

Patient Centred Care: A Journey Through Cardiac Surgery

A collaborative Edmonton Zone Cardiac Sciences Program Endeavour.

Cardiac Rehabilitation Prior to Cardiac Surgery

Kara Penney, RN, BN

Who What Why

- Waiting for CABG surgery is a reality in the Canadian Health Care System
- The mortality rate for patients awaiting CABG has been shown to be remarkably stable (0.5 to 0.6%)
- HOWEVER evidence shows that patients' functional and psychological status can deteriorate while waiting for surgery

Who What Why

- Patients report being fearful of participating in physical activity while waiting CABG surgery
- Poor physical fitness preoperatively is associated with increased length of hospitalization

# Scheduled CABG Patients on the Waitlist		Current Wait Time (weeks)		# of Admissions while waiting Surgery
December 2014	51	Cath to Surgery	20.2	<ul style="list-style-type: none"> Approximately 5% of scheduled patients changed from Scheduled to Semi-Urgent or Urgent Status
2014 Calendar Year	338	RTT to Surgery	11.6	

PURPOSE & RATIONALE

- Improvement in functional capacity
- Increased adherence to rehabilitation program components
- Decreased anxiety
- Link with post-op CABG pts
- Decreased admission and readmission rate
- Decreased length of stay
- Reduced post-operative complications



PROCESS

1. Patient Meets Referral Criteria
2. Referral is faxed to CR Program
3. Intake Nurse Reviews Referral
4. Intake Nurse Contacts Patient
5. First Appointment
6. Patient Undergoes ATP
7. Results reviewed by Team
8. Patient starts tailored program
9. Home Maintenance
10. 3 Month ATP
11. CABG Surgery
12. Enters Cardiac Surgery Cardiac Rehab after Surgery

The PREHAB MAHI – Pattison Study (PRE-operative Rehabilitation for Reduction of Hospitalization after Coronary Bypass and Surgery in Alberta)



What's Next?

- Increase referral rates
- Tours of the Mazankowski
- PAC
- SCN collaboration
- Evaluation
- Telehealth to in-patients

**THANK
YOU**

Cardiology

Semi-Urgent Pre-Op Package

Presenter: Lisa Marco, RN

Improve the Semi-
Urgent Patient
Experience Transition to
Surgery.



What is a Semi-Urgent Patient?



