

# To Improve patient experience of post - op care following shoulder surgery

Kate Ragless  
k.ragless@nhs.net

May 2022

## Introduction

Due to the Covid pandemic we had to stop seeing our post-op shoulder patients face to face, instead switching to a telephone call. This was problematic; fitting it in to the ward caseload, the call wasn't booked so patients weren't always available, it was time consuming emailing the patients the information and exercises, and as this can only be done after the call the patients were not able to see the exercises when being taught them.

As a team we felt patient care was not optimised. It was also a very time consuming, admin heavy session due to photocopying of OP notes which weren't always kept by the nurses in recovery for us. This was not only frustrating, but took time away from the wards when we could've been treating and discharging other patients.

**Rationale:** By making this process more streamlined, therapy staff will be able to give better quality care and have more time for therapy intervention on the wards.

## Aim

To improve patient experience, by offering pre-op counselling on the use of patient initiated follow up (PIFU) in 50% of surgical shoulder case's, by May 2023 in Lister Orthopaedic Department.

## Measures

### Outcome

Patient satisfaction levels of pre and post operative care following shoulder surgery

### Process

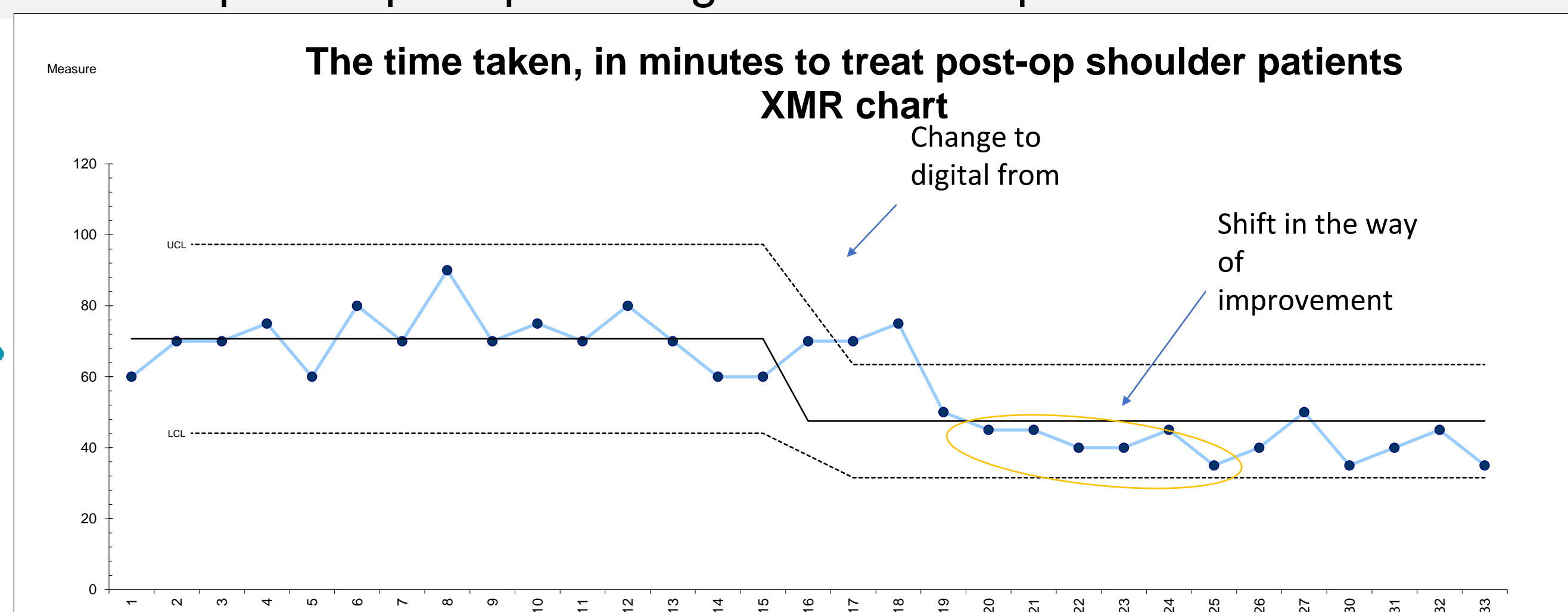
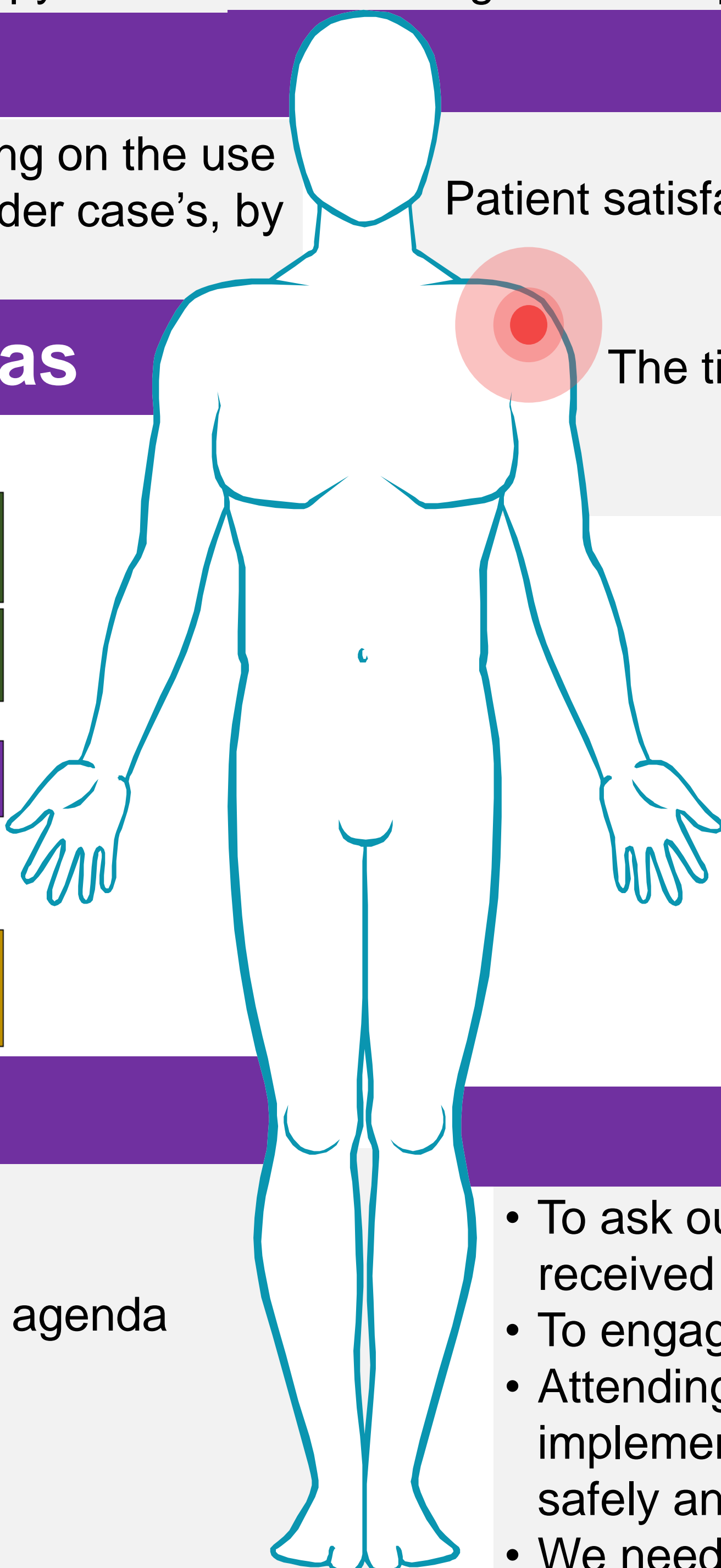
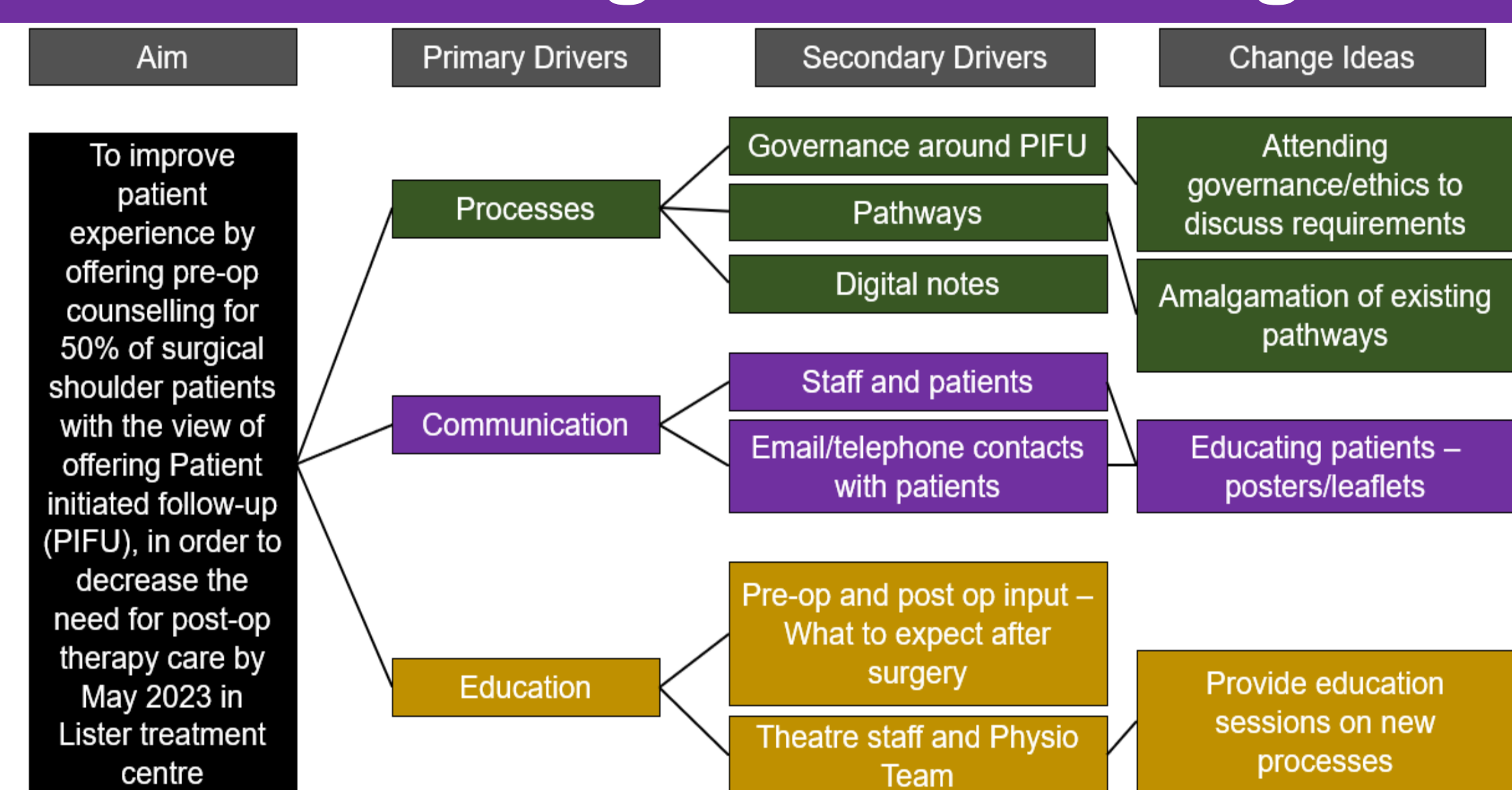
The number of patients seen post shoulder surgery

