

Improving your elective patient's journey

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND PATIENT LIAISON GROUP

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Introduction

This guide aims to help teams make the most of the patient's journey through elective surgery. The Patient Liaison Group of The Royal College of Surgeons of England has devised questions to help teams check how patient-friendly their services are and to give ideas for audit. The guide has been trialled by surgical teams and found to be useful. All the questions are from the patient's perspective. Inevitably, there are a lot and the list is not comprehensive. The intention is for teams to consider the questions and decide which to audit. They can do one section or a few questions at a time. Involving patients at this stage will help ensure the questions are the correct ones. Teams are urged not to feel daunted; many of the practices will already be known to be occurring. The benefits to surgeons will include improving the reputation of the extended team, having audit results that they can use to reflect on their own practice as well as to develop the service, and reducing complaints.

There is a checklist in Appendix 2 to help. Teams are invited to give feedback to the Patient Liaison Group about the usefulness of the guide and to tell us whether the audits have been helpful. Our thanks go to the British Association of Day Surgery, the patient liaison group of the British Orthopaedic Association and the patient liaison group of the Royal College of Anaesthetists for commenting and advising on the document.

Helping patients at each stage of the journey

The growing change in patient expectation and desire for information and explanation sets a challenge for every member of the surgical team. Patients need fast access to clear, comprehensible information and advice to make an informed decision. They appreciate good teamwork. They should be given the opportunity to be fully involved at every stage of treatment so they have a good understanding of their treatment and a sense of control over their own lives, rather than feeling confused and unsure about whom they can trust.

The stages we have used are:

1. access to the clinic;
2. outpatient consultations;
3. pre-operative investigations and tests;
4. anaesthesia and pain relief;
5. admission to ward or day surgery unit;
6. surgery;
7. post-operative period; and
8. discharge, rehabilitation and follow-up care.

Patient satisfaction and patient experience

Being treated with consideration and respect is key to patient satisfaction. Other factors include cleanliness, effective communication with doctors, successful pain control and privacy during examinations and when discussing treatment.¹ Research has indicated eight aspects of healthcare which patients consider most important:²

1. fast access to health advice;
2. effective treatment delivered by staff patients can trust;
3. patients' involvement in decisions and respect for their preferences;
4. clear, comprehensible information and support to regain or increase independence;
5. physical comfort and a clean, safe environment;
6. emotional support and alleviation of anxiety;
7. involvement of family and friends, and support for carers; and
8. continuity of care and smooth transitions.

Auditing patient experience rather than patient satisfaction gives a clearer picture of the journey from the patient's perspective and better enables identification of stages that could be improved. It is often unclear what patients have experienced when they say they are satisfied or dissatisfied and patients can be satisfied with substandard care, which you would change if you knew about it. Ask patients what happened to them, for example whether they were treated with courtesy or how long they had to wait. Give space for written comments as well as quantitative responses.

At every stage teams should consider:

- > Is the patient involved in decisions whenever they wish to be and are their preferences respected?
- > Is the patient given a joined-up service with the fewest steps necessary?
- > Are we alleviating anxiety as much as possible and aiding self care?
- > Are we doing what we can to provide a safe and comfortable environment?

Clinical audit and governance

There is increasing emphasis on patient experience. Healthcare organisations are required to meet the government's *Standards for Better Health*, which include measures of patient experience not just within health organisations but across them and between health and social care.³

There is normally no single correct approach for meeting these standards,⁴ or for measuring patient experience. When considering which aspects of patients' experiences to focus on, you can check the responses gathered for your Trust as part of the national patient survey programme (<http://www.healthcarecommission.org.uk/nationalfindings/surveys/patientsurveys.cfm>). You may find data already available, particularly if your Trust splits its results into different departments or sites.

The document *Now I feel tall: What a patient-led NHS feels like* gives examples of good practice in Trusts around England and explains why patients find them beneficial.⁵

The Royal College of Surgeons of England's Patient Liaison Group produces information to support surgical patients and help them benefit as much as possible from consultations with surgeons and other members of the team. See their website at http://www.rcseng.ac.uk/patient_information/.

