

# Patient Satisfaction, Block Room Experience: Re-Audit

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# Best Practice

- Best practice for the standard of written information to patients is described in detail in the RCoA publication: Raising the Standard: Information to Patients
- This should be accompanied with adequate verbal information
- Stage 1: Ensure high quality and suitability of all written information leaflets for use
- Stage 2: Set up distribution of leaflets
- Stage 3: Assess whether the leaflet is effective
  - % patients who are satisfied with the written information that they received. This will include some patients who are satisfied, but never read it. Suggested target > 90%.
- Stage 4: Assess quality of verbal communication
  - % patients satisfied with the verbal information that they received from their anaesthetist. Suggested target >90%

# 1<sup>st</sup> Cycle

- Original audit completed in 2012
- Examined patients receiving upper limb regional blocks
- Standard: All patients receiving upper limb blocks electively should receive written information leaflets pre and post operatively

# 1<sup>st</sup> Cycle: Results

- 70% of patients receiving blocks were elective (i.e. had attended PREP)
- PREP Attendees
  - Pre-operative leaflets: 35.7% received
- PREP Non-Attendees
  - Pre-operative leaflets: 26% received
- All Patients
  - Pre-operative leaflets: 33%
  - Post-operative leaflets: 55%

# Actions Taken

- Leaflets put in clinic rooms for hand surgeons
- Leaflets put in PREP
- Leaflets in D-Level day unit
- Staff education

# Methods

- Methods of original audit:
  - Prospective data collection during follow up of patients in block room of 100 patients from May – June 2014
  - Follow up form includes a question on receiving info leaflet: Yes/No
  - Looking into online record whether they attended pre-assessment clinic (PREP)
- In addition to this
  - Follow up form asks patient to rate satisfaction using a modified Likert 5 point scale: very unsatisfied to very satisfied
  - Follow up form asks patient to rate satisfaction with block using a modified Likert 5 point scale: very unsatisfied to very satisfied

# Results: Leaflet Distribution

- Number of Patients attending PREP: 88%
  - Increased from 70%
- Pre-Op Leaflet: 67%
  - PREP Patients: 75% (66 / 88)
  - Non-PREP Patients: 8.3% (1 / 12)
- Post-Op Leaflet: 81%
  - PREP Patients: 88.6% (78 / 88)
  - Non-PREP Patients: 25% (3 / 12)

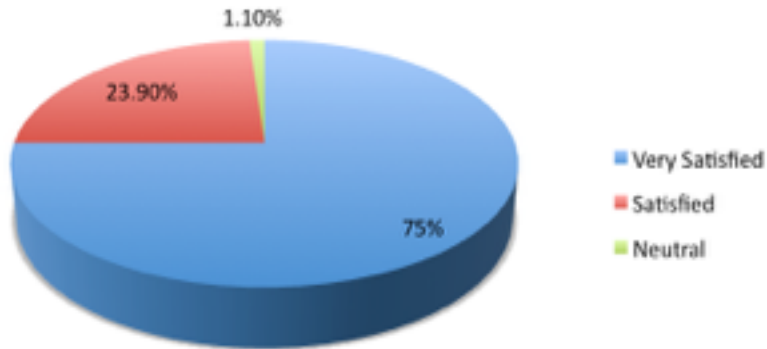
# Satisfaction with Information

- Total of 100 patients
  - 88 attended PREP
  - 12 did not attend PREP
- >90% of all patients satisfied with information
- Standard met