The time taken in minutes to treat patients following shoulder surgery

### Balancing

Time spent in pre-op for surgical shoulder patients

## Driver Diagram and Change Ideas



## Impact

### Patients:

- Better awareness of post-op expectations
- Promote self management in line with personalised care agenda
- Empowerment
- Ward patients receiving increased therapy

### East & North Herts NHS Trust:

- PIFU is key part in NHS response to Covid
- PIFU is part of outpatients transformation requirements in 2022/2023 Operational Planning Guidance
- Increase patient flow on orthopaedic wards

### Therapy Team

- Streamlined process to follow, this will particularly benefit new rotational staff
- Delivering more face to face treatment, less admin which increases job satisfaction and is a better use of staff skills
- More therapist time and this would reduce the demand on other staff

### Barriers

- We had arranged for the theatre staff to gather the OP information and gained outpatient physios consent to not send an OP note. Then in February the Trust brought in digital notes. This meant we could easily extract the information from our office to complete the telephone call and the outpatient referral. This has saved us 25minutes in overall treatment time.
- Caseload demands have affected the amount of time we've had to work on the project
- Reduced staffing due to Covid, which has contributed to increased caseload demands
- The Orthopaedic team wanted to revise the protocols and the exercises we issued, so this took up extra time
- Engaging the consultants has been problematic
- High clinical demands have affected ability to access coaching
- Another QI project was running in the Orthopaedic therapy team, meaning less time available to work on this project

## Next steps

- To ask our patients what matters to them, we have sent out surveys but have received limited numbers back at present
- To engage more stakeholders who share our purpose
- Attending Governance/Ethics decision making council- Regarding the implementation of PIFU (patient initiated follow up) to ensure it is implemented safely and effectively with the patient as priority throughout.
- We need to look at the existing patient pathway and what the national and orthopaedic guidance is for post shoulder surgery care

Once this has been done we will:

- Issue a booklet and give counselling in pre-op, so the patients have the exercises in front of them on their first call this will reduce time as saves us emailing them. This will be by the pre-op nurses initially with an aim of having our ESP (extended scope practitioner) in pre-op to go through what post op care to expect and exercises etc.
- Once that is implemented, I will re-survey the patients
- We will do another PDSA, to trial patient initiated follow-up (PIFU) with 1 patient, if this works we will then slowly increase the numbers tested until the team are happy with the results- we will then scale and spread to not only surgical shoulder patients but also all upper limb surgeries once we are happy that patient experience has improved.

