Audit to evaluate preoperative visit to patient by anaesthetist

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Pre operative assessment is an important component of anaesthesia. This remains the most efficient and accurate way of initially detecting significant morbidity. Patient satisfaction is an essential achievement when receiving general anaesthesia. The aim of this audit was to identify whether patients were satisfied with the preoperative anaesthetic assessment. Of the 300 patients audited 95% were seen by an anaesthetist before surgery. Preoperative instructions, fasting instructions were given to 94.39%, while only 42.1% of the patients were aware of the type of anaesthesia prior to surgery. 35.44% received an explanation from the anaesthetist regarding modes of post operative analgesia, and 94.38% of the patients had a percentage satisfaction of more than 50%. 90.88% of the patients were satisfied regarding the time spent with them prior to surgery. Patient's questions were answered only on 83.86% of the occasions. 96.14 % of the patients were relaxed following the pre operative visit.

Key words: preoperative, assessment, instructions

Pre operative and post operative anxiety, post operative pain and post operative complications are decreased in subjects who receive information regarding their anaesthetic and surgery. Factual knowledge of anaesthesia improves compliance with perioperative instructions and facilitates informed consent.

Good pre-operative assessment and screening enable identification of all essential resources and obstacles to discharge for patients, and thereby minimize late cancellation of operations, assisting overall patient care and efficiency of operating lists. [1]

History and examination performed by appropriately trained and competent personnel remains the most efficient and accurate way of initially detecting significant morbidity.

Missing a day of work causes reduced income and unnecessary travel expenses, wastage of time and effort. This has a major impact for low income communities. Additional testing and new appointments add to this burden, while patient disappointment and frustration are also major problems.

Complications and malpractice lawsuits are often attributable to poor preparation and failure in communication. Essential team members include anaesthetists, surgeons, physicians and general practitioners. Specialist anaesthetic pre-operative assessment nurses have been shown to be safe and effective at pre-operative screening and should be an integral part of the team. [2]

The visit to a pre-operative clinic gives the patients an opportunity to discuss the choices of anaesthetic technique, methods for pain relief and the risks, in a calmer atmosphere than immediately before the operation. [3]

This audit aims to seek answers to the following questions.

1. To identify whether pre operative assessment was done by the anaesthetist.
2. To identify whether pre operative instructions were given by the anaesthetist
3. To identify whether patient was satisfied with the pre operative anaesthetic assessment.

Methodology

The audit was conducted in District General Hospital, Mannar in the northwestern province of Sri Lanka. Patients were interviewed by an anaesthetic medical officer, who was not involved in the patient's pre operative anaesthetic assessment, within the first post

operative day, in the ward. We maintained the patient's privacy and anonymity, as far as possible. Patients undergoing elective, casualty and emergency surgeries from surgical unit and gynaecology and obstetrics unit from 1/7/2011 to 30/7/2011 were included. Both males and females of all ages were included. Patients undergoing surgery for more than once during the above period were taken as a single entity. Patients who received 1st 24 hour post operative care at ICU/HDU were not included. Sample size was estimated by reviewing a similar study done in Sri Lanka.[4] The study instrument was an interviewer administered questionnaire. The questions were based on previous similar studies, guidelines from the UK, Sri Lankan guidelines and discussions held among the authors. All the questions were asked in tamil which is the language used by the population. Sinhalese was used for those of whom it was the first language. Ethical clearance was obtained from the ethical review committee of the National Hospital of Sri Lanka as such a committee was not formed at the Mannar Hospital. Informed verbal consent was obtained from all subjects participating in the study after explaining the objectives and necessities of the study. Privacy and confidentiality of data was preserved. Role plays were held among the authors to ensure that data collection would be conducted in a uniform and accurate manner. Pretesting of the questionnaire was done among 10 patients to ensure validity, reliability and clarity of the questionnaire. These patients were not included in the study population.

Results

Table 1: Age distribution of study population

Age	Frequency	%
<12 Years	39	13
12-20 Years	20	6.7
21-40 Years	160	53.3
41-60 Years	61	20.3
>60 Years	20	6.7
Total	300	100

Table 2: Type of Surgery

Type of surgery	Frequency	%
Major	165	55
Minor	135	45
Total	300	100

Pre Operative Assessment

Table 3 : Patient history taken by Anaesthetist

	Frequency	%
Yes	285	95
No	15	5
Total	300	100

Table 4 : Self Introduction done by anaesthetist

	Frequency	%
Yes	154	54.03
No	131	45.96
Total	285	100

Pre operative instructions

Table 5: Fasting Instructions

	Frequency	%
Yes	269	94.39
No	16	5.6
Total	285	100

Table 6 : Awareness of type of anaesthesia before surgery

	Frequency	%
Yes	120	42..1
No	165	57.9
Total	285	100

Table 7 : Anaesthetist explained modes of post operative analgesia

	Frequency	%
Yes	101	35.44
No	184	64.56
Total	285	100

Satisfaction of pre operative anaesthetic assessment

We assessed the overall satisfaction of the patient, about the pre operative visit by the anaesthetist. To get the quantitative value, percentage satisfaction was considered. On a scale from 0% to 100%, percentage patient satisfaction was inquired as to whether less than 50% or more than 50%.

