



Surgery

North Bristol 
NHS Trust



Dawn Gane & Lisa Hayward Enhanced Recovery Project Leads

Exceptional healthcare, personally delivered

Development of a Structured Traffic-Light Telephone Questionnaire to Provide a More Accurate, Safer Evaluation of Post-Discharge Recovery

Background

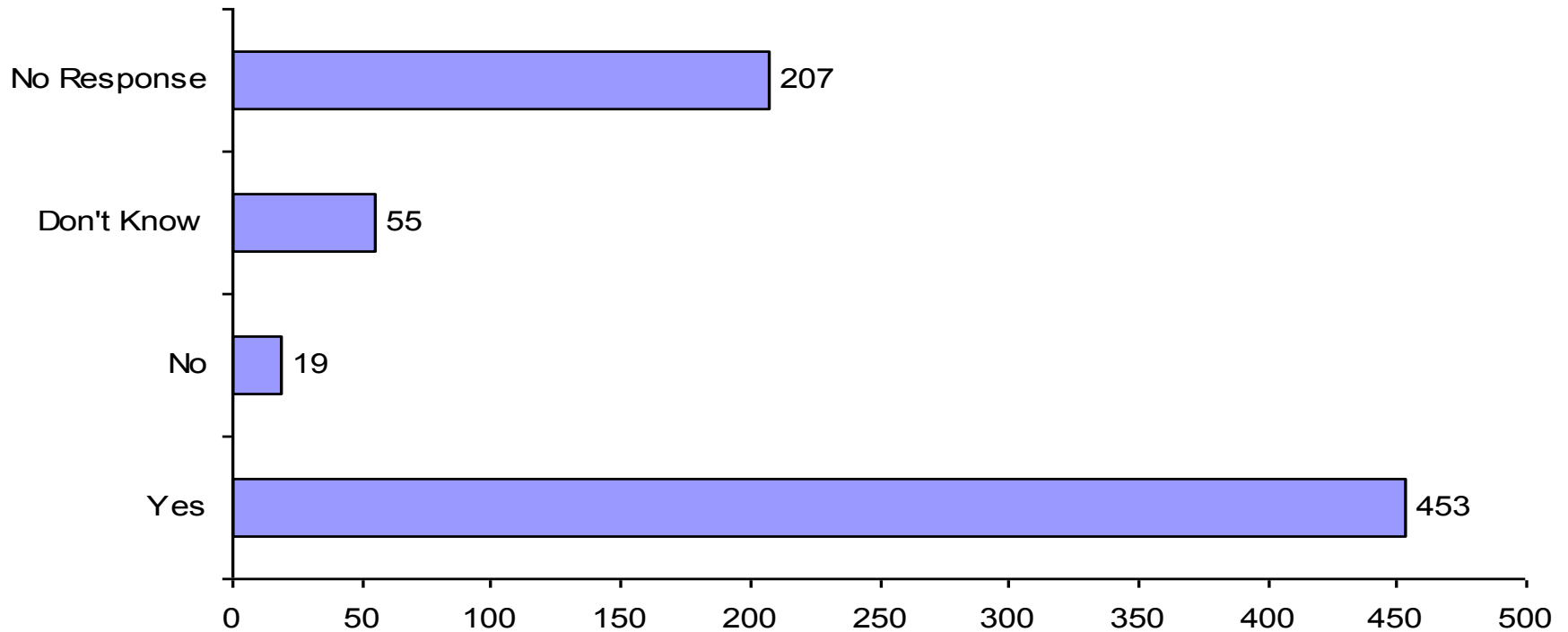
- 5 Years within Colorectal Surgery
- Average 245 patients per year
- 19 patients on average per month
- 6 Consultants
- All bowel resections included regardless of existing co-morbidities
- Expanding to other specialities

