

Nurse-led audit of post-operative morbidity following colorectal resection: making the most of existing resources

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“It should be at the core of a true professional’s professional identity that they should feel confident that what they do is as good as it could be, as good as it ought to be, and that it makes a difference to patients” (Burgess, 2011)

What?

Colorectal and stoma care specialist nurses have audited their own services for years. More recently, they have contributed to centrally organised audits, such as NBOCA, the National Bowel Cancer Audit. Although they hold a key position in the multidisciplinary team (MDT), nurses contribute less frequently to the planning and implementation of local colorectal service-wide audit of general surgical outcomes.

A nurse-led follow-up clinic at 30 days following discharge was used to survey post-operative morbidity in 142 consecutive patients undergoing colorectal resection over a three-month period. Data were recorded at two time-points, discharge from hospital and at clinic. Data collection templates were developed by selected members of the MDT using validated tools designed to measure general post-operative morbidity^{1,2} and modified to focus on colorectal surgery-specific complications.

So What?

The measurement and audit of clinical, care and service outcomes is essential to the provision of optimal patient care.

Nurses have been seen to struggle in the application of clinical audit to the care settings in which they practice³. Working with the MDT to develop a systematic and evidence-based approach to identify and measure surgical morbidity has provided knowledge and confidence through which further service audit can be designed and implemented.

Presentation to and discussion of findings to the colorectal MDT facilitated consideration of how findings compared to published levels of colorectal surgical morbidity. This informed the identification and prioritisation of patient outcomes requiring improvement.

All patients who had undergone colorectal resection were invited into nurse-led follow-up; those without routine specialist nurse support articulated the value and importance of this intervention to their post-operative recovery, identifying an unexpected service consideration to be addressed.

Now What?

Findings informed a number of developments within the colorectal service:

Service improvements:

Immediate amendments to surgical practice were agreed, with further audit of related clinical outcomes planned to measure the effectiveness of changes in practice.

Further consideration has begun of post-discharge support for patients without access to specialist nursing services.

Identification of research priorities:

A proposal for further research into postoperative ileus has been developed as a direct consequence of this work; findings have also been used to inform an existing research proposal.

Existing nurse-led follow-up provides an ideal platform to measure key indicators of quality care and to identify areas for service improvement and future research.

Specialist nurses should be encouraged to work with colleagues within the MDT to gain confidence and understanding about the process of developing and implementing systematic, high-quality and evidence-based audit.



References

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- ³Burgess, R (2011) *New Principles of Best Practice in Clinical Audit* (2nd Ed.) Abingdon: Radcliffe (for the Healthcare Quality Improvement Partnership)