Any of these documents can be used to provide topics for audit. Teams can focus on topics within a part of the journey or a dimension of patient experience, eg communication. Patient feedback, such as issues raised with the Patient Advice and Liaison Service, is a good indicator of topics. You may be able to ask patient groups to formulate topics or questions. Questions can be asked of the team or its patients (preferably both). Frequency of audit will depend on resources. Patients should also be involved when developing action plans resulting from audit results, for example by including a patient or ex-patient in the working group. It is important to let patients know that their feedback is acted upon, for example by a poster display on the ward. Patients and the public are cynical about involvement that only looks like a 'tick box' exercise and are less inclined to help out in future if they think this is the case.

Stage I: Access to the clinic

The first visit to the outpatient clinic is important in establishing the patient's trust in the hospital and the surgical team. Patients appreciate a friendly welcome, attention to detail and good coordination of information. It helps them if all the staff they come into contact with, including the receptionists, feel part of the team and are aware of the way it works. Patients are usually nervous and in an unfamiliar environment so that basic things that staff take for granted may not be obvious to them. For example, if staff introduce themselves and explain their role, job title and degree of seniority, it is not only polite but reassures patients, helps them remember names and allows them to direct their questions to appropriate staff.

Patients will benefit if patients and other lay people check these aspects from time to time to see how user-friendly the patient's journey is.

	Satisfactory	Consider audit	Consider service development action
<i>Does your team provide a pre-appointment letter with:</i>			
1.1 A site map and directions to the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 An identified person (with telephone number and email address) for patients to contact to discuss and arrange special needs, eg needing extra help getting to appointments because of disability or old age, or language interpretation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Transport and parking, including parking charges, distance from car park to clinic and times when parking may be particularly difficult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Information about refreshment facilities, banking facilities and pharmacy opening times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Are patients encouraged to bring someone to the consultation if they wish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Have you checked with patients and lay people that the pre-appointment letter and information is welcoming, courteous and clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stage 2: Outpatient consultations

Services provided by non-clinical staff

	Satisfactory	Consider audit or other action
<i>Non-clinical staff have a big influence on patients' wellbeing.</i>		
2.1 Have they been trained to handle patients who may be upset or angry?	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Do you ask lay people to check whether your clinic is welcoming?	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Do you have a protocol for contacting and working with interpreters/translators?	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Have all staff received disability awareness training?	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Are staff trained in the cultural requirements and preferences of the groups that make up the hospital's patient population? Are local groups invited to help raise awareness and check how easy services are to use?	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Do staff tell patients how long the wait is if the clinic is running late?	<input type="checkbox"/>	<input type="checkbox"/>

The consultation

Does your team:

2.7 Ask patients if their GP has suggested a diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Offer patients a copy of your letter to their GP/referring doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Have a leaflet available to help patients to make the most of their consultation? (See Appendix 1 for a draft, which can be adapted for local use.)	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Always introduce everyone present and briefly explain their role?	<input type="checkbox"/>	<input type="checkbox"/>
2.11 Always ask patients' permission for student observation/participation, both for the consultation and the examination?	<input type="checkbox"/>	<input type="checkbox"/>
2.12 Wear name badges at all times showing your job titles? (With the increasing number of roles among healthcare professionals it reassures patients, helps them to remember names and direct their questions to appropriate staff. Patients find it frustrating when badges are not easily visible, eg on a hip pocket.)	<input type="checkbox"/>	<input type="checkbox"/>
2.13 Always ask patients if they have any questions to ask you?	<input type="checkbox"/>	<input type="checkbox"/>
2.14 Always include a named contact on patient information if patients have further questions?	<input type="checkbox"/>	<input type="checkbox"/>
2.15 Ensure that all written patient information uses clear, lay language and is well presented? (Patients are frustrated by confusing information, instructions for which they don't understand the reason and over-photocopied sheets that are difficult to read.)	<input type="checkbox"/>	<input type="checkbox"/>
2.16 Have all team members received communication skills training?	<input type="checkbox"/>	<input type="checkbox"/>

Patients who require further treatment

The most difficult part of the consultation for the surgeon may be deciding how best to treat the patient. For the patient, the difficult part can start once the surgeon has made these decisions.