Mean & Median

	2008-2009		2009-2010		2010-2011		2011-2012		2012-2013	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Nov	11	10	15.8	6	8	6.5	6	4	12	7
Dec	5.7	3.5	9.6	5	9	5	6	6	7	5
Jan	4.3	4	9	5.5	5.6	5	5	3.5	6	4
Feb	5.8	4	5.5	3	7	5	5.9	5.5	5	4.5
Mar	9.4	5.5	8	5	13.8	7	5	4	7	6
Apr	8.6	5	5	5	8.6	5.5	7.4	5.5	6	4
May	8.5	5	6	5	7.8	5	7.5	4	8	6
Jun	4.5	4	11	6.5	7.8	6	6.9	5	4	3
Jul	12.1	6.5	6	5	7.8	7	8.7	5	4	3.5
Aug	8.3	4	6	5	6	5.5	8	4.5	9	3
Sep	5.6	4	6	5	9	5	6.5	5	6	3
Oct	5.4	5	10	7	8.8	6	5.7	4	4	4
Overall	7.2	4	9	5	8	6	6	5	6.5	4

Patient Satisfaction Survey

If you received contact at home, did you find this helpful?
Total number of patients 734



Follow Up

- Patients contacted for 4 days following discharge
- ERP nurses complete calls
- Ward staff in the absence of ERP nurses
- An agreement to review and readmit patient within 2 weeks of discharge
- Proforma used to log call and outcome

Root Cause Analysis Investigation

- Cause to re-evaluate our practice/proforma
- Patient readmission 22 days post op
- Death
- No obvious surgical complication
- Multiple medical problems / multi-organ failure

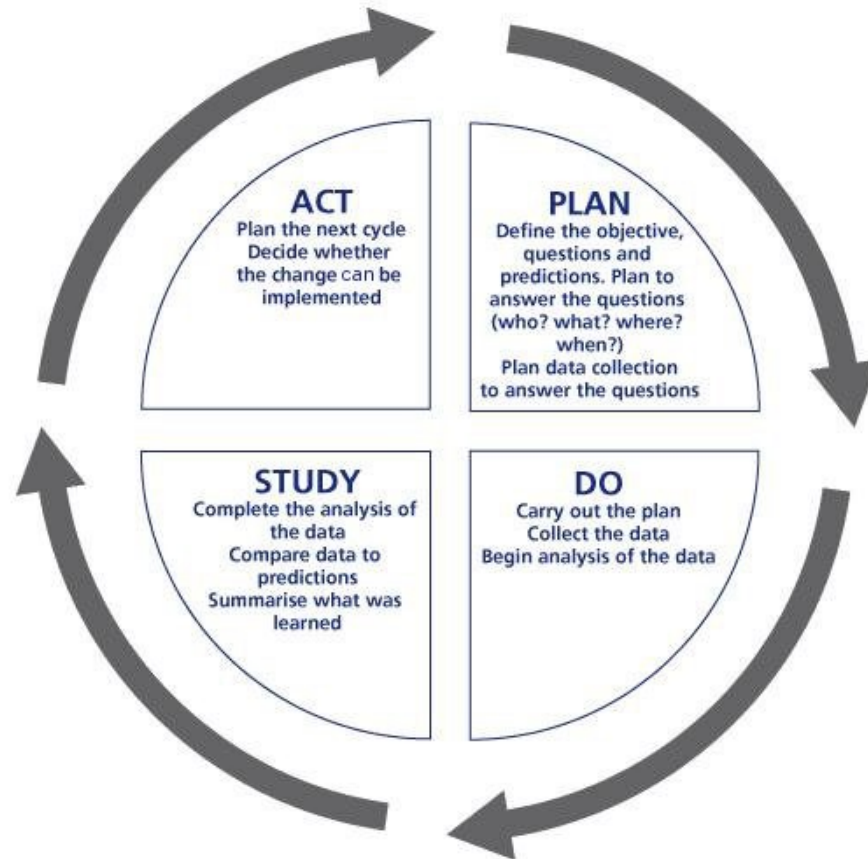
Patient story

- Family meeting
- Telephone questionnaire was scrutinised
- Current document was open to misinterpretation
- Quality of the questions relied on staff experience
- Responses given from patient depended on their understanding of what was being asked
- Further compounded by third party input when relatives answer of behalf of the patient