Patient experiences an acute cardiac episode

Patient is admitted to the Cardiology Unit

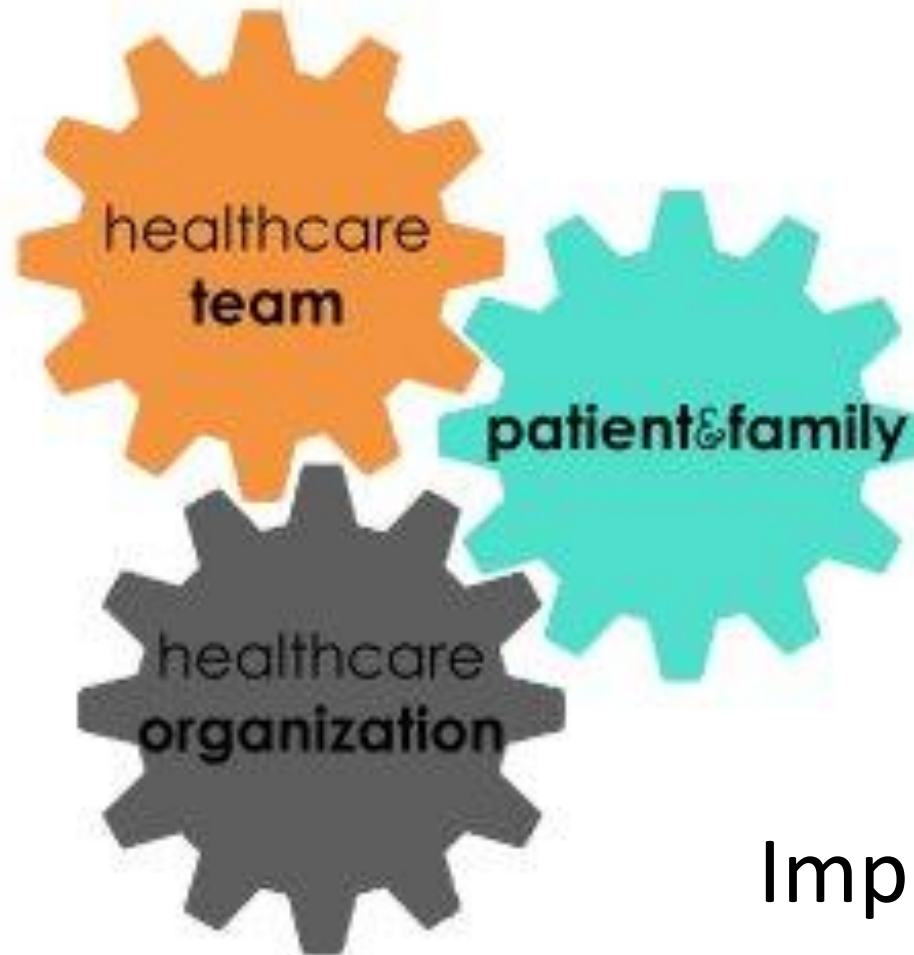
Patient is stabilized

Patient/Physicians discuss and agree to surgery

Patient is discharged home to wait for surgery

Patient is admitted by Same Day Admitting for surgery

Patient
Centred....



Improving the
Experience



A group of dedicated stakeholders developed the Semi-Urgent Patient Package.

Through a collaborative process several resources were created for patients and the health care team.

For
Health
Care
Providers

OR Date:		Surgeon:
Initial	Date	Consults
		Anesthesia Consult – CV Nurse Navigator will contact Anesthetist to arrange consult
Initial	Date	Diagnostics
		Vitalometry
		ABGs
		Chest X-Ray (Within 3 months of Surgery date)
		ECG
Initial	Date	Forms
		Blood work and cross match – outpatient requisition to be drawn in the community
		History/Physical
		Database Form
		Consent
		Pre-op Orders – include order for beta-blocker and insulin if diabetic
		Goals of Care
		Tentative OR Date
		Dental – if patient having valve surgery try to complete dental while in hospital otherwise patient can do in the community
Initial	Date	Other
		Pre-op Teaching Complete – teaching and information package given, video watched and/or class attended
		Mupirocin Prescription
		Chlorhexidine scrubs – give patient scrubs to shower with the night prior to Surgery (3 scrubs for valve patients and 4 for CABG patients). Instruct patient to wash hair
		Deliver chart to PAC (once patient discharged)

Initial	Signature	Initial	Signature

For Patients and Family

- Patient Resource Checklist
- Shower and Skin Prep Guidelines
- Information on Endocarditis
- Information on Chest Binders and Brassieres
- Personal Directive Information
- Eating and Drinking before Surgery
- Information on Sternal Precautions
- Cardiac Surgery Discharge Planning Assessment
- Recovery After Heart Surgery
- Accommodation List





We look forward to your questions and suggestions for improvement.

Thank you.

Booking the OR Collaboratively

Tara Peters, RN



The Cardiovascular Surgery
Process Improvement Team
Identified an Opportunity...

Very Important

A group of stakeholders agreed to try a new approach to book the CV Surgery OR Slate.

In January
2013 the OR
Collaborative
Booking Team
was created.



