Obstetric Anaesthesia
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Telephone Anaesthetic Preoperative Consultation – Patient Satisfaction Service Evaluation

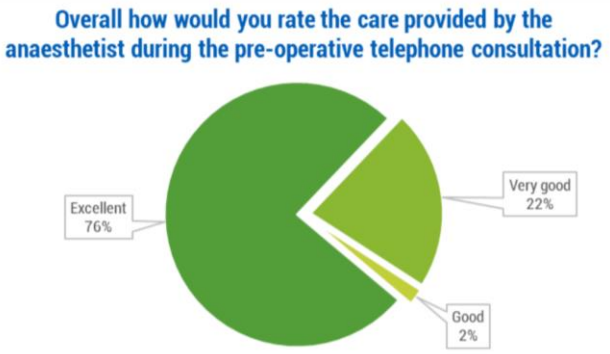
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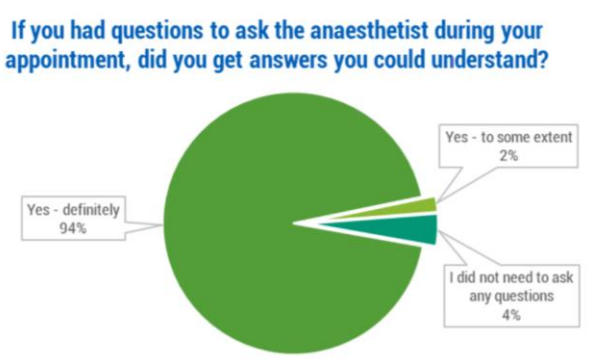
Introduction

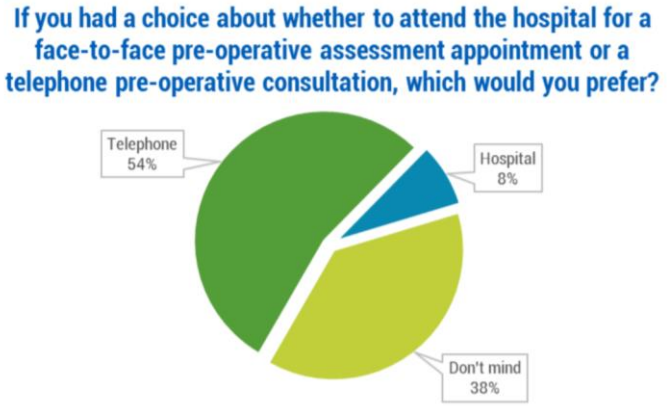
The COVID-19 pandemic has necessitated rapid changes to services to minimise the risk of viral transmission, including widespread adoption of remote consultation methods [1]. From April 2020, we changed our pre-operative assessment service for elective caesarean section (CS) patients from a face-to-face consultation 1-3 days before admission to a telephone-based service; this was also undertaken in a similar timeframe prior to the planned surgery. This included signposting to an electronic version of our patient information leaflet (PIL), which was previously poorly accessed [2]. A service evaluation was conducted to assess overall patient satisfaction of this new approach. Additionally we evaluated any change in use of the electronic PIL, and patients' preference of pre-operative assessment location given the choice.

Methods

A voluntary, anonymous, fifteen-point questionnaire was offered on admission to elective caesarean section patients from May to October 2020. Distribution continued until fifty responses were received. Responses were collected post-operatively in order to reduce bias. Responses could be submitted at any point between the Recovery Room and just prior to patient discharge.







Results

98% of respondents (49) rated the care provided during the consultation as very good or excellent. 92% (46) expressed either no preference or would prefer a telephone consultation if given a choice, whilst only 8% (4) said they would prefer to attend hospital for face-to-face consultation. 2 respondents reported hearing impairment, though still rated the consultation as very good or excellent.

82% (41) of respondents felt better prepared for their CS than prior to the consultation. 68% (34) were aware of the patient information leaflet (compared with 21-35% previously) [2] and 80% of these had found it useful. 100% of respondents felt that the anaesthetic options and risks had been explained in a way they could understand.

Discussion

The telephone preoperative consultation appears overall effective and satisfactory for most patients based on our collected data. The format and language in which the anaesthetic options and risks are being communicated are suitable for the telephone - based service.

A formal pathway for patients with language/communication needs that preclude telephone consultation is required in order to avoid pre-operative assessments being conducted on the day of surgery. Holding the consultation prior to admission appears to help women feel more prepared. Compared to previously, awareness and use of the PIL has improved, however there was still a significant proportion of patients uninformed of its existence highlighting the need for further signposting. With most respondents happy to be communicated via telephone for this consultation, this has the potential to change the way we conduct pre-operative assessments in the future, following the hopeful resolution of the COVID-19 pandemic. The evaluation was limited by its convenience sampling and unknown response rate; those with positive experiences may have felt more inclined to respond.

References

1. Jardine J, Relph S, Magee LA, von Dadelszen P, Morris E, Ross-Davie M, et al. Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care. BJOG [Internet]. 2020 Sep 29

2. Harkett L, Chandan GS, Hipparagi M, Beard L, Cullis K, Plunkett E. Patient information leaflets for elective caesarean sections: print or digital: OAA conference 2020 P132. Eposter library https://epostersonline.com/oaa2020/node/605