Aim

- To review our current document
- To standardise the proforma
- Create a more structured and comprehensive document
- Leading to clear outcomes

PDSA



Traffic Light Telephone Proforma

Patient Addressograph:		North Bristol NHS Trust	
Date:	Time:	Day: 1 2 3 4	Days post op: Print/Sign:
No Answer []		No of attempts _____	Message left if able []
Well Being & Activity	Risk factors	(v)	Additional Comments
	Feels very unwell/rapid pulse at rest		
	Has high temperature/showing signs of fever		
	Not mobilising/remains in bed/extreme tiredness		
	Acutely breathless/difficulty breathing/productive cough		
	Generally feels well but has episodes of feeling unwell		
	Occasionally gets hot flushes/night sweats		
	Walking occasionally but not quite resuming normal activities/fluctuating energy levels		
Pain Score	Risk factors	(v)	Additional Comments
	Severe ongoing acute abdominal pain		
	Pain not controlled with regular analgesia		
	New increased abdominal pain since surgery		
	Persistent pain (anywhere) for more than 1-2 hours		
	Unable to tolerate the pain		
	Moderate fluctuating abdominal pain		
	Pain not completely controlled with analgesia		
Nausea Vomiting & Nutrition	Risk factors	(v)	Additional Comments
	Persistent nausea and/or vomiting		
	Gross abdominal distension and/or feeling bloated		
	Not managing/reistant to eat & drinking no appetite		
	Signs of dehydration/very thirsty		
	Some nausea or occasional vomiting/reflux		
	Managing small amounts of diet and fluids/little appetite		
	No nausea/vomiting and is eating and drinking		
Bowel Function & Stoma Care	Risk factors	(v)	Additional Comments
	No bowel motion up to 5 days/not passing flatus/stoma not functioning		
	Persistent diarrhoea/Stoma has watery stool output		
	Stoma - High output > 700ml or Emptying > x5 per day		
	PR - Pus/bleeding/offensive discharge		
	Bowels not yet opened up to 4 days/small amounts of flatus		
	Constipated stool/Some abdominal distention		
	Stoma output - between 600 - 700ml per day/variable stool consistency		
	Stoma Patient - Experiencing difficulties requiring support		
	Bowels open/passing flatus/no abdominal distention		
Urinary Symptoms	Risk factors	(v)	Additional Comments
	Extreme difficulty passing urine/retention/bladder pain		
	Home with catheter? - by-passing/blocked - no support		
	Some difficulty passing urine/feeling of full bladder which resolves once urine passed		
	Excessive stinging when passing urine and/or frequency		
	Home catheter - Some difficulties with catheter and/or support services i.e. delays in treatment EG: TWOC referral		
	NO problems passing urine		
	Home catheter - Managing catheter, TWOC referral made		

Please turn the page to complete telephone assessment

Wound & Skincare	Complete wound breakdown or dehiscence		
	Wound grossly infected - pain/discharge/redness/pus		
	Severe skin deterioration/excoriation/pressure sore		
	Not managing wound with support		
	Wound has some signs of infection and/or discharge		
	Wound not managed by patient/has no support/plan		
	Patient is at a high risk of developing a pressure sore		
	Patient managing wound care/nurse attending		
VTE	Risk factors	(v)	Additional Comments
	Obvious signs of DVT		
	Calf pain/leg swelling/heat/redness		
	Unable to weight bear or pain on weight bearing		
	Unable administer Clexane injections with no contingency		
	Calf discomfort with suspicion of DVT		
	Evidence of bleeding		
	Managing Clexane injections independently		
Other Relevant Clinical Concern	Risk factors	(v)	Additional Comments
	Diabetic		
	Hypo/hyperglycaemia/deranged BM's/Ketones in urine		
	Fluctuating Symptoms/borderline control		
	Diabetes managed/controlled/BM's stable		
	Warfarin Control		
	Evidence of bleeding / bruising / clotting		
	INR levels not within normal limits - bloods not tested		
INR sub-therapeutic - needs monitoring potential risk factors/no contingency			
INR stable/blood tests booked/no bleeding or clotting problems evident			
Other specify:			

