

Progressing Enhanced Recovery within Orthopaedics



Golden Jubilee Foundation

Patients at the heart of progress

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Background

There was increased concern within the workforce regarding limited ability to deliver effective patient centred care, presenting as inefficient team work across medical and nursing teams, increased sickness rates, unhappy workforce and suboptimal encounters with inpatients. It was felt that there was an increase in cancellations due to lack of availability of High Dependency beds for patients deemed a higher anaesthetic risk.

Kehlet and Wilmore (2008) recommend the approach to improve patient outcomes, enable a faster recovery and reduce the stress response to surgery. The principle behind this format is “to optimise the patient prior to surgery.”

Aim

- Reduce length of stay for patients.
- Improve general morale across the workforce.
- Improve teamwork within the multidisciplinary team.
- Improve communication and decision making with regards to all aspects of the patient experience and journey within our service.
- Improve the continuity of care for patients requiring longer term care within our facility.
- Introduction of Enhanced Monitoring Unit and training staff dedicated to this area.

Methods

- Multidisciplinary team approach to improve and enhance the patient service within the department.
- Introduction of regular staff meetings to improve communication and involvement.
- Separate short stay and long stay patients within the service.
- Monitor effectiveness by introduction and evaluation of ‘Plan, Do, Study, Act’ cycles.
- Introduce and support rotation of staff throughout all areas in the department to ensure adequate skill sets across the Orthopaedic Wards.



Orthopaedic enhanced recovery team from left: Geejo Rappai, Rachael McCreddie, Dawn Buchan, Therese Rolwich, Carolyn McCafferty and Christine Divers

Results

From the introduction of the above we have implemented and achieved the following:

- Reduced length of stay for the patients with the introduction of a dedicated fast flow ward.
- Increased the number of day one discharges following joint Arthroplasty (hip or knee replacement). 25% increase in day One discharge.
- Designated longer term area within one ward has improved efficiency, increased patient satisfaction / experience and increased satisfaction and morale.
- Introduction of Enhanced Monitoring beds with a reduction in the requirement for HDU facilities, reducing cancellations for these patients. Reduction in use of High Dependency beds at level 2 has reduced from 82 to 32 in last year.
- Introduction of Advanced Nurse Practitioner within Orthopaedics has seen an improvement in clinical decision making and enabled the enhancement of patient flow alongside the multidisciplinary team.
- Increased knowledge and enhanced education across all levels of the nursing team.

