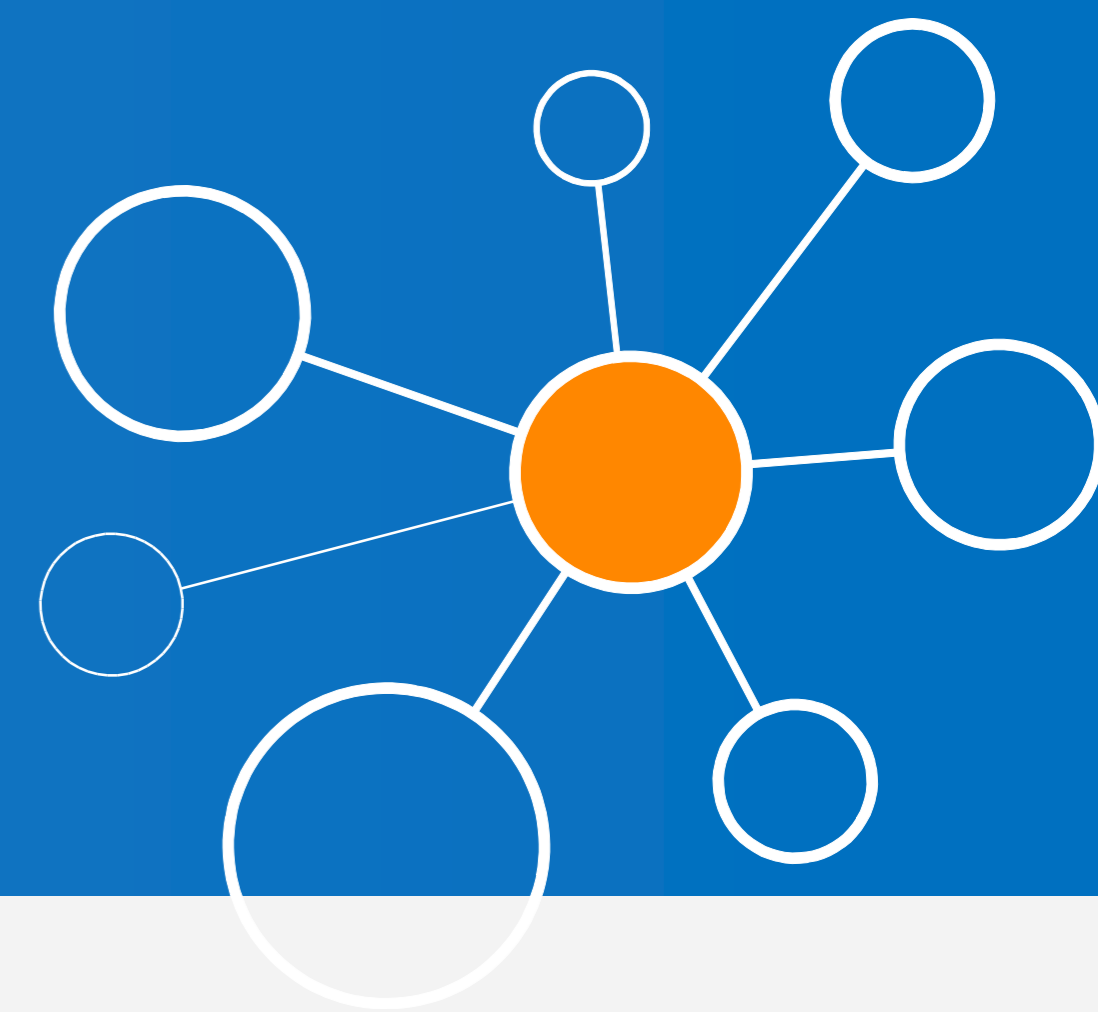


# No Surprises

## General Surgery

### Cheltenham General Hospital



## Background

Many patients arriving on the Day Unit CGH or SAS CGH had individual care needs that needed to be highlighted to the areas involved in their stay within hospital but these needs had not been highlighted in many cases despite the information being given by the patient in Pre-assessment. This meant that necessary equipment was not made available, reasonable adjustments could not be made in time or their placement on the ward was not conducive with delivering safe care meaning we are less likely to create a good patient experience.

## Aim

For 100% of all patients undergoing a pre-assessment have their individual care needs cascaded to all areas involved with their care and the relevant documentation to have been completed - SAS, Day Surgery, Theatres, Recovery and Ward. Time frame 6 months.

