

Day Case 23 hour Breast  
Surgery Model  
***“Home by 3.30”***  
Progress to date

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# Overview Aim

- To improve the quality of care for all breast patients.
- Improve clinical outcomes
- Ensure people have a positive experience
- Improve effectiveness (QIPP)
  - reducing unnecessary lengths of stay through spreading the good practice principles of Day Case & 23 hour models of care by March 2011
- 85% of surgical breast procedures (excluding reconstruction) delivered as a day case/23 hour model

# Potential

- Reduction in LOS by 50%
- Release 61,000 bed day capacity
- Potentially save £10.5 million
- Early indications – widely positive from patients
- Clinicians very interested limited resistance



# All keen to take the work forward

## “Shift in attitude-joint clinical minds”

- HES Baselines completed and shared
- Local Steering groups established
- Management boards-exception reporting
- Local Process mapping-action lists/gap analysis
- Stakeholder analysis
- Local kick off events



# Emerging themes

## Patient experience

- Re visiting Patient information to reflect the pathway
- Evaluation of patients experience

## Team working

- Multi disciplinary teams-including community teams
- Nurse led discharge
- Nurse consent
- Pre assessment



# Emerging themes

## Clinical Practice

- Auditing drain usage building the evidence
- Introducing no drain policy
- Consultants-comparing the outcomes
- Setting dates to go drain free

## Implementation

- Local phased approaches



# Success

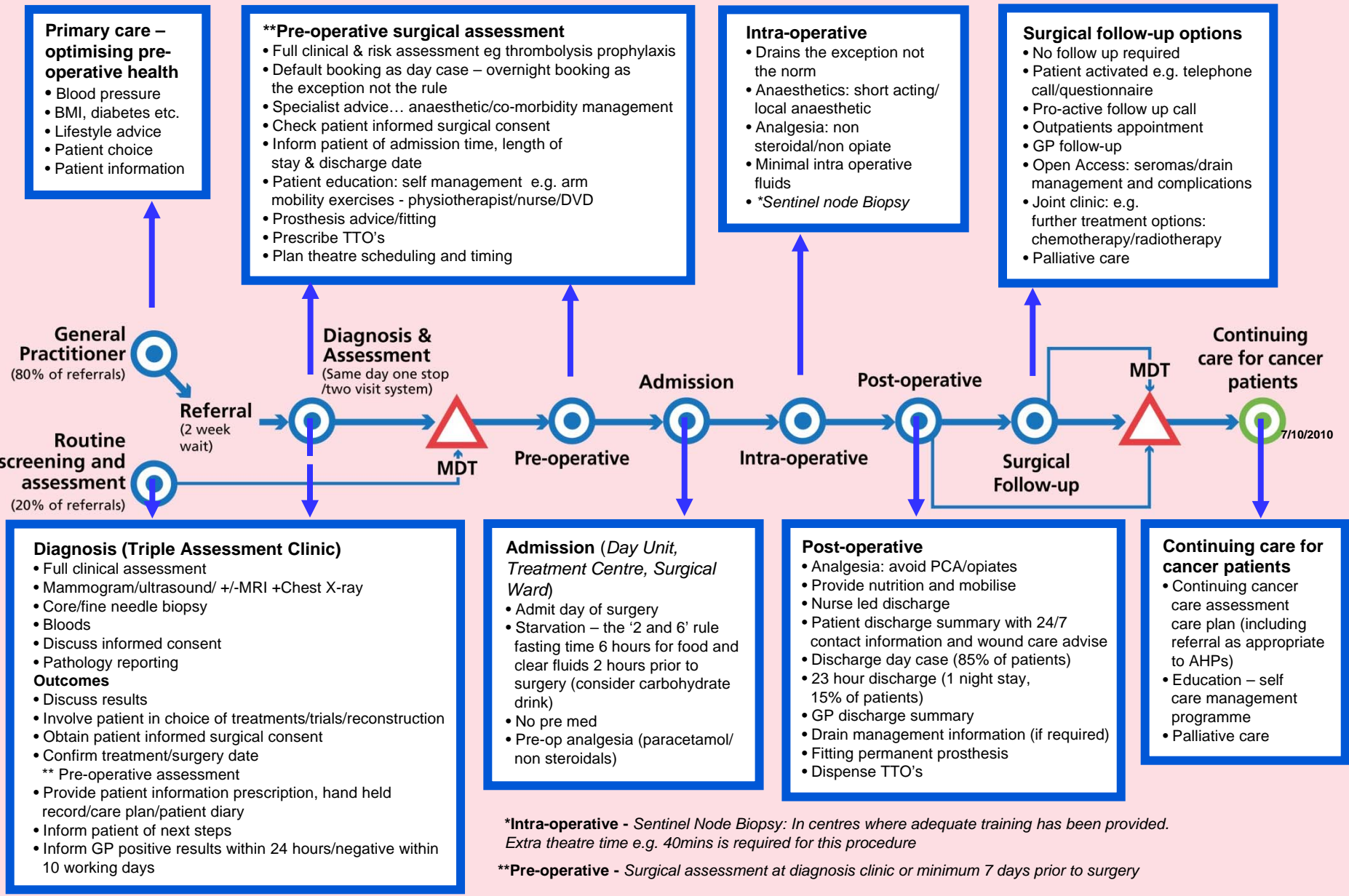
- You have Developed and agreed the Day Case /23 hour Breast Surgery pathway







