

Quality Improvement Project: Pre-operative information, Improving the parent/patient experience

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Background:

It is well recognised that providing comprehensive information to parents and children prior to surgery has proven benefits. These include reducing levels of anxiety and increasing compliance with procedures. These benefits are especially seen in children with more complex needs. [1,2]

Problem:

- At The Royal London Children's Hospital we recently introduced a pre-operative letter detailing information about the day of surgery and how to prepare.
- We had updated this letter following an audit of parent/child satisfaction. Points raised included better post-op information and information on starvation times.
- A re-audit was conducted to assess if satisfaction had improved and if written documentation was a preferred method of pre-operative communication.

Measure of improvement:

- We distributed the survey (Figure 1) to parents of all children undergoing elective surgery over a 2-week period.
- Thirty-five parents responded
- 100% of parents felt they received clear information regarding fasting times and the date and time of surgery, whatever the method of receiving the information. The first audit showed 90% satisfaction.
- 77% of parents felt they had received clear information on what to expect on the day compared to 62% in the first audit.
- Children reported that the most challenging part of their day was food starvation, with 34% finding this difficult (48% found this difficult in the first audit). For parents, waiting for the theatre slot was the biggest challenge (37%) up from 25% in the first audit.
- 12% of parents said they found not being able to have a partner present due to covid restrictions difficult.

we are trying to improve the way pre-operative information is given to children and their families. We would be grateful if you completed this anonymous questionnaire to help us evaluate and improve our services.

1. How did you receive information about today?

a. From a Nurse on the ward pre-op
b. Letter
c. Telephone call
d. Surgeon
e. Dentist
f. Scheduler

2. Did you receive clear information on:

a. How to get to the admitting ward
b. What date & time to arrive
c. When my child should stop eating
d. When my child should stop drinking
e. What we should bring with us to hospital
f. What to expect on the day of surgery

3. When were you last seen in surgical clinic? ---

4. If I had questions about the day of surgery before coming in to hospital I would know who to ask.

5. What have you found most challenging about today? (please circle all that apply)

a. finding the hospital
b. finding the ward
c. food starvation
d. water starvation
e. waiting for their theatre slot
f. knowing how to prepare
g. not knowing what to expect
h. not knowing when they would go home
i. other: _____

6. What has your child found most challenging about today? (please circle all that apply)

a. finding the hospital
b. finding the ward
c. food starvation
d. water starvation
e. waiting for their theatre slot
f. knowing how to prepare
g. not knowing what to expect
h. not knowing when they would go home
i. other: _____

7. Is there any other information you would like to be included in the preoperative information you received?

8. What would have made your day easier?

Thank you for your time.

Figure 1: Example of the questionnaire distributed to parents whose children were having elective surgery

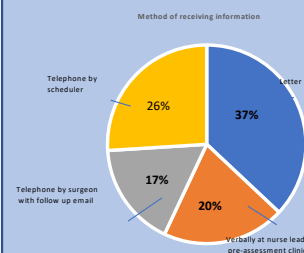


Figure 2: Pie chart to show the percentage of parents who received information by one of the four methods: phone by surgeon with email follow up, phone by scheduler, letter, or from a nurse at pre-assessment.

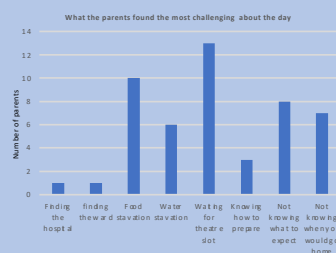


Figure 3: Graph to show what the parents found most challenging about the day

Parents who agree they received clear information on the directions, timings, starvation guidance and expectations for the day

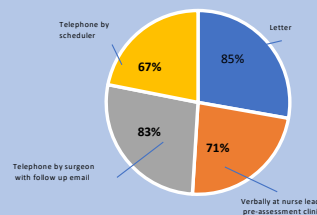


Figure 4: Pie chart to show the percentage of parents who received information by the four means (letter, Phone by surgeon followed by email, phone by scheduler and nurses at pre-assessment) that agreed they received clear information on the following Areas: directions, timings, starvation guidance and expectations on the day.

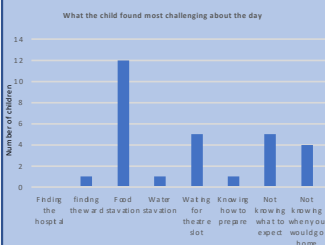


Figure 5: Graph to show what the children found most challenging about the day

Message for others:

Providing parents with **detailed written communication** prior to surgery leads to **greater satisfaction** and **better experience** for both parent and child, whether this is via letter or email.

Lessons learned:

- Parents who received a pre-operative **letter** containing **detailed information** about the day and what to expect showed an **increased satisfaction** with preparedness for day of surgery.
- Parents who received information from **schedulers via telephone** felt **least prepared and satisfied** with their experience.
- When information is given over the telephone parents may not be able to retain all information given to them. The information provider may also lack clinical experience affecting the way the information is given.
- Parent satisfaction was increased** if they were also **sent the information via email**.
- Both parent and patient experience had been **detrimentally affected** by the introduction of new **covid rules**, including **restricting chaperoning** to a **single parent**.
- The **closure of play areas** may also have contributed to the parents finding **waiting for their surgery slot** challenging.

References:

- Yip, P; Middleton P; Cyna, A M; Cochrane Review: Non-pharmacological interventions for assisting the induction of anaesthesia in children. 2011. 6:1. 76-134. Evidence based childhealth.
- <https://www.rcpa.ac.uk/epas/chapter-10#section-3.5>