<i>Does your team:</i>	Satisfactory	Consider audit or other action
2.17 Discuss different treatment options and their benefits, risks, side effects and alternative treatments, including the outcome of no treatment?	<input type="checkbox"/>	<input type="checkbox"/>
2.18 Provide information on the likely waiting time for surgery and the estimated time in hospital after surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2.19 Where possible, offer a choice of operation date?	<input type="checkbox"/>	<input type="checkbox"/>
2.20 Explain about the surgical team and say who is likely to perform the operation? (Do you record the latter in patients' notes so that if it changes, patients can be informed and reassured?)	<input type="checkbox"/>	<input type="checkbox"/>
2.21 Start the consent process at the outpatients clinic?	<input type="checkbox"/>	<input type="checkbox"/>
2.22 Provide written or visual information, including information on outcome and re-admission rates, for the patients to take away to help them decide about consent?	<input type="checkbox"/>	<input type="checkbox"/>
2.23 Give out a leaflet such as <i>Having an Operation?</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.24 Provide a named person (with telephone number and email address) to contact?	<input type="checkbox"/>	<input type="checkbox"/>
2.25 Provide information about the hospital and a contact if treatment is to be carried out at another hospital?	<input type="checkbox"/>	<input type="checkbox"/>
2.26 Provide information to patients with long-term conditions about the Expert Patients Programme (http://www.expertpatients.nhs.uk/) so they can refer themselves onto a course if they wish?	<input type="checkbox"/>	<input type="checkbox"/>
2.27 Obtain patients' agreement first if they are to be transferred to another waiting list?	<input type="checkbox"/>	<input type="checkbox"/>
2.28 Enable patients to see the new team before the operation date if they wish?	<input type="checkbox"/>	<input type="checkbox"/>
2.29 If the patient has special needs, do you discuss mobility, communication, language or other needs with them or their representative before admission? Are patients with special needs able to visit the ward or unit before admission if they wish so that they know what to expect?	<input type="checkbox"/>	<input type="checkbox"/>
2.30 Do you arrange how to communicate with patients with special needs, and their representatives if relevant, during procedures under local anaesthetic?	<input type="checkbox"/>	<input type="checkbox"/>

Stage 3: Pre-operative investigations and tests

Patients benefit from a well coordinated system that ensures they receive information about the purpose of tests, where and when they will take place, whether there is a choice of appointment time and what to expect. They need a contact in case they have questions or the appointment does not arrive (referrals have been known to go astray) or to give advice if their journey is becoming complicated, eg a follow-up appointment is due before test results. It helps if surgical teams check from time to time how well the arrangements for patients are working and liaise with the test departments.

<i>Does your team:</i>	Satisfactory	Consider audit or other action
3.1 Send prior information to patients about pre-assessment clinics?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Invite patients to bring a relative or friend if they wish?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Provide written information on invasive investigations and tests?	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Tell patients the waiting time for tests, when they will get the results and from whom?	<input type="checkbox"/>	<input type="checkbox"/>

Stage 4: Anaesthesia and pain relief

Most patients worry about the anaesthetic and the amount of pain they may feel during or after the operation. They are often given little information or chance to talk about their fears.

<i>Does the anaesthetist:</i>	Satisfactory	Consider audit or other action
4.1 Explain the risks of anaesthesia as part of the consent process?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Discuss post-operative pain and what will be done to relieve it, including methods like suppositories, which patients may not understand.	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Give patients discharged before a weekend sufficient pain relief if their pain increases?	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Ask if patients have experienced post-operative nausea and vomiting in the past and explain how this can be alleviated?	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Ask if patients have any particular worries or questions about the anaesthetic?	<input type="checkbox"/>	<input type="checkbox"/>
4.6 Provide Royal College of Anaesthetist patient information leaflets?	<input type="checkbox"/>	<input type="checkbox"/>

Stage 5: Admission to ward or day surgery unit

Ward routines can be mysterious to patients who often worry whether they are 'doing the right thing'. For example, if they don't know whether they should change into night clothes they feel embarrassed at the prospect of getting it wrong.