# Day Case/23 Hour Breast Surgical Pathway



**Primary care – optimising pre-operative health**

- Blood pressure
- BMI, diabetes etc.
- Lifestyle advice
- Patient choice
- Patient information

**\*\*Pre-operative surgical assessment**

- Full clinical & risk assessment eg thrombolysis prophylaxis
- Default booking as day case – overnight booking as the exception not the rule
- Specialist advice... anaesthetic/co-morbidity management
- Check patient informed surgical consent
- Inform patient of admission time, length of stay & discharge date
- Patient education: self management e.g. arm mobility exercises - physiotherapist/nurse/DVD
- Prosthesis advice/fitting
- Prescribe TTO's
- Plan theatre scheduling and timing

**Intra-operative**

- Drains the exception not the norm
- Anaesthetics: short acting/ local anaesthetic
- Analgesia: non steroidal/non opiate
- Minimal intra operative fluids
- \*Sentinel node Biopsy

**Surgical follow-up options**

- No follow up required
- Patient activated e.g. telephone call/questionnaire
- Pro-active follow up call
- Outpatients appointment
- GP follow-up
- Open Access: seromas/drain management and complications
- Joint clinic: e.g. further treatment options: chemotherapy/radiotherapy
- Palliative care

**General Practitioner (80% of referrals)**

**Routine screening and assessment (20% of referrals)**

**Referral (2 week wait)**

**Diagnosis & Assessment (Same day one stop / two visit system)**

**Pre-operative**

**Admission**

**Intra-operative**

**Post-operative**

**Surgical Follow-up**

**Continuing care for cancer patients**

7/10/2010

**Diagnosis (Triple Assessment Clinic)**

- Full clinical assessment
- Mammogram/ultrasound/ +/-MRI +Chest X-ray
- Core/fine needle biopsy
- Bloods
- Discuss informed consent
- Pathology reporting

**Outcomes**

- Discuss results
- Involve patient in choice of treatments/trials/reconstruction
- Obtain patient informed surgical consent
- Confirm treatment/surgery date
- \*\* Pre-operative assessment
- Provide patient information prescription, hand held record/care plan/patient diary
- Inform patient of next steps
- Inform GP positive results within 24 hours/negative within 10 working days

**Admission (Day Unit, Treatment Centre, Surgical Ward)**

- Admit day of surgery
- Starvation – the '2 and 6' rule fasting time 6 hours for food and clear fluids 2 hours prior to surgery (consider carbohydrate drink)
- No pre med
- Pre-op analgesia (paracetamol/ non steroidal)

**Post-operative**

- Analgesia: avoid PCA/opiates
- Provide nutrition and mobilise
- Nurse led discharge
- Patient discharge summary with 24/7 contact information and wound care advise
- Discharge day case (85% of patients)
- 23 hour discharge (1 night stay, 15% of patients)
- GP discharge summary
- Drain management information (if required)
- Fitting permanent prosthesis
- Dispense TTO's

**Continuing care for cancer patients**

- Continuing cancer care assessment care plan (including referral as appropriate to AHPs)
- Education – self care management programme
- Palliative care

\*Intra-operative - Sentinel Node Biopsy: In centres where adequate training has been provided. Extra theatre time e.g. 40mins is required for this procedure

\*\*Pre-operative - Surgical assessment at diagnosis clinic or minimum 7 days prior to surgery

'Patient involvement & Choice Guarantee'

'Professional & Patient Outcome Audits'

**Patient informed decision making**

# Professional Endorsement

“Pleasure in endorsing this.. it looks like a fabulous piece of work that ticks every box with our own promulgated ethos of a planned pathway and evidence based care that not only improves quality, but also efficiency of care.”

