

## P46

### **SATISFACTION: HOW GOOD ARE WE AT KEEPING MANCHESTER'S CHILDREN SMILING?**

*A. I. Anwar, A. Bendon*

*Royal Manchester Children's Hospital, UK*

#### Background

We aimed to determine the level of satisfaction of patients and their carers with the preoperative anaesthetic visit and their post-operative care. Standards are set by the Royal College of Anaesthetists and the audit contributed to ACSA accreditation for the Royal Manchester Children's Hospital.

#### Problem

100% of patients are expected to be seen by an anaesthetist before their procedure, and >75% of patients being anaesthetised by the same anaesthetist. It was also expected that > 75% of patients were to be satisfied with various aspects of their pre-operative visit and the post-operative care received, including management of any issues.

#### Strategy for change

Data was collected from patients or carers as an electronic survey on an iPad, over a one-week period to obtain a sample of fifty patients. The survey was done after the pre-op visit (eight questions) and then post-operatively (five questions) prior to discharge from hospital or if an inpatient, at two hours post discharge from recovery. All patients admitted for an elective procedure under a general anaesthetic were included, whilst those admitted for unscheduled surgery were excluded.

#### Measure of improvement

RMCH exceeded all standards for patient satisfaction set out by the RCOA with 100% of patients being seen by an anaesthetist before their procedure, satisfied with their preoperative visit and happy with the postoperative care received. Common side effects of general anaesthesia did occur but were perceived to be treated effectively and to the satisfaction of patients and carers. However, the biggest complaint was that 31.4% of patients reported experience of thirst in the immediate post-operative period.

#### Lessons learnt

In spite of perceived time constraints of busy lists and space constraints of our day case unit, we do provide an excellent service putting patients and carers at ease and allaying their fears prior to surgery to a high-level of satisfaction. Our guidelines for treatment of postoperative pain and nausea and vomiting are being used effectively.

This survey has helped to change our pre-operative fasting guidelines for clear fluids, in keeping with national and international recommendations. To improve the overall patient experience we are implementing a drinks trolley to offer a drink to patients on arrival to the day case ward to reduce postoperative thirst in patients.

### Message for others

We demonstrated a high-level of satisfaction from patients and carers with the pre-operative and post-operative care received at RMCH. It is important to benchmark anaesthetic services with national standards. Thirst can be a cause for significant discomfort especially in children. Based on the current evidence, unless there is a clear contra-indication, it is safe and recommended for children able to take clear fluids, to be allowed and encouraged to have them up to one hour before general anaesthesia.[1]

#### Reference:

1. Thomas M, Morrison C, Newton R, Schindler E. Consensus statement on clear fluids fasting for elective paediatric general anaesthesia. Paediatric Anaesthesia 2018; 28 (5): 411-414.