If ANY factors present Refer to Ward 203 Assessment Trolley, Surgical Admissions or A&E if no bed available on surgical admissions.	If TWO or more factors present Refer to Ward 203 Assessment Trolley or consider early ward round review or appropriate referral to hot clinic. Patient may also seek help from GP.	If ANY factors present and none higher Continue planned daily calls. Monitor progress.
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Visits/Referral	(v)	Visits/Referral	(v)
GP Review		Ward round review	
Practice Nurse		Hot Clinic	
District Nurse		Readmission : A&E	
Stoma Nurse Home Visit:		Readmission: Surgical Admissions Ward	
Other referral: specify		Readmission: Ward 203	
Day attender			

Improvements

- Still based on seven activities of living but now includes assessment for pre existing co morbidities
- Structured traffic light flow with easy tick boxes to specific questions
- Clear route of advice for follow up or admission depending on traffic light colour
- Not reliant upon level of staff experience to evaluate patient condition

Staff Audit

	Question	YES	NO
1	Do you understand how to use the new traffic light proforma?	90%	10%
2	Are the questions structured in a way you find easy to use?	100%	0%
3	Do you find the patient call takes you any longer to complete compared to the previous version?	20%	80%
4	Did it make you feel more confident completing the calls and to make a decision?	90%	10%
5	Do you feel that the proforma directs you to make the correct decision for reviewing/readmitting the patient?	100%	0%
6	Do you feel this document helps you obtain the information you require from the patient to identify a post op complication?	100%	0%

Readmission Comparative Data

Month	2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		
	Day Attendee	Readmission	Day Attendee	Readmission	Day Attendee	Readmission	Day Attendee	Readmission	Day Attendee	Readmission0	
Nov	0	2	0	2	2	4	2	3	0	1	
Dec	2	3	2	3	3	5	1	0	3	0	
Jan	0	4	2	0	4	0	1	2	0	5	
Feb	4	3	1	4	2	1	0	1	4	3	
Mar	2	2	2	3	1	2	2	3	3	3	
Apr	3	5	1	2	1	4	0	2	1	4	
May	1	3	2	2	1	3	3	3	1	3	
Jun	1	2	2	3	0	1	3	1	0	1	
Jul	0	0	0	2	0	0	0	5	1	2	
Aug	2	2	1	0	1	6	0	2	0	1	
Sep	1	5	2	4	1	4	0	2	5	5	
Oct	1	8	3	3	0	5	1	2	0	1	
Overall	pts	17	39	18	28	16	35	13	26	18	29
	%	7	16	7	11	6	14	5	11	8	13

	Day Attendee	Readmission
Before (%)	9	14
After (%)	7	10

Conclusion

- More structured traffic light approach to follow up calls
- Less room for error
- User friendly
- One place for all communication
- Robust evidence for call outcomes
- Staff satisfied
- No increase in readmissions

What Next?

- Staff compliance
- Patient satisfaction surveys
- Continuous audit of readmission
- Review of ward assessments
- Further changes still required

Our Enhanced Recovery Team



Anne Pullyblank – Clinical Director/Consultant

Dawn Gane & Lisa Hayward – Enhanced Recovery Project Leads

Jodie Grayling & David Hocking – Enhanced Recovery Nurse Specialists

Any Questions?