## Our Team

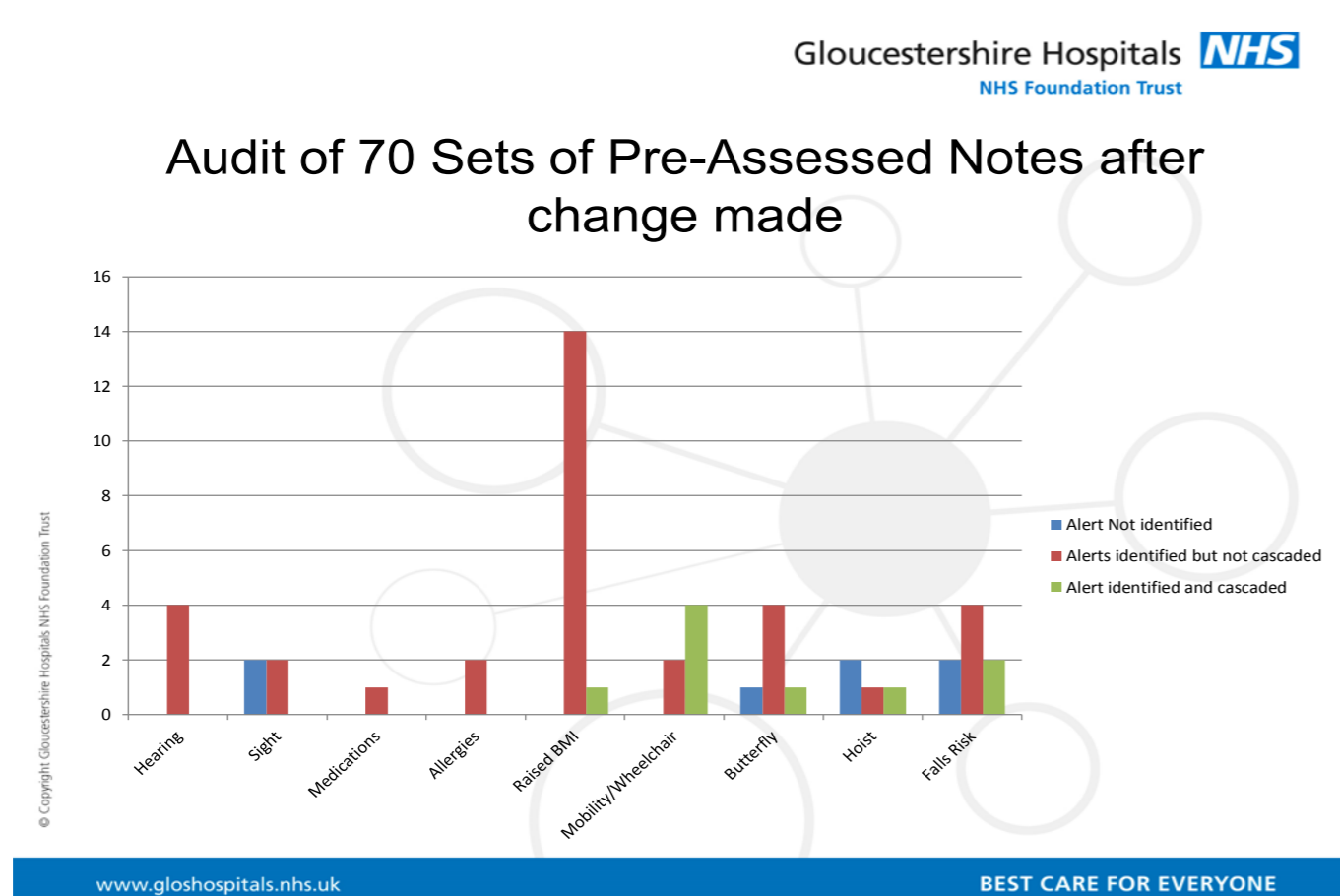
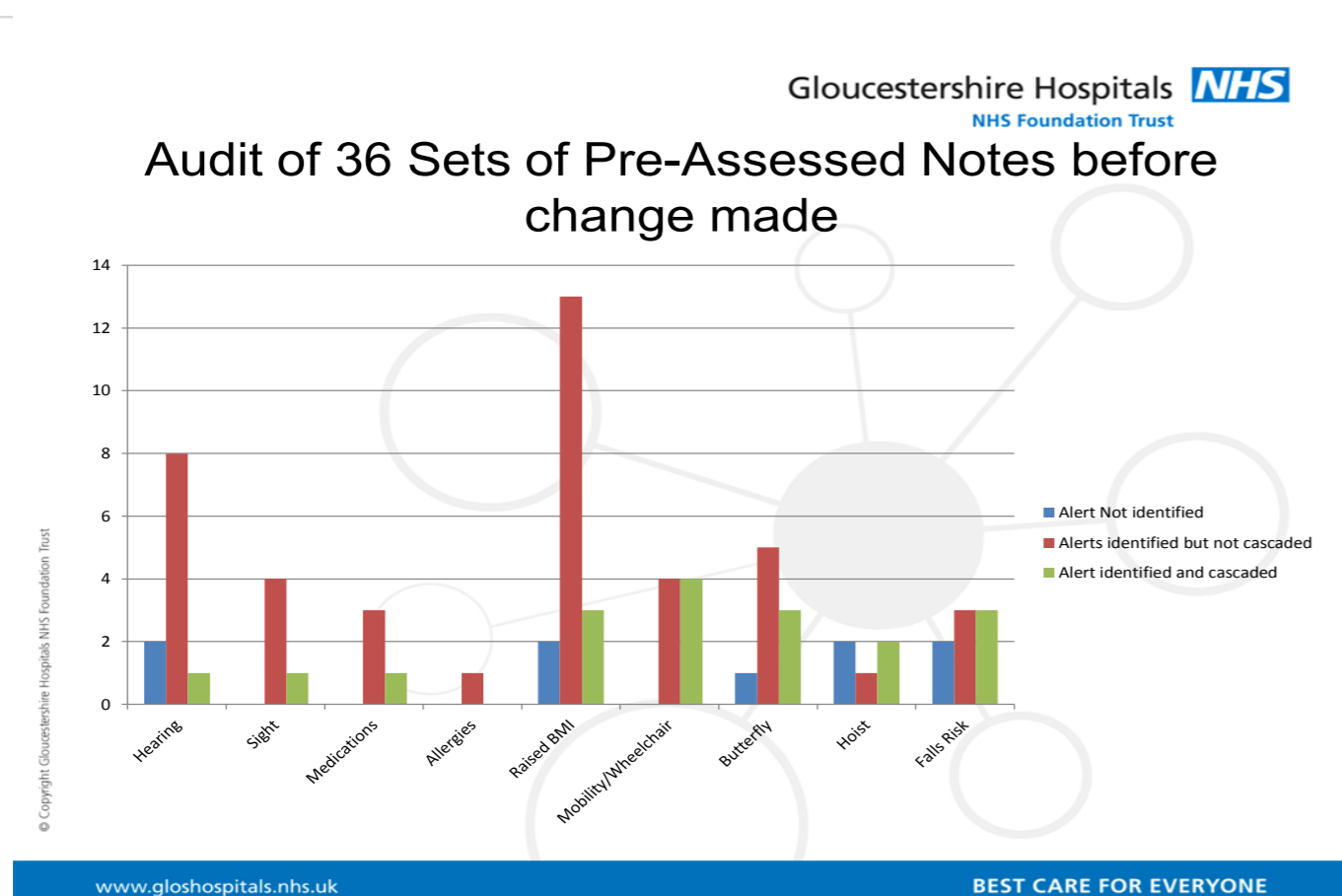
- Kate Mennie—Senior Sister Day Surgery/SAS CGH
- Cathryn Braithwaite—Sister Day Surgery/SAS CGH
- Julie Harvey—Senior Sister Snowhill Ward (Urology/Breast)