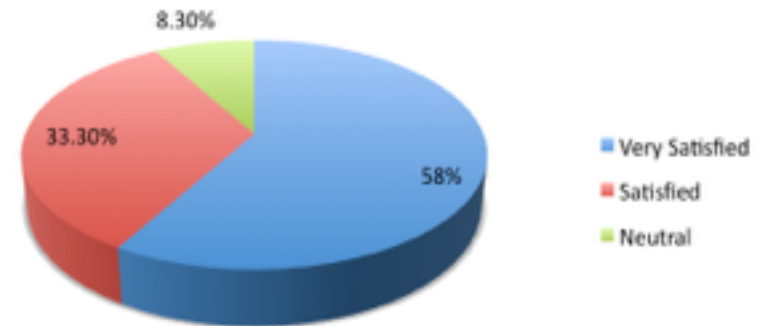


# Satisfaction with Information

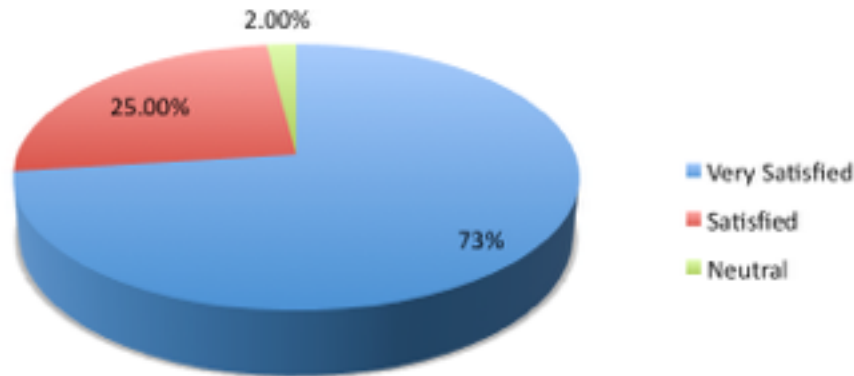
Satisfaction with information (PREP)



Satisfaction with information (Non-PREP)



Overall satisfaction with information

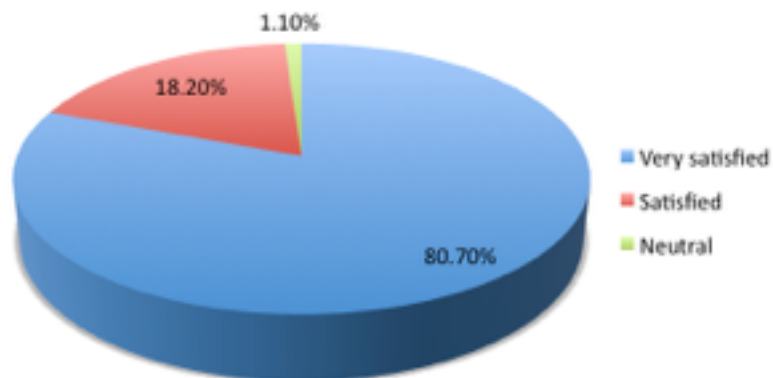


# Results: Satisfaction with Block

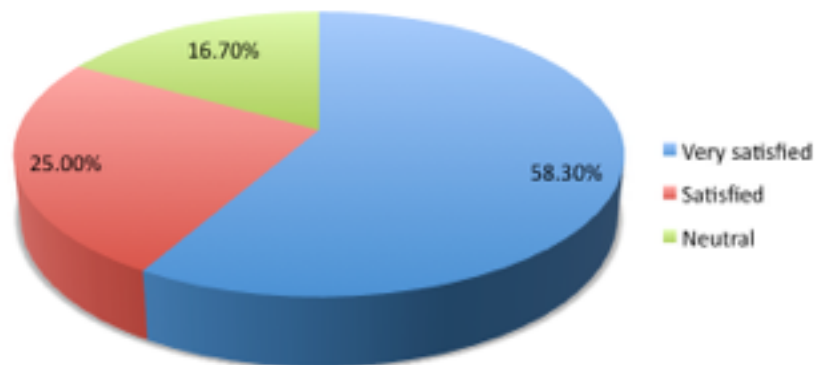
- Of 100 patients
  - 97% satisfied with their block
  - 3% neutral
  - 0% unsatisfied
- Standard met