The OR
Collaborative
Booking Team
Includes

- Nurse Navigators
- CVICU Unit Managers
- Surgeon Administrative Assistants
- Cardiac OR Manager
- Cardiac Sciences Zone Manager

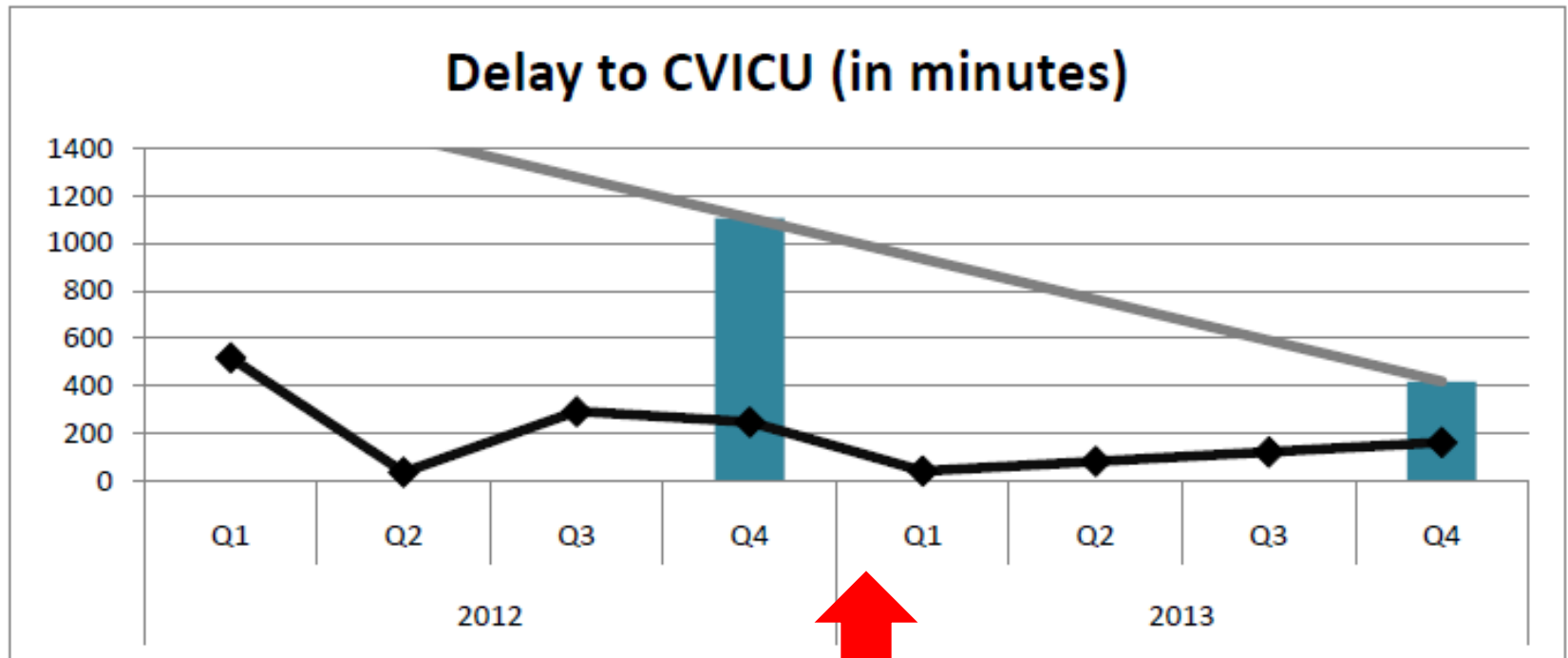
To optimize OR utilization and reduce postponements, the team meets weekly to plan the next week's slate.



