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TELLING IT LIKE IT IS: IMPROVING THE CLARITY OF PREOPERATIVE ADMISSION LETTERS

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Background

Children should be admitted for surgery as Day Case or Day of Surgery Arrival wherever possible(1). It is imperative that parents and guardians receive admission information in a format that is accurate, clear and concise(1,2). This prevents parental misunderstanding and stress and facilitates appropriate preoperative preparation, thereby avoiding delays and cancellations (1,3).

Problem

At our tertiary referral centre, where 11,000 children are admitted to the Surgical Day Unit (SDU) per year, pre-operative admission letters have contributed to parental confusion, stress and on the day cancellations. There is no unified Paediatric Waiting List team; therefore each paediatric surgical sub-specialty distributes its own variant of the letter, containing different information regarding fasting instructions, medication administration, arrival time and advice about what to do if the child becomes unwell prior to admission.

Strategy for change

Multiple PDSA cycles as below:

PLAN

Stakeholder engagement: We ascertained and included information that was deemed necessary by our consultant anaesthetists, pre-assessment and ward nurses, surgeons and surgical secretaries.

DO

We conducted an anonymous paper parental survey assessing the clarity and utility of the information given, with emphasis on fasting instructions. The results demonstrated lack of clarity regarding basic information such as the ward name (letters stated '8B', but ward renamed '8') and admission time were not clear.

We created a new unified admission letter for use by all specialties, incorporating feedback from the survey, thus clarifying obscure elements and adding missing ones.

The format was changed to concise, easy-to-read bullet points, with fasting instructions presented in an accentuated tabular layout to reduce confusion. The ward number was updated, and a clear policy for unwell children was added.

Measure for improvement

STUDY

Cycles of verbal feedback regarding iterations of the new letter from parents and guardians on the SDU.

Small-scale trial of new admission letter (2 specialties), followed by repeat paper survey, to highlight any further issues and resolve them prior to official introduction of the new letter.

ACT

Global distribution of new letters to all specialty admissions.

Regular future audit of comprehension and utility of letter content.

Lessons learnt

A key lesson was that seemingly unimportant erroneous information (e.g. ward name) can cause significant parental confusion and stress. In addition, clinicians and parents had differing priorities regarding the information provided; therefore, we discovered that Co-production of admission letters – and in future, information leaflets - with patients/parents will maximise their impact and utility for all stakeholders.

Message for others

Patient/parental involvement at the start of and throughout any QI initiative is crucial to its success. Continual review and improvement of preoperative information is paramount to optimising both perioperative patient safety and parental experience.

References

1 – C. R. Bailey M. Ahuja K. Bartholomew S. Bew L. Forbes A. Lipp J. Montgomery K. Russon O. Potparic M. Stocker. Guidelines for day-case surgery 2019: Guidelines from the Association of Anaesthetists and the British Association of Day Surgery. Anaesthesia Journal. April 2019. 74, 778–792.

2 – Guidelines for the provision of services for day of surgery: Section 5.12. Royal college of Anaesthetists, January 2019.

3 – Guidelines for the provision of services for day of surgery: Section 3.7. Royal college of Anaesthetists. January 2019.