## Leadership learning

- How to go about a QI improvement project
  - Data gathering
  - Engaging stakeholders
  - PDSAs
- What a QI coach role is and how to utilise them, the importance of early and regular coaching.
- Improved my teamworking and delegation skills, learnt the importance of regular checking in with project team to aid progress.
- Challenges of allocating time for projects in conjunction with high clinical demand, resulting in improving my prioritisation skills.
- Occurrence of extraneous factors (digital notes) affecting project and the re-evaluation process.
- Benefit of setting time frames to aid progression.
- When another project in team was taking up the non clinical time, figuring out how to complete both, considerations about "pausing" this project to help out. Again this enhanced my teamworking skills.
- Effect of problems (protocol and exercise revision) and how they delayed the project and how they can be overcome.
- Sparked my interest in QI and I am about to start a QI apprenticeship, which will allow me to do more QI projects and support my department with QI projects.

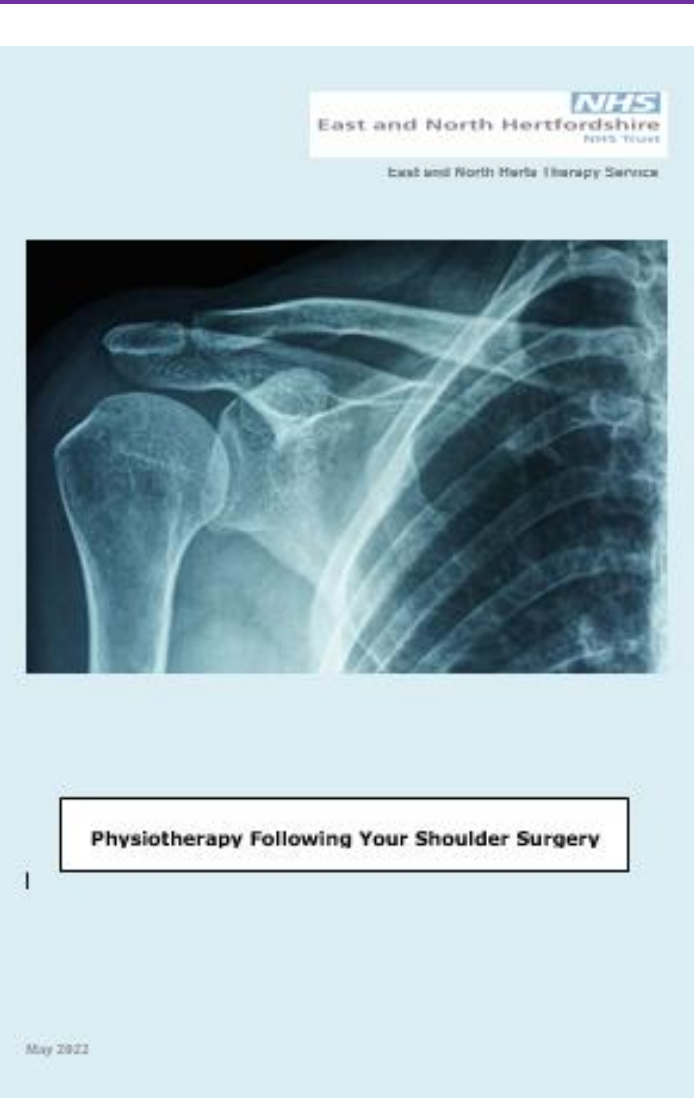
## Leadership learning

### Current Shoulder Pathway

- 24hrs post-op Physio advice and exercises (pre pandemic face to face, now telephone call and paperwork emailed)
- 2 weeks post-op Face to Face rehabilitation in outpatient clinic.

### Proposed Shoulder Pathway

- Physio advice and exercise booklet given at pre-op clinic
- < 2 weeks PIFU Physiotherapy
- >2 weeks Face to Face rehabilitation in outpatient clinic.



Our booklet

**Acknowledgements:** Sarah Garret-B7 PT, Hannah Barlow-B6 PT, Natasha Tanner-Therapy lead, Ortho consultants: Mr Uppal, Mr Rumian, Mr Assiotis, Matt Gulliat- UL ESP, Theatre Staff, Anna Cull- QI coach.

**References:** East and North Herts Shoulder surgery protocols, [www.England.nhs.uk](http://www.England.nhs.uk), [www.IHL.org](http://www.IHL.org), [www.nice.org.uk](http://www.nice.org.uk)