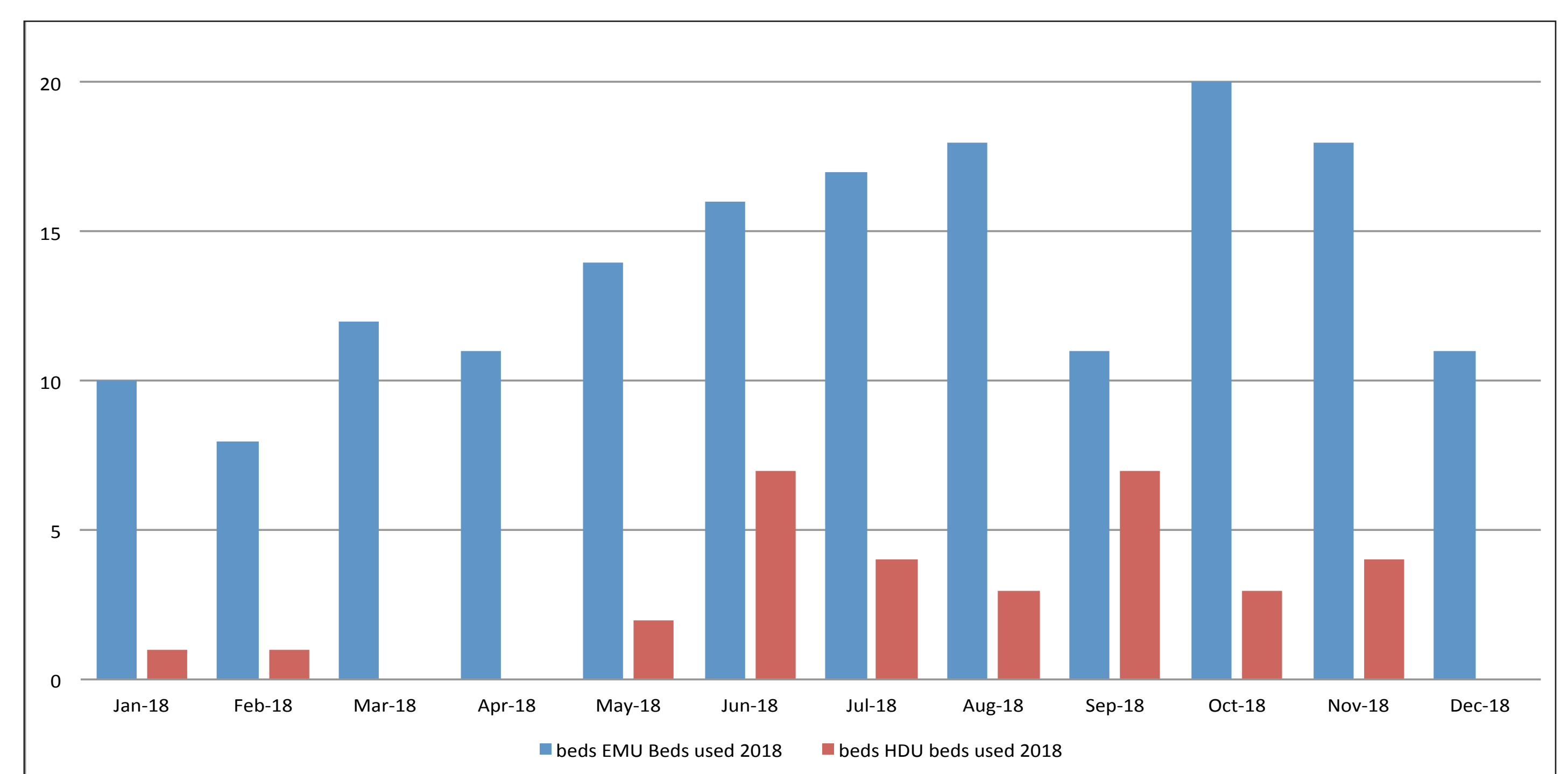


Chart 1: Number of EMU / HDU beds used in 2018

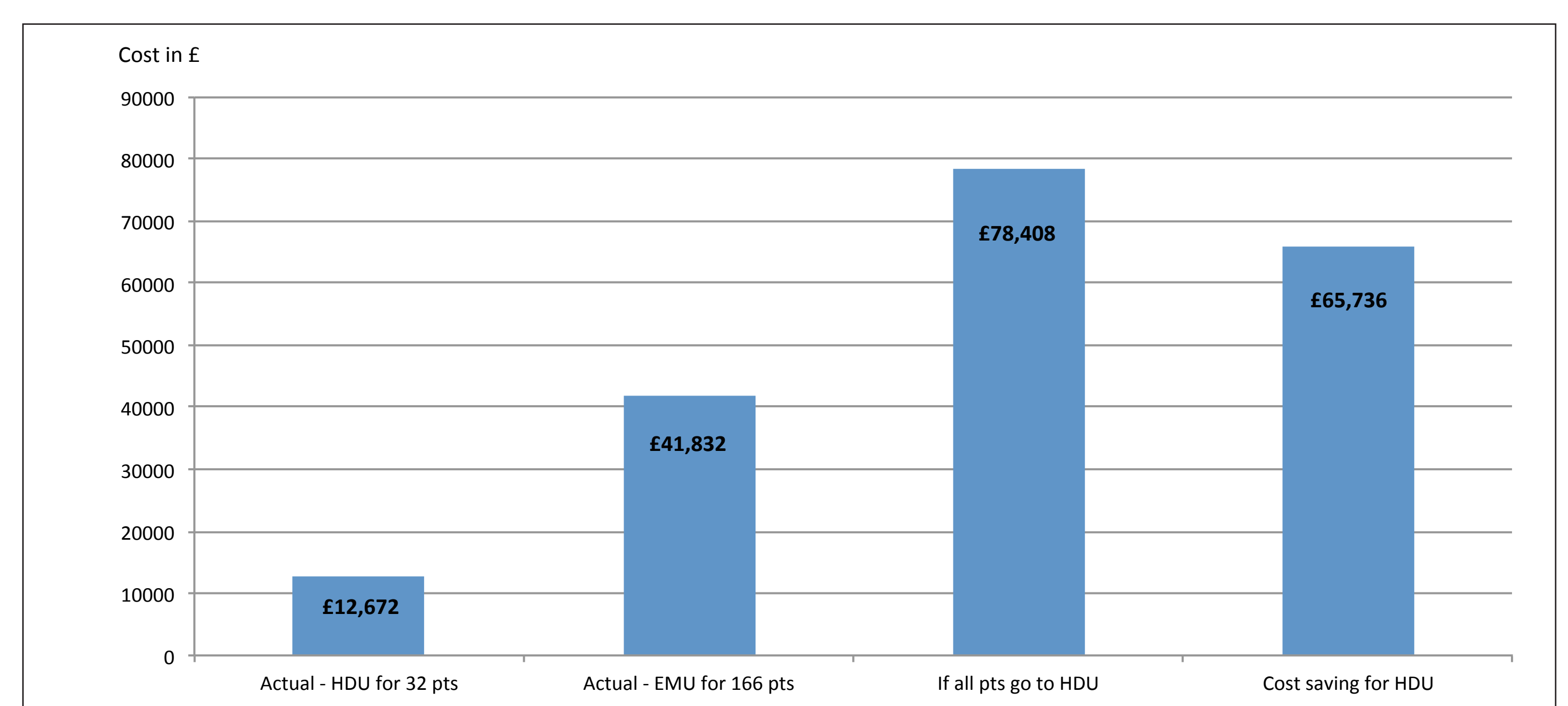


Chart 2: Costs for HDU / EMU patient stay in 2018

Conclusion

We have significantly reduced length of stay, improved general morale, teamwork and decision making with regards to all aspects of our patients journey.

References

1. KEHLET, H. & WILMORE, D.W. Evidence-Based surgical care and the evolution of fast-track surgery. *Annals of Surgery*: 248(2) August 2008.