# Satisfaction with Block

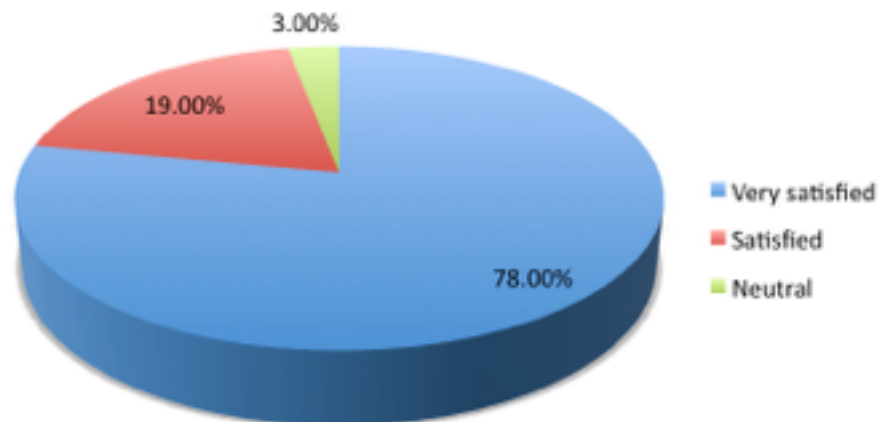
## Satisfaction with Block (PREP)



## Satisfaction with Block (Non-PREP)



## Overall Satisfaction with Block



# Results: Comparison With Standards

Year	% Patients Receiving Leaflet Pre-Op Total	% Patients Receiving Leaflet Pre-Op PREP	% Patients Receiving Leaflet Pre-Op Non-PREP	% Patients receiving Leaflet Post-Op Total	Patient Satis. with Info. Regarding Block	Patient Satis. with Block
2012	35.7%	33%	26.7%	55%	Not assessed	Not Assessed
2014	67%	75%	8.3%	81%	98%	97%

# Results: Satisfaction With Verbal Information

- Bit of a number fudge
- 13 Patients received no written information at all
- Therefore all the information they received was verbal
- Their satisfaction scores were:
  - Very: 53.8% (7 / 13)
  - Satisfied: 30.8% (4 / 13)
  - Neutral: 15.6% (2 / 13)
- 84.6% of patients were satisfied with verbal communication received

# Discussion: Leaflet Distribution

- Big improvement in leaflet distribution to PREP patients
- However a fall in distribution to Non-PREP patients
  - “Bypass” Distribution system
- Standards have not been met
  - College recipe book does not suggest a standard and 100% may be unrealistic

# Discussion: Patient Satisfaction

- Excellent!
- Standards easily met and exceeded
- However not previously audited
- Verbal communication is not assessed
  - This data gives a rough idea

# Critical Appraisal

- Methods reasonable
- 100 is an acceptable sample size
- Useful and applicable results
- No statistical analysis



# Common Reasons For Poor Performance

- Poor quality, not evaluated information materials.
- Failure by staff to understand the principles of producing high quality information leaflets.
- No funds to set up a robust distribution service.
- Leaflet reaches patient at the wrong point in their care – too early or too late.
- Leaflet not suitable for the patients who receive it.
- Anaesthetist does not have enough (or any) time allocated for pre-operative visits.
- Lack of knowledge in other staff about issues relating to anaesthesia.

# Action Plan

- Re-evaluate leaflet
- Assess stock levels of leaflets in PREP and surgical day units
- Add leaflets to discharge packs (e.g. with TTOs)
- Stock Block Room with leaflets
- Laminated poster to remind people to give out leaflets
- Referral system for urgent/semi-elective patients to PREP
- Re-audit

# Thank You

- CPD Matrix Code
  - 2A03
- Basic Curriculum
  - HT\_BK\_01-04, HT\_BS\_01-08, CE\_BS\_01-04, CE\_BK\_01-05
- Intermediate Curriculum
  - GU\_IK\_11, GU\_IS\_01