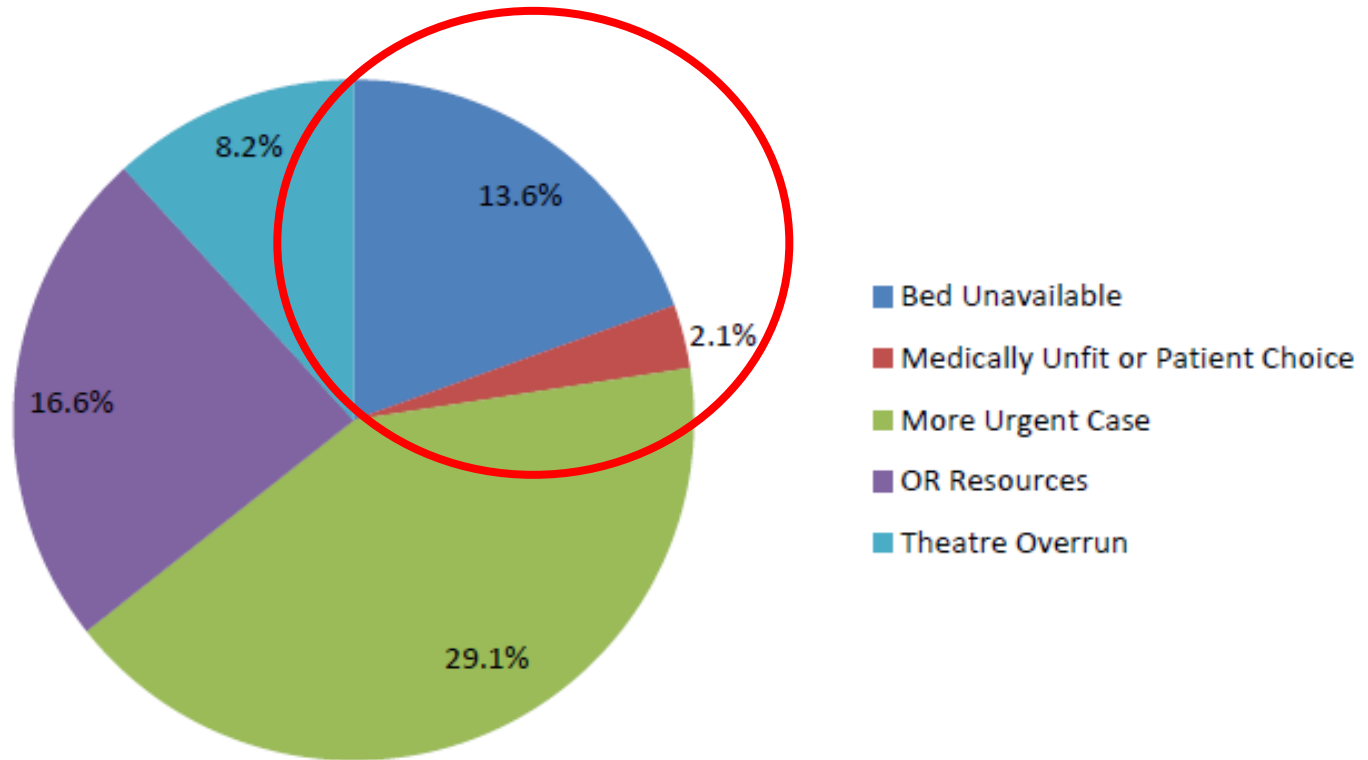
We discuss and adjust the draft slate to plan for complex cases and potential unplanned emergencies, enhancing patient flow.

Did the change
result in
Improvement?

