

Jim Pattison Operating Room Renewal Project

Community Engagement Summary

July 2017

BACKGROUND

VGH is in the planning process for new OR suites on the VGH campus. We are interested in speaking with patients &/or their families regarding their surgical experience at VGH (strengths, weaknesses, what we can do better) and how we can design the new space to accommodate patients and families and improve their experience of care.

In VCH's ongoing efforts to be a patient-centred organization it is critical for us to engage patients and their families as active partners in all work that we do. In the initial capital planning stage we engaged patients and we heard from them what was important for design and to support patients and families.

In this planning and design phase our design extends not only to the operating rooms but to how we get our patients here and provide the best experience possible. We would like feedback from past patients and family members telling us what would have made the surgical journey better for them.

The planning will include 16 new operating rooms and 40 new spaces in the Perioperative Care Unit.

COMMUNITY ENGAGEMENT PROCESS

Community Engagement (CE) was asked to support consultation with past patients of Jim Pattison Operating Rooms in order to inform the design and flow to best meets the needs of patients and their families and improve the surgical experience of patients at VGH.

The goal was to gather input from patients and families on what a positive surgical experience would look like for them, and how, in the planning of

physical space, access and flow, we can ensure a positive experience. We want to hear from our patients what we are doing well as well as where we need to improve.

CE conducted interviews with past patients and family members who were asked to provide their input and experiences based on the following questions:

- 1) Please tell me about your experience in JP OR.
 - What was positive about your experience?
 - What could have been better?
 - What do you most remember about your experience?
- 2) When you think about the way staff interacted with you throughout your experience; what was positive and what could be better?
- 3) When you consider the space(s) you were in, throughout your experience, what would you change to support a better experience? How was the access and wayfinding? Did you find your way easily? Pre admission clinic was it easy to find? Did preadmission offer you the information you needed so that you knew what to expect? Did you find where you needed to go easily when you arrived? How was your arrival experience? When you arrived did you feel comfortable and prepared, welcomed and at ease?
- 4) Consider the whole of your journey from preadmission to discharge what worked and what could be improved? Consider the physical environment and what might be improved to support your experience.
- 5) Is there anything additional you want to share that you feel would improve the experience for patients who need surgery at VGH?

SUMMARY of PATIENT/FAMILY INTERVIEWS

This is a summary of feedback gathered from the patient and family member's interviews. The feedback has been themed to reflect areas of importance to patients.

Patient Experience

- My general impression was good in every aspect. I was not scared at all and I did not have to wait that long. Before the surgery my blood work was done and my blood pressure checked. They answered all of my questions.
 - The first day was ok. I found the catheter uncomfortable. My hemoglobin was low the next day. They took blood and expressed concerned about the level. I was supposed to stay 2 nights but transferred me to VGH because of the blood count. An ambulance was sent to transfer me and this caused me some concern. I was taken to VGH about 6 pm and put into Periop and was left there until after midnight. I was not given any info about what to expect, how long I would be there. No one came to talk to me. The tech came to take blood but no one else came. I was very bored and confused by the lack of the info provided to me. It would have been nice to have someone let me know how long I would be there and given me an overview of what to expect. Also would have been nice to have someone just check in with me every hour. I believe they put iron in my IV and my blood count increased. Next day I asked if I could go home and they said yes and I was released. I was provided with the info to do post care and did not need pain meds as did not have pain. I was very tired and slept a lot.
 - I am happy with my experience as was my husband with his overall experiences. We appreciate the health system and we volunteer frequently.
- Mostly everything was very positive; I even made a donation because I was so grateful for all the care I received
 - My surgery was postponed four times and I had to do the injection in my tummy each time to prepare as I was on blood thinners. This was uncomfortable to have to do each time. The cancellations were 2 by phone and then 2 when I was already in hospital. This was very frustrating. Two days after my surgery I had a massive heart attack and was not expected to survive. My family was making funeral arrangements. I wonder if it had something to do with the many injections I had to take and the postponements. The good thing is the heart attack happened in hospital and I survived otherwise I would be dead. My heart had stopped and was not pumping for too long and there was concern I would have brain damage. It is a miracle that I am alive.
 - As a high needs complex patients, due to my many disabilities, surgery is a challenge for people like me. Some procedures that may not be difficult for others can be very complex and dangerous for me.
 - It would be better for people with my complexities to be admitted the night before in order to better accommodate the multiple challenges. Although pre admin clinic is ok it does not meet the needs of highly complex patients.
 - Before surgery a patient has to carry out some infection control measures; you have to wash to wash your whole body with a cleansing solution twice before hand. Most people with complexities cannot do this on their own. The solution or cloth can only be purchased at the Shoppers at VGH (not very accessible for many) and is costly as well. These should be provided to the patients. The cleansing is very difficult for people with disabilities and medical complexities. I can't even reach all the areas on my own that they ask you to wash. This is an initial problem and I have not even arrived at the hospital yet. Because of this patients can arrive very flustered and not in a good place to enter surgery.

