Assessing the quality of information delivery to paediatric patients

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Introduction
Parents and children experience high anxiety levels during the perioperative period, which can be improved with both practical and psychological preparation preoperatively, for example using the RCOA information leaflet (1). In 2019, there were 3614 paediatric patients at Portsmouth Hospital, with over 75% undergoing an elective procedure. It has been suggested that one hospital visit can have a long term negative psychosocial impact. The aim of this project was to assess the satisfaction levels of parents of children undergoing a general anaesthetic, and the quality of care and information delivery.

Methodology
A survey was designed based on the RCOA standards for best practice in paediatric patients (2):
- 90% of parents should receive information preoperatively
- 100% of parents should find this satisfactory
- 100% should find the anaesthetic assessment satisfactory
- 100% should be satisfied with arrangements for induction

Paper questionnaires were given to parents preoperatively, including questions about information delivery and clinical care. The questionnaires were collected following the patient’s return to the ward postoperatively.

Results
40 questionnaires were completed. Over 90% of parents were satisfied with the information they received prior to assessment by a clinician, rating it as “excellent”, but the majority would prefer this in an interactive media form rather than a paper leaflet. 35% of parents did not find the induction of anaesthesia a positive experience, due to a lack of information in advance for both the parent and child. A common need was further guidance on management of postoperative pain; starvation status and eating (which requires collaboration with the surgical team); and the timing of discharge.

Discussion
The survey demonstrated overall excellent satisfaction rates. Not all parents received adequate information preoperatively, which could be due to administrative failings, or surgery at short notice. Although the experiences at induction were not always positive, this did not necessarily reflect on the delivery and quality of care. More information preoperatively could manage patient expectations better. However, it is evident that more information is required in easily available formats.

References