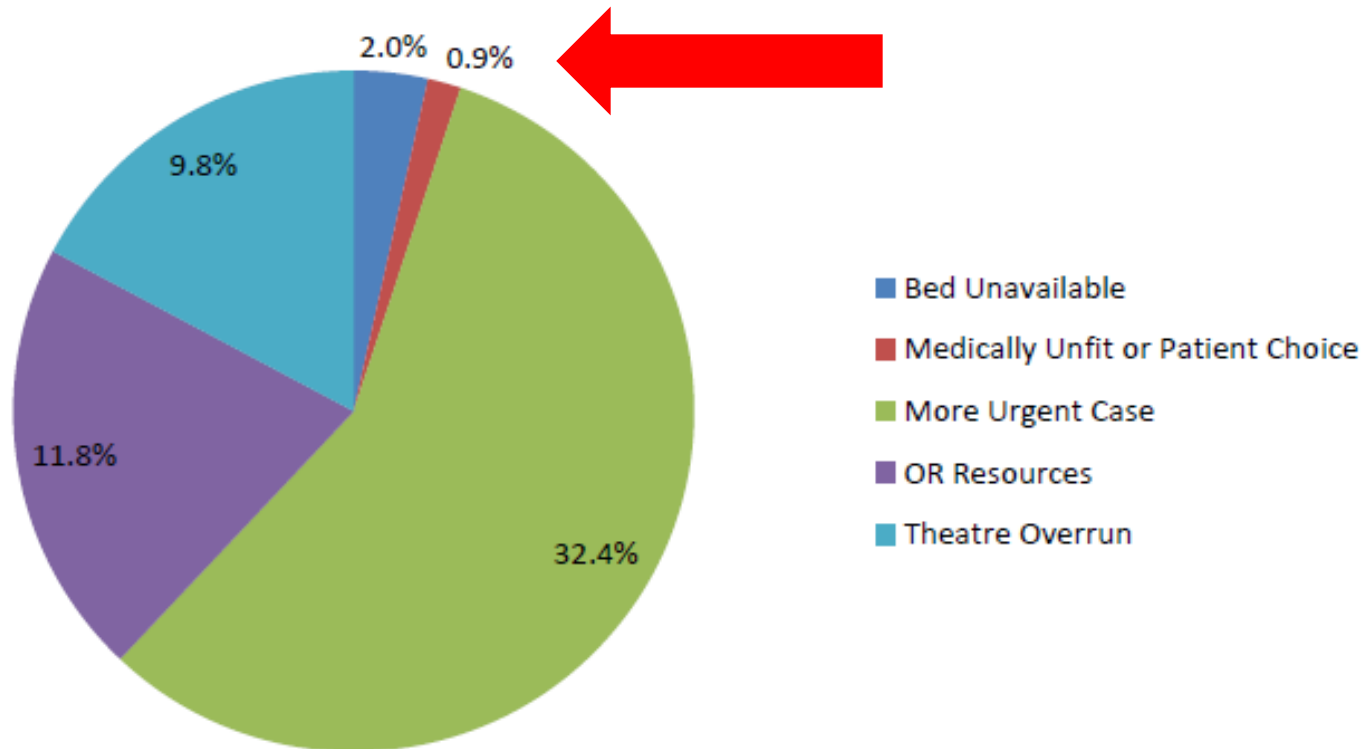




Surgical Postponements 2012



Surgical Postponements 2013



Qualitative Feedback

“I’ve really noticed a difference in the flow of the CVICU over the last year. Previously the unit would become back logged with a large number of high acuity patients. Now, discharges from the unit seem to occur more evenly. And as a result ORs don’t seem to be postponed as frequently.”

Lessons Learned and Subsequent Improvements

- To accommodate urgent inpatients and emergent patients, the slate is not booked to full capacity
- Helps the Pediatric patient transition to the Adult Program with increased ease
- Massaging the slate moves complex cases to the week's end
- Enhances ability to proactively plan the patient transition home
- The team has enhanced awareness of patient context:
 - Case Complexity
 - Past Health History & Co-Morbidities
 - Family Dynamics & Social Issues
 - “Red Flags”

CCC Poster Presentation



Thank you.

We look forward
to your feedback
and questions.

Transitioning Home after Cardiac Surgery

Laurianne Gamache-Pearl, RN

Role of the
Cardiac
Transition
Nurse

Transition



Identified a gap to bridge

There was an opportunity
to smooth the patient
transition home.



Important
Team
Member

Patient and Family Centred....