*Mark Skues,*

*Editor, Journal of One Day Surgery*

*President Elect, British Association of Day Surgery Oct 2010*

# Real Changes are happening

“Can report great success with a no drain policy in my personal practice.” (Oct 2010)

“You will remember speaking to us in Doncaster and the evidence you presented inspired me to stop using drains” (Breast Clinician 2010)

My colleague, has also stopped using drains and is equally impressed

# Requests for information.....

- Evidence papers
- Copies of protocols /policies

[www.improvement.nhs.uk](http://www.improvement.nhs.uk)





# Agreed Definitions

- HES Day Case = 0 days
- HES 23 hour = 1 day (one overnight stay)

# Aligned to National Mastectomy/Breast Audit Report Measures (30<sup>th</sup> June 2010)

- Benchmarking against the report-don't want to re-invent

## **3 key measures**

- Systematic complications
- Good pain control-use of local anaesthetic infiltration or instillation
- Pre operative information

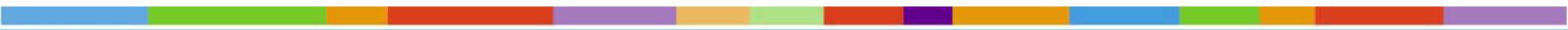
# Building the evidence base

## 3 key themes

- Productivity- reducing LOS and Bed days saved
- Clinical outcomes- Pain/complications
- Patient experience- improved choice

## Capturing the evidence

- One web page
- easily assessable
- Complete for 4 months only





# Building the evidence and valuing patients time

To identify actual LOS in hospital

- We do want to capture admission time
- We do want to capture the Discharge time



Breast evidence

Log-out

Add Delete Save

123456

12345678

555555555555

**Building the clinical evidence for breast day case / 23 hour model**

Anonymous patient identifier:

ICD10 procedure:

Admission time:

Admission date:



Surgery date:



Time of discharge:

Discharge date:



Did the patient have a wound drain?

 Tick for yes

Was the patient discharged home with a drain?

 Tick for yes

Did the patient have a complication that required some form of therapeutic intervention:

▪ Haematoma?

 Tick for yes

▪ Seroma?

 Tick for yes

▪ Seroma requiring aspiration or drainage?

 Tick for yes

▪ Wound infection requiring antibiotics?

 Tick for yes

▪ Wound dehiscence requiring re closure?

 Tick for yes

▪ Skin flap necrosis requiring surgical debridement?

 Tick for yes

▪ Systemic complications eg cardiovascular/ respiratory/ thromboembolism?

 Tick for yes

If the patient did not have day surgery / 23 hour stay please say why:

Did you use:

- Local anaesthetic infiltration?
- Local anaesthetic instillation?
- Local anaesthetic blocks?
- IV paracetamol?
- Oral paracetamol pre operatively?
- Oral paracetamol post operatively?

Tick for yes

Tick for yes

Tick for yes

Tick for yes

Tick for yes

Tick for yes

What analgesia did the patient go home with?

Was the patient re admitted within 28 days of surgery?

Tick for yes

### Questions to patients

Were you involved as much as you wanted to be in decisions about your care and treatment?

Yes, definitely  Yes, to some extent  No

How much information about your condition or treatment was given to you?

Not enough  The right amount  Too much

Did you feel you were involved in decisions about your discharge from hospital?

Yes, definitely  Yes, to some extent  No

Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Yes  No  Don't know / Can't remember

Have you taken analgesia at home?

Tick for yes

Did it control your pain?

Tick for yes

Have you performed your arm and shoulder exercises?

Tick for yes

If not, why not?

A glass sundae is presented in a clear glass dish. It features multiple layers: a base of red fruit (possibly strawberries), followed by a layer of white ice cream, a thick layer of dark chocolate sauce, another layer of white ice cream, and a final layer of white whipped cream. The whipped cream is topped with a single strawberry and a generous amount of multi-colored sprinkles. The sundae sits on a white napkin with a pink border, which is placed on a light blue surface. The background is a soft, out-of-focus light blue.

