

# Story Title: Patient and Family Involvement Improves Patient Experience during Surgical Procedure

## Date Submitted

July 31, 2019

## Story Summary

Who: M, an older adult

What: Surgery

When: May 15, 2019

Where: VGH

Why: Marge received a surgery to remove her cancerous spleen due to non-Hodgkin's Lymphoma.

## Tags

#elective surgery #cancer care #VGH #older adults #Vancouver Acute

## Background Information

Age: 80

Language(s) Spoken at Home: English

Gender: Female

This story was written by a:  Patient  Family Member/Caregiver

VCH Staff (with permission from patient/caregiver)  Other

This story is about a:  Patient  Family Member/Caregiver  Other

## Story

On May 15, 2019 M received a surgery at VGH to remove her cancerous spleen after a diagnosis of Non-Hodgkin's Lymphoma. She was required to arrive at the hospital at 5 am for her surgery. Her daughter came down from Squamish so she could take her to the hospital in the morning. M and her daughter attended the pre-operative meetings together, where they met some exceptional staff members. A female anesthesiologist was especially wonderful. She remembers how she introduced herself by name, and how she kept coming back to visit M during her hospital stay – even though she was not the anesthesiologist who had worked during her surgery. She reflected on how when doctors introduce themselves to their patients by first name, it really “breaks down a lot of barriers”. She also appreciated the casual attire of her doctors – mentioning her current physician who wears sandals and blue jeans.

Aside from having to arrive at the hospital at 5 am, her check in process went smoothly. After her operation, she moved to a room with about 6 people in beds separated by curtains. It was here that she

met a rude nurse. She described her as “harsh and aggressive”. When she asked her for assistance, she replied “I’m not your nurse, go and buzz her”. However, M was quite independent and was well enough to get up and move around on her own. From here she moved to a 2-bed co-ed room, where she stayed for about six nights. She was never consulted on her room preferences, but she did not mind staying in a room with men. For the most part, she kept her curtains closed and didn’t have any interactions with her roommates. During her stay, she shared her room with three different men, all of which were moved in at 2 am in the morning. Sometimes people would come into her room and begin working without introducing themselves. At one point, she was on the toilet when a man walked into the bathroom unannounced. Given his clothing, she assumed he was a nurse. She said “you get used to being objectified as a patient”, so this didn’t stand out too much. However, she was very happy that her anesthesiologist visited her, and her oncologist came to check in every day to see how she was doing and ask if she needed anything. She had quite a bad cough during her stay in the hospital. When it was time for her to be discharged, her daughter was worried about her going home. She was very pleased that the staff listened to her daughter’s request and allowed her to stay an extra day to recover.

When she left the hospital, a nurse came to visit her the next day at her home and helped her shower. She provided her an informational brochure about home nursing care, but Marge decided that it was not necessary. At one point, she was worried about her medication, so she called 811. She said that it was extremely useful, but wasn’t sure that very many people know about this resource. Most of the resources that M used at home were recommended to her by friends – nobody at the hospital had told her about 811. She felt that the hospital should share this resource with patients.

Overall, M was very happy with her experience. She is doing well and has returned to her previous activities, such as swimming in her pool. She has begun treatment for her latent TB infection and will find out the next steps for her cancer treatment by the end of August 2019.

## **Best and Worst Aspects of the Experience**

The worst part of M's hospital experience was the food. She said that she would "lift the lid and start gagging". Because of this, she often did not eat during her 5 day hospital stay. She never had someone come to ask her about her food preferences. Additional negative aspects of her stay included her experience with the impatient and unresponsive nurse, as well as the difficulty sleeping at night due to being located in a room close to a noisy nursing station. She had to ask to have her door closed so that she could sleep at night.

The best part about her experience was receiving Boost Nutritional Drinks. Even though they were unable to change the food she was given, she was happy to receive Boosts with every meal.

## **Experience after Receiving Care**

Overall, M was very happy with her experience. She is doing well and has returned to her previous activities, such as swimming in her pool. She has begun treatment for her latent TB infection and will find out the next steps for her cancer treatment by the end of August 2019.

## **Take Home Message(s)**

M has a few recommendations:

1) She says patients should always have someone with them while they visit a doctor etc., as it is hard to comprehend and remember everything that you are told.

2) Staff should identify who they are, why they are there, and what they are doing. Patients can be very confused about what is going on during their course of treatment, and sometimes staff do not introduce themselves or explain what is happening.

This suggestion also applies to non-clinical staff. She provided an example of a time that she received a phone message about an appointment that was very unclear. The secretary did not leave a phone number to call back to receive more information.

3) Staff could also do a better job at providing information to patients and families. When you are phoning about an appointment, it is best to provide more than just the address. It is helpful to describe the building, provide landmarks, and give directions, so that patients can find where they are going even if they are unfamiliar with the area.

She also says that many people are confused about their condition, diagnosis, etc. She did a lot of running around to figure things out on her own, but she wishes that someone would have given her brochures with more information - including who to contact for addition concerns (e.g. 811).

4) Staff need to consider the challenges faced by older adults in terms of hearing and comprehension. She says staff need to speak "loudly, clearly, and slowly" because it can be harder for older adults to follow what is going on.