What did you think of the meals/snacks offered?	● Excellent 8% ● Good 35% ● Average 41% ● Poor 4% ● No answer 12%
Did you eat your meals at the table?	● Yes 35% ● No 63% ● No answer 2%
Did you complete your daily diary?	● Yes 27% ● No 73%
Did you follow the day-by-day pathway of the enhanced recovery programme?	● Yes 90% ● No 10%
Do you feel confident to go home?	● Yes 90% ● No 6% ● No answer 4%
Do you know who to contact if you are worried about your condition or have any questions at home?	● Yes 86% ● No 8% ● No answer 6%
Do you know when to expect to see your nurse/consultant next?	● Yes 59% ● No 41%

Enhanced recovery has previously been promoted as a means of reducing the length of hospital stay and this has been shown to be the case in a number of centres (ERPP, 2010). People may perceive this dramatic reduction negatively as “early discharge”.

However, when asked specifically if they felt they were being discharged from our care before they were confident to do so, patients did not say this was the case. Our primary concern will always be ensuring patients receive the best possible care, which is a founding principle of ER (NHS Improvement, 2012).

As ER pathways are introduced into more surgical specialties, patient’s views will continue to be sought to measure the effectiveness of the different interventions of the pathway. We hope the information we receive will confirm that ER pathways provide the best care for patients having major surgery. **NT**

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