**Building the evidence**

# What next?



# Supporting Spread and Adoption

- Sharing information-variety of bulletins
- Publications Planned
  - HSJ Nov submission for June 2011
  - Nursing Times CNS joint article from Kings and Birmingham
  - BADS-series of articles
- Supporting local visits and events
- Requests for Speakers

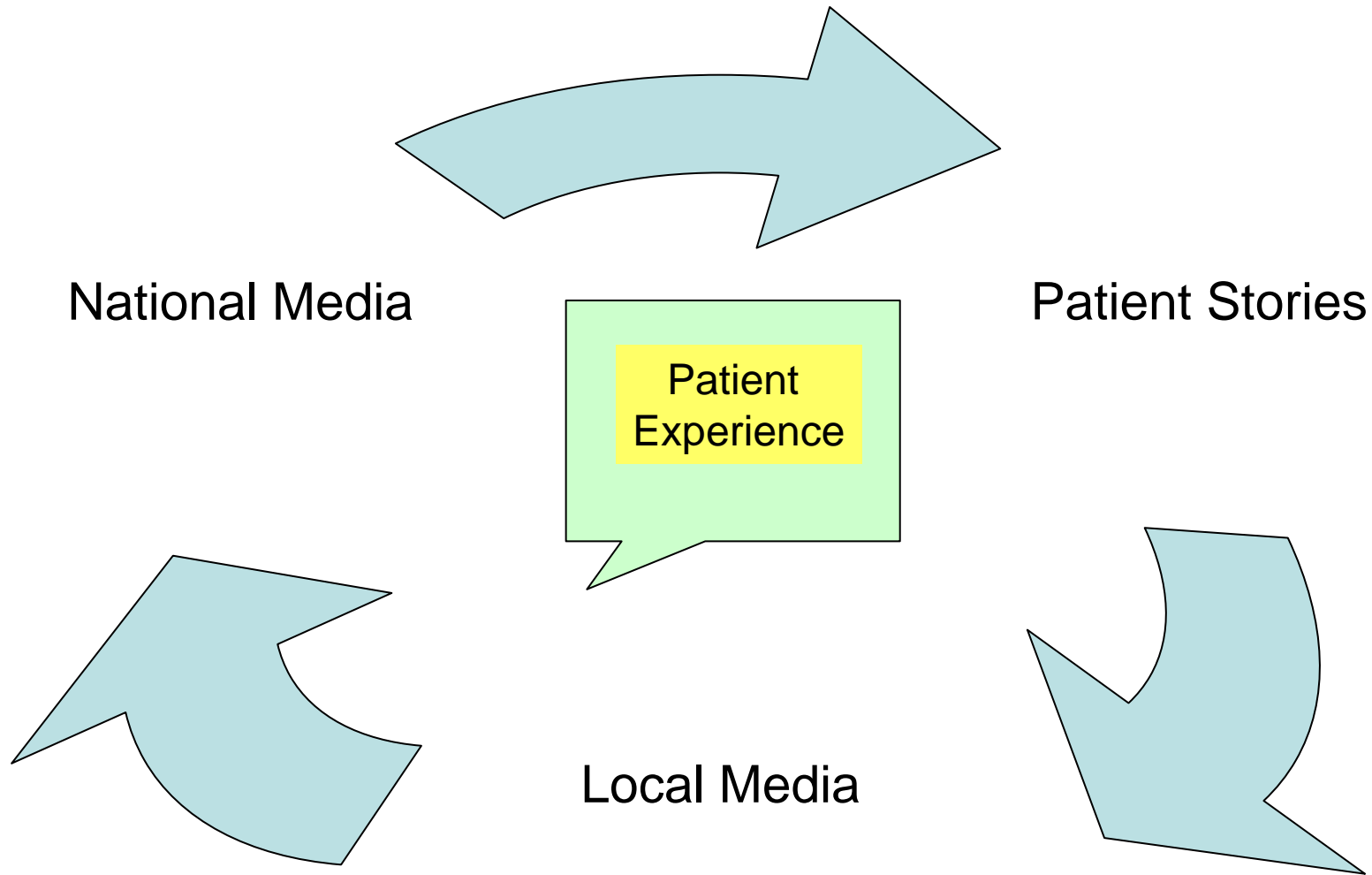
# Spread and Adoption

## Levers

- Best practice tariff for breast
- Map of medicine
- Engaging Royal Colleges
- CQUINS (put forward for next year)
- NHS Evidence (submitted the pathway)
- British Association Day Surgery
- Charities: Breakthrough Breast Cancer
- Clinical lines of enquiry (peer review)