<i>Does your team:</i>		Satisfactory	Consider audit or other action
5.1	Send patients written information about the ward with a contact name before admission?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Provide information about ward rounds and how patients or relatives can speak to a doctor if they wish?	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Provide ward information in languages to suit your patient population?	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Inform patients about what to expect post-operatively?	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Let patients know that they may have drips etc and how long these will be in place?	<input type="checkbox"/>	<input type="checkbox"/>
5.6	Ask patients whether they have made a living will they wish the team to be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
5.7	Are measures in place to reassure the patient that stringent rules relating to hygiene are adhered to?	<input type="checkbox"/>	<input type="checkbox"/>

Stage 6: Surgery

Of all the stages of hospital care, the operation is, of course, potentially the most alarming.

<i>Does your team:</i>		Satisfactory	Consider audit or other action
6.1	Tell patients whether medical or other students may be present and why, and enable them to refuse this if they wish?	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Enable patients to keep mobility or communication aids for as long as possible and return them as soon as possible after surgery?	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Keep patients informed and accompanied if they wish while they wait outside theatre?	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Allow patients to walk or go in a wheelchair if possible, rather than on a trolley, to theatre?	<input type="checkbox"/>	<input type="checkbox"/>

Stage 7: Post-operative period

The patient will want to know what was done and whether it was successful, and any plans for the next few days, eg removing clips or stitches and physiotherapy. The patient may be visited by several different members of staff and it helps if they function as a team and avoid giving conflicting information or advice.

	Satisfactory	Consider audit or other action
7.1 Does a member of ward staff or the team visit patients every day at a regular time to give the patients a chance to discuss any worries or questions?	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Are patients encouraged to ask questions at ward rounds?	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Does a member of ward staff or the team check with patients after ward rounds that they have understood what was discussed?	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Do you arrange that patients who will be seen by a specialist nurse or therapist after discharge meet the nurse or therapist before they are discharged?	<input type="checkbox"/>	<input type="checkbox"/>

Stage 8: Discharge and rehabilitation

Patients who report excellent care from their surgical teams often find that their discharge is less organised than their other care and gives more cause for questions and concerns.

Is patient information about discharge and rehabilitation provided pre-admission, pre-operatively or post-operatively? Is this the best timing?

<i>Does your team:</i>	Satisfactory	Consider audit or other action
8.1 Tell patients what to expect if their recovery is going normally, such as tiredness or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Tell patients of any indications that they should contact their GP or your team, including side effects of medication?	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Inform patients about side-effects of medication so they can distinguish what is 'normal'?	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Provide written information to help patients understand the purpose of medication to be taken at home and ask them about other medication so they are clear whether to resume taking it?	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Give patients information about when they can lead their normal lives (eg go back to work, drive a car) with an opportunity to discuss their personal circumstances and any concerns they may have?	<input type="checkbox"/>	<input type="checkbox"/>
8.6 Tell patients when their GP will receive information about their discharge and follow-up care?	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Consider audit or other action
8.7 Provide a copy of the letter to the GP, which also includes information about whom the patient should contact in case of need and assurance that, if it is the surgical team, the team is ready to respond?	<input type="checkbox"/>	<input type="checkbox"/>
8.8 Tell patients what follow-up care they will have and how long it is likely to last?	<input type="checkbox"/>	<input type="checkbox"/>
8.9 Provide simple verbal and written information on how patients can best assist their own recovery?	<input type="checkbox"/>	<input type="checkbox"/>
8.10 Have a method to check that arrangements for post-operative care are in place?	<input type="checkbox"/>	<input type="checkbox"/>

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3. Department of Health. *Standards for Better Health*. London: DH; 2004.
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Appendix I

The following document should be adapted to reflect local practice.

Welcome to the outpatient clinic

This information will help you make the most of your consultation.

You have been referred to our clinic by your GP. You will be seen by one or more of the surgical team, which consists of a consultant surgeon and other specialists. Qualified doctors who are in training to be surgeons will be part of the team and sometimes also other specially trained staff. You will be seen by one or more of the surgical team depending on the reason you have come to see us.

There may be student doctors or nurses present during your consultation. This is a very valuable part of their training but if you do not wish students to be present please tell the receptionist or another member of staff.

Your expectations

If this is your first visit, you have been given a XX-minute consultation. If this is your second or subsequent visit your consultation is XX minutes long. However, these are only guidelines and please be patient if there are delays.