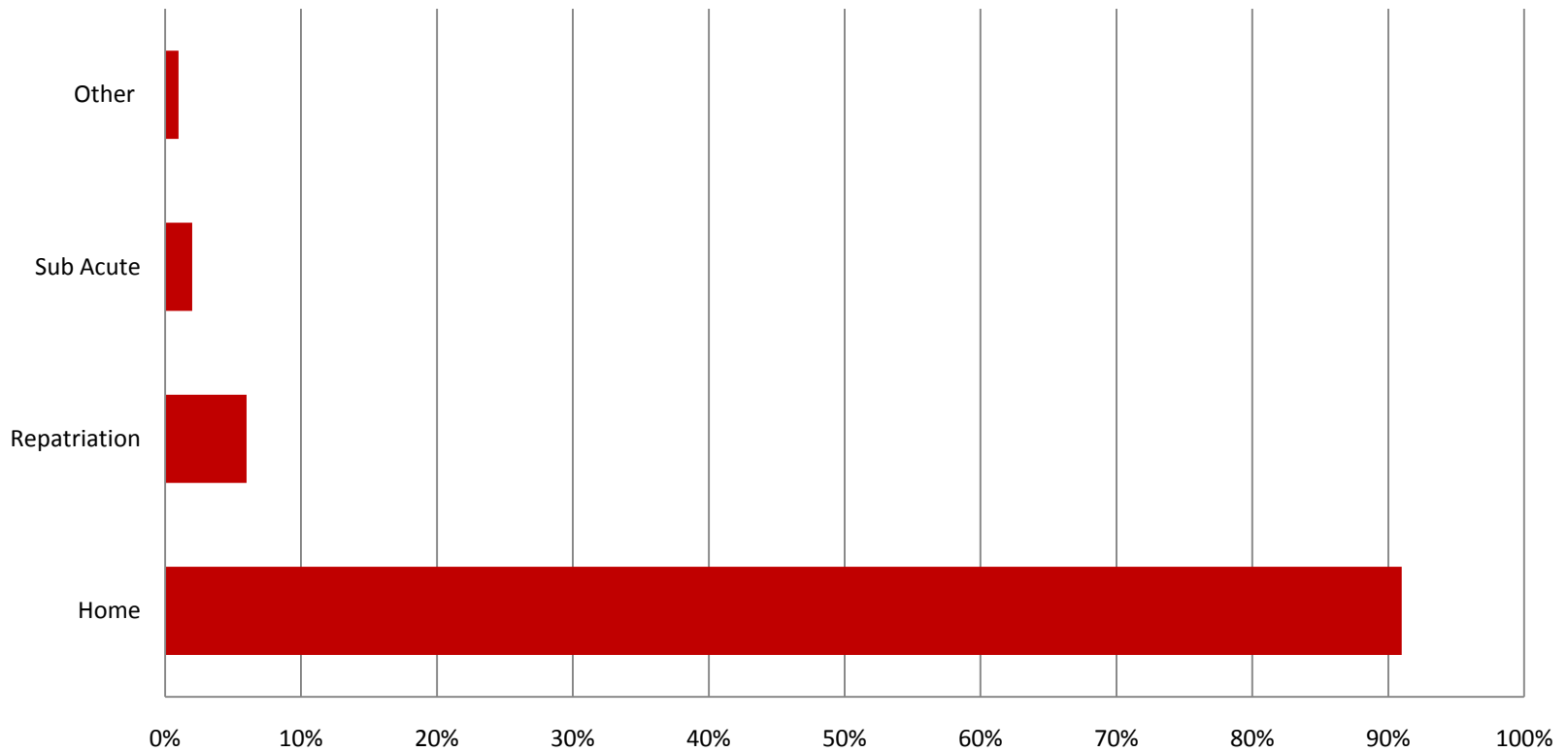
The Transition Nurse guides the
Patient and Family throughout their
Post Operative Care Journey.