- I suspect that many people do not do the infection prevention protocol as it is so complicated. How many people are actually doing this?
- If you are very ill, as I am, I am always the 6am time for surgery. I have airway issues and my surgeries are complex. Transportation to the hospital is a challenge as HandyDart does not run at 5 am. I have to rely on friends and this is a challenge for me and my wheelchair.
- When I arrive I have to be transferred to a bed. I have challenges transferring and need extra support in the PreAdmin and have to change into the hospital gown. This takes quite a while and staff doesn't seem able to provide this assistance. I have to have someone help me and this is somewhat embarrassing to ask a friend and difficult for them as it is not something they are familiar with doing. My friend had to undress me herself and she was appalled that no one came to help. The space to change was so small that we both could not fit. We had to change in an open not private space and there was no assistance. This was embarrassing and very frustrating for me and my friend.
- My clothes and everything I need is attached to my wheelchair, which then goes missing, so I have none of my personal items. If I was admitted the night before my chair would not be lost. I require specific aids and these are costly and they are now in my bag attached to my missing wheelchair. This causes concern and anxiety for me.
- An IV is started in the preadmin because of my complex condition and this is difficult because of my veins. It is a public place and this is not very respectful and dignified. They have to bring in an Ultrasound machine to find a vein and this is awkward. I would have preferred to be sedated when the IV was being started as this is very hard and painful and disturbing. But I have to be awake for intubation so they keep me awake.
- The surgical team wanted to do a pre procedure related to ensuring awake intubation and because of past experience I let them know it would not work but they said they would do it anyway and it did not work. The intubation takes so long and is so emotionally draining and time consuming. The slate is now behind because of the all the extra time I require and I assume the last surgery is cancelled as a result.
- Airways are an issue for me in surgery. At Pre admin the anesthetist is very concerned about my airways. The anesthetist you see in pre admin is not necessarily the person you will have in surgery and this can be problematic as the knowledge of my condition is not continuous and needs to be related to the anesthetist. The pre admin is usually a month before surgery for a complex chronic patient. This time lag can be very stressful and emotionally draining while waiting for surgery knowing what I am going to face.
- Why is the process the same for someone who is so medically complex?
- I have sleep apnea and had to be in recovery for a day and half in order to be monitored. This was very stressful. The complexity of the surgery and the length of time and the sleep apnea are all contributing factors to the planning and outcome of the surgery.
- The time I was cancelled it would have been helpful to know sooner that they were running behind and not had to wait so long to be cancelled.
- The care was good and I was monitored and asked about pain.
- I stayed overnight after my surgery. The staff was good at the physical care, catheter, vitals, and visit with the doctor. I had asked to have a sling removed. The infection solution was sticky and I did not get washed. I would have liked to have had more care to address my comfort in the bed. The nursing seems more technical and not as compassionate.
- Patients are vulnerable and need to experience compassionate care. Comfort of the patients should be just as important as the medical care.
- Post op teaching was provided as I had to take the heparin shots and was taught to do that and felt confident and did not have any issues.

Staff Interaction and Communication

- I went to the OR the surgeon greeted me and explained what would occur.
- Staff checks multiple times to confirm your name and what type of surgery you are scheduled for.
- I was disappointed that I was left and not really attended to in recovery.
- The nursing staff was having private conversations and I could hear them and wanted to know if they were paying any attention to me. They could have come over and asked me how I was feeling.
- The staff was very good and answered all my questions. In the OR the team introduced themselves.
- The staff was very attentive in general but I was staying on a unit on an upper floors there was one person, a female nurse, who had a very bad attitude and this was uncomfortable for me. I observed her as being very kind and professional with other patients but she was almost mean to me. Not sure what the reason was.
- My family was made to feel welcome and part of my care. I felt prepared and was given the information I needed.
- The expertise and compassion of the staff is always great
- Pre op was fine and staff was friendly and they introduced themselves which was appreciated.
- The expertise and compassion is great
- OR was ok staff introduced themselves and were friendly.
- They check multiple times to confirm your name and what type of surgery you are having.
- The care staff was very attentive and made me feel very comfortable. I felt very confident
- I have arthritis and sometimes have trouble with my leg. They were attentive and asked if I needed extra blankets and my husband was made to feel part of experience.
- My husband recently had a colonoscopy and did not have a good experience. When we arrived he was questioned by staff as to why he was there. He had a referral for the procedure due to blood in the stool. Very small area to change into the gown and do vitals. I sat on chair and was told "you can't sit there" Not friendly or welcoming at

all. I was not invited to sit with him at all and he found it very long of a wait and he said he would have liked someone to be with him. I was shocked by the treatment of the staff. People can be anxious and need to be with family.

Navigation and Environment

- This was my first surgery and finding my way around was easy.
- I went to my room and it was a semi private with just one other patient. My roommate had a lot of visitors and they were noisy. The nurse kept apologizing for the noise. It really did not bother me.
- I was placed and stayed in many different rooms over the length of my stay (one month) and this was uncomfortable. I would have preferred to stay in one place.
- I arrive in a wheelchair and there is the challenge of where does my wheelchair go? The chair does need to follow the patient. Inevitably my chair gets lost. There is no continuity of equipment and I am not able to concentrate as I am post-surgical and staff ask me where my chair is and I don't know. If I was admitted the night before then I would be settled in my bed my chair would there and I would go back to my room. Staff wanders all over searching for my chair; this is ridiculous and a waste of time and resources.
- Recovery space needs to have barriers between beds and privacy especially if family members are allowed in to the area. I have found it disturbing to have other patient's family members in the recovery area next to me as I feel terrible post-surgery.
- What I do remember the elevators weren't; working and we had to go the long way around which seemed odd.
- The pre op and post op area was huge I did not expect this to be so big.
- Pre admission was fine. I arrive to admission then was directed to Pre Op and was able to wait with my husband.
- All I could think of was that wow this space is so big and there are a lot of people.

- My friend had to undress me herself and she was appalled that no one came to help. The space to change was so small that we both could not fit. We had to change in an open not private space and there was no assistance. This was embarrassing and very frustrating for me and my friend.

NEXT STEPS

Patient and family engagement has been identified by the Ministry of Health as a key component in the delivery of surgical services in British Columbia. The VGH OR Renewal Project Team will use the feedback received by patients and families to inform planning and design of the operating rooms and supporting patient areas. The goal is to ensure the design improves the patient experience of care.