Table 8: Satisfaction regarding preoperative visit by the anaesthetist

	Frequency	Percentage
0 – 50%	16	5.61
50 – 100%	269	94.38
Total	285	100%

Table 9: Time duration allocated to patient in the anaesthetists pre op visit

	Frequency	%
Adequate	259	90.88
Inadequate	26	9.12
Total	285	100

Table 10: Adequacy of answering questions by anaesthetist

	Frequency	%
Answered poorly	239	83.86
Answered well	46	16.14
Total	285	100

Table 11: Relief of anxiety following visit by anaesthetist

	Frequency	%
Relaxed	274	96.14
Not relaxed	11	3.86
Total	285	100

Discussion

Patients were interviewed by a medical officer in anaesthesia, who was not involved in the patient's pre operative anaesthetic assessment, within the first post operative day, in the ward. This was to avoid bias towards the study from the involved parties. Majority of our patients represented the young age group (more than 50%). (Table 1) One reason for this is that patients warded for elective, casualty and emergency surgeries were included and did not define a lower limit to the age group. When we consider hospital statistics, there were higher number of minor surgeries when compared to that of major category, but in our study population that difference was not very significant. (Table 2) Patient history was taken by the anaesthetist on 95% of the occasions. (Table 3) The anaesthetist introduced him/herself to the patient only in 54.03% of occasions (Table 4). Fasting instructions were given to 94.39% of the patients (Table 5). Only 42.1% of the patient's were aware of the type of anaesthesia that would be used on them prior to surgery (Table 6). Only 35.44% of the patients received an explanation regarding modes of post operative analgesia from the attending anaesthetist (Table 7). All these figures are less than 100%, which is the recommended figure by the Royal College of Anaesthetists (RCoA). [7] The reason for this probably is the high work load and limited cadre of trained anaesthetists in Mannar Hospital.

Only 94.38% of the patient's had a percentage satisfaction of more than 50% of the pre operative visit done by the anaesthetist (Table 8). More than 50% of those who were satisfied had a satisfactory level above their expectations. Patients who had major surgery had a low level of satisfaction.

90.88% of the patients were satisfied regarding the time spent by the anaesthetist with the patient prior to surgery (Table 9), Questions patient had were answered by an anaesthetist on 83.86% of the occasions (Table 10). This is well below 100%, which is the recommended figure by the Association of Anaesthetists of Great Britain and Ireland (AAGBI).[2] This is probably due to the fact that patient care is divided (preoperative visit and anaesthesia performed by two different anaesthetists) and unexpected case cancellations. The study showed that 96.14 % of the patients were relaxed following the pre operative visit by the anaesthetist (Table 11).

Conclusion

The preoperative visit to patient by the anaesthetist was grossly below the recommended standards.

	RCOA Recommendation	Our Audit
Seen by anaesthetist before surgery	100%	95%
Self introduction done by anaesthetist	100%	54.03%
Patient history taken by anaesthetist	100%	95%
Fasting instructions given	100%	94.39%
Awareness of type of anaesthesia before surgery	100%	42.1%
Awareness of modes of postoperative analgesia	100%	35.44%

	Sri Lankan Audit (Urban Setting)	Our Audit (Peripheral setting)
Percentage satisfaction of preoperative visit more than 50%	63.4%	94.38%
Sufficient time spent with patient	16.5%	90.88%
Patient's questions answered by anaesthetist	95%	83.86%
Satisfied with the explanation of anaesthetic procedure	27.3%	42.1%
Patient became more anxious after anaesthetist's visit	6.5%	3.86%

In spite of the shortcomings compared to the Royal College of Anaesthetists recommendations, 94.38% of patients had a percentage satisfaction of more than 50%. This shows that probably patient expectations in Sri Lanka are different, and this difference is greater in peripheral areas than in urban areas. Patient dissatisfaction can be minimized, if the preoperative assessment and intraoperative management is done by the same anaesthetist.

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