Integral to the Health Care Team



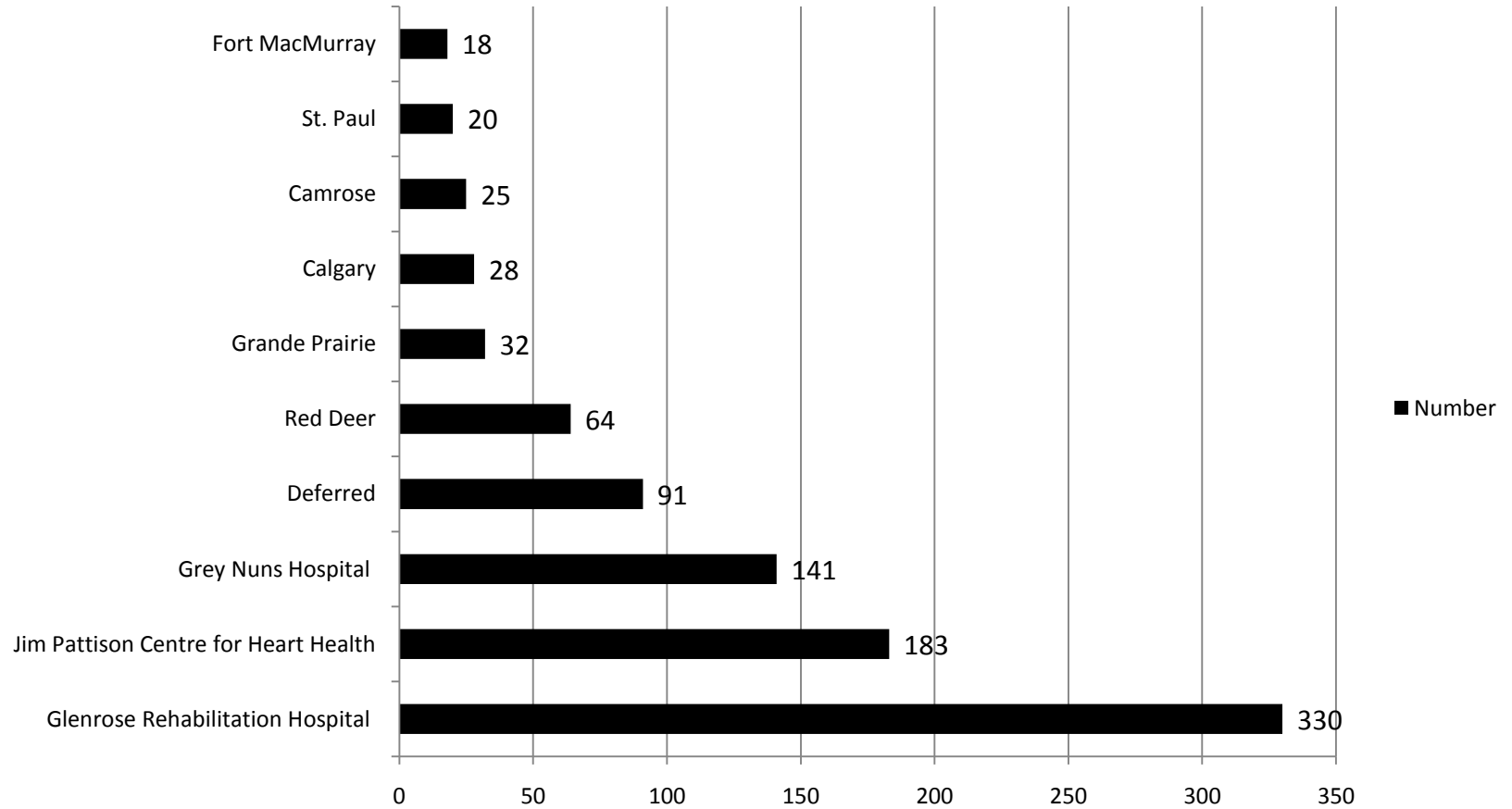
What Does the **Data** Say?

Discharge Location (June 2014 to January 2015)



	Home	Repatriation	Sub Acute	Other
■ Percentage	91%	6%	2%	1%

Top 10 Cardiac Rehab Referral Locations





FEEDBACK,
EVALUATION

Did a
Change
Make a
Difference?

Improving the Patient Experience



Thank you.

We look forward to
answering any questions
you have.