# Getting the Message Out

## Patient Involvement and engagement

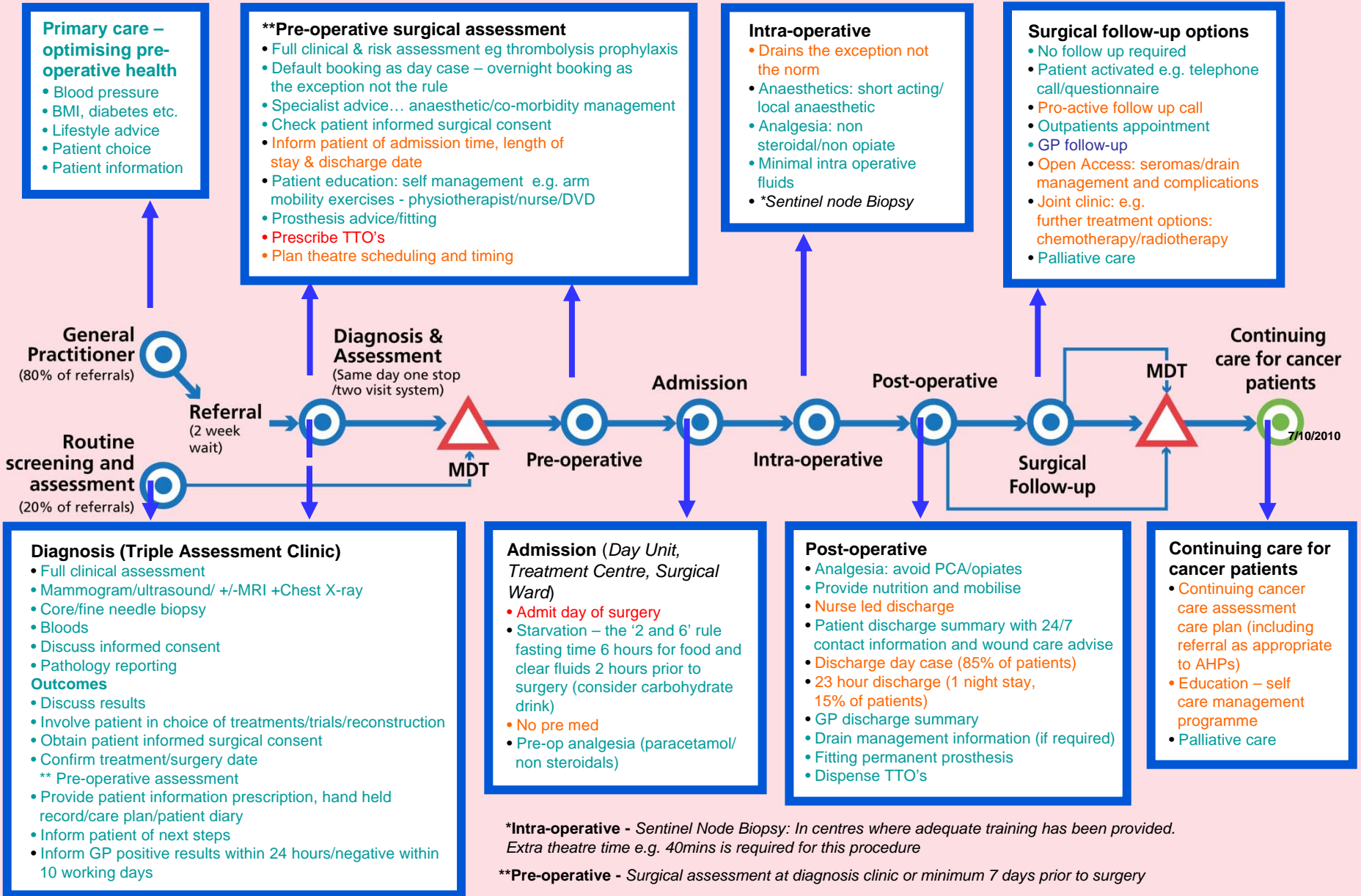




# Case studies by March 2011

## What have you achieved and how?

- **Baseline** data-before and after the change
- **Impact** on quality and productivity
- **Impact** on patient experience and choice
- Changes in **Clinical outcomes**
- What resources/investments did you need to succeed?
- What were the levers for change you used?
- How did you overcome key challenges?
- Top tips to help others



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# Important Timescales to note

## 2010

- **November**-All sites active
- **November**-pathway gap analysis template to be completed
- **Nov/Dec/Jan/Feb** measurement phase all sites

## 2011

- **March**-evaluation-case studies
- **April** Phase 2 Scoping around breast re-construction
- **May** Publication of Breast Learning & Case studies
- **June** HES National Overview Phase 1 Impact
- **June**-Consolidation Report of Phase 1



# Please Let me know

- Names and contact details of individuals/teams happy to present their work in other organisations
- Local media coverage
- Name and contacts of individuals who would like to be involved in writing for professional journals
- Send me protocols/proformas/patient surveys
- Sites Interested in making patient videos and would like some help

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