Please spend a few moments thinking about your symptoms so that you can give us accurate details of your problem. It may help you to write these down. As a guide we need to know:

- > when they started;
- > what they are;
- > how much trouble they are currently giving you; and
- > any other medical problems you have.

Questions

You may have questions you want to ask and it can help to write these down before you see the surgeon. During the consultation please ask questions about anything you are unclear about. You may find it easier to listen to everything the surgeon has to say and ask your questions at the end.

Your treatment

The surgeon will tell you what can be done about your problem. There may be more than one possible treatment and you will be told the advantages and disadvantages of each. The surgeon will discuss with you which would be best for you. If you need more time to think about it, ask how you can do this.

We hope that after the consultation you will have an understanding of what is potentially causing your symptoms and we will have agreed with you what needs to be done next. By the time you leave the clinic you will know the next step. If you are uncertain what that is please do not hesitate to ask.

Following your visit, the surgeon will write to your GP summarising the findings and the action points from your consultation. You will be asked if you would like to receive a copy of the letter. Written information about subsequent tests and treatment will also be given to you.

Appendix 2

A checklist for quick reference – does your clinic include the following?

Access

- > Site map, transport and parking
- > Clear signposts
- > Disability access and sign language, translators
- > Variety of formats and languages
- > Appointment and operation date choice

Communication

- > Welcoming procedure for variety of patients
- > Patients informed about waiting delays
- > Disability awareness training for staff
- > Sensitivity to cultural difference, especially accompanied consultations
- > Leaflet on making the most of the consultation

Consultation

- > Introducing the team plus trainees to patients
- > Permission for student observation
- > Sensitivity to patients' needs over information
- > Time for questions and a name given if patients have further questions – a contact on all written information

Patients requiring further treatment

- > Ensure risks and benefits of treatment given
- > Discuss alternative treatment options
- > Describe hypothetical outcome if no treatment given
- > Information on likely waiting times for operation and contact person for date changes
- > Inform who will do the operation and, if elsewhere, provide information
- > Start consent process in outpatients clinic
- > Give leaflet Having an Operation to patients
- > Inform of Expert Patients Programme for better self-management

Pre-operative investigations and tests

- > Patient information, especially for invasive investigations
- > Information on waiting list for tests and when results are likely and from whom
- > If tests enable discharge of patient let them know who to contact if symptoms return

Anaesthesia and pain relief

- > Explain risks of anaesthesia as part of consent process
- > Discuss any post-operative pain with patients
- > If discharge is before weekend ensure sufficient pain relief if pain increases

Admissions to ward

- > Is information about the ward available (in languages for patient population) and a contact in case of questions?
- > Special needs of patients can be addressed with option of a prior visit with representative to discuss these
- > Information on further waiting times in case of postponed surgery by either hospital or patient
- > Inform how relatives can talk with the medical team
- > Disability awareness training for ward staff

Operation

- > Tell patients who will operate
- > Inform patients if students will be present and give option to refuse this
- > Talk about mobility or communication aids and how long patients can keep these with them before operation and reassure on prompt return
- > Discuss communication arrangements under local anaesthetic
- > Can staff be with patients to reassure and keep them company?
- > Is the option of walking or wheelchair offered if appropriate?

Post-operative period

- > Full information on post-operative conditions such as tiredness, reduced mobility, re-adaptation and how to get help if necessary
- > Let patients know if drips, drains or other equipment will be in place and for how long
- > Encourage patients to communicate problems to ward staff, eg if they are having too many visitors
- > Is a specialist nurse organised if needed?

Discharge, rehabilitation and follow-up care

- > Information on possible side-effects from any medication, dangers to watch for after discharge
- > Who to contact in case of problems
- > Full information on medication, ensuring it is understood fully
- > Information on when to get back to normal – work, drive, lift weights, eat normal diet, etc
- > Opportunity for patients to ask questions
- > Tell patients GP will have a letter and offer patients a copy
- > Get feedback on the stay in hospital, especially whether patients feel sufficiently involved in decisions
- > Note and act on patients' suggestions
- > Let patients know where and when follow-up care should take place before discharge
- > Indicate length of time follow-up care will be
- > Give a contact in case of future problems

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