## Methods

After initially collecting data to highlight what percentage of patients are not having their care needs cascaded we introduced a simple tick box sheet to Pre-assessment for them to highlight the relevant information. This would then be picked up Day Surgery/SAS when the notes are checked the day before admission allowing for equipment to be ordered and adjustments to be made. Day Surgery/SAS would then be responsible for disseminating that information to the other areas involved in the patient's. We then re-audited to see if the rate of patients having their care needs cascaded has improved and made suggestions of our next steps.

## Results

The results show that there is a definite increase in the number of patients having individual care needs identified in Pre-assessment. Unfortunately the results also show that with the exception of two areas, visual impairment and mobility aids/concerns, there was a decline in the number of patients having their individual care needs cascaded from Pre-assessment to the Day Unit/SAS. Feedback from the ward areas via Julie Harvey is that they are more prepared for patients with additional care needs as they are getting those care needs communicated to them.



	MRN	Alert	Theatres	Recovery	Ward
Hearing impaired					
Sight impaired					
Timely medications					
Food intolerance					
Plus side patient					
Mobility aids/concerns					
Purple butterfly					
Additional equipment ie bariatric bed					
Falls risk					
Alert ie latex allergy					

## Conclusion

Our conclusion is that the reason that the greater proportion of patients being pre-assessed without their care needs being cascaded to Day Surgery/SAS than expected is due to a lack of understanding of the Pre-assessment staff as to how this missing information impacts on the patients care and experience. Many of the staff have either never worked in the ward area or have not done so for many years

meaning that they have not got recent experience of having a patient turning up to have care delivered and not being fully prepared as a department to do so safely. However this process has improved the communication between Day Surgery/SAS and the other areas such as Theatre, Recovery and the Ward areas regarding needs that we have highlighted prior to or at admission of the patients. This will continue to be an ongoing area for improvement and will require more input with Pre-assessment before rolled out to other areas.