

## Introduction

Our hospital has operated a paediatric preassessment service for four years. This has used a surgical referral system for preoperative anaesthetic review, intended to identify children who may benefit from enhanced preoperative care, such as preassessment telephone calls, appointments or ward visits as appropriate.

While this system works well, it is not infallible, with variable capture and quality of information via the referral route. There is also anecdotal evidence of patients presenting on the day of surgery who could have benefitted from enhanced preoperative care. We aimed to pilot a Pre-Anaesthetic Health Questionnaire, allowing preoperative triage of all children in line with local adult practice, assess its efficacy over a defined time period compared to existing practice alone, and utilise quality improvement principles to optimise service delivery. Our ultimate goal is to offer all children preassessment as per GPAS guidance<sup>1</sup>.

Figure 1. Sample pages from Pre-Anaesthetic Health Questionnaire

## Methods

- A parentally completed Pre-Anaesthetic Health Questionnaire (**Figure 1**) was introduced as part of a planned pilot project.
- This was provided to parents at the point of booking for surgery (n=70), to be completed at home and posted to our paediatric surgical ward.
- Return rates during the pilot period were measured, and reasons for further review identified (**Figure 2**).
- Ten parents who had returned questionnaires were also telephoned after their child's surgery and asked a series of predefined questions to assess ease of use and impact of the questionnaire.
- Direct surgical referrals to the service from the previous four years were reviewed to quantify cases where the referral reason was absent or unclear.
- Caldicott Guardian approval and clinical governance registration were obtained for this project.

## Results



**51%** (n=36) of Pre-Anaesthetic Health Questionnaires were returned.



**58%** of returned forms triggered an **initial notes review**.



**Parental satisfaction** with the questionnaire was **high**, with **100%** of parents reporting it to be **easy** to fill in and **helpful**.



**30%** of parents reported **decreased anxiety** after completing the questionnaire.

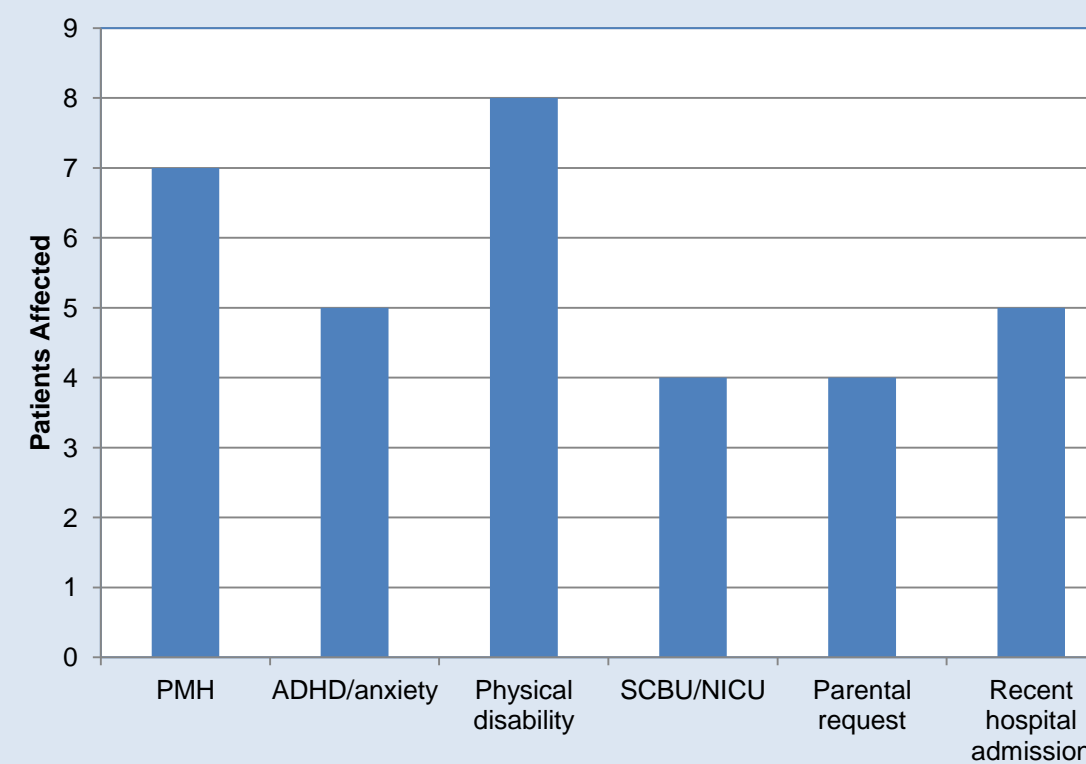


One parent suggested an **electronic** version of the questionnaire would have been more convenient.



Referral reason was **absent** from a a median (IQR[range]) of **18%** (13.5-27 [9-36]) of surgical referrals.

Figure 2. Reasons for triggered phone call or review.



## Conclusions and Discussion

- Introduction of a novel Pre-Anaesthetic Health Questionnaire has the potential to improve the service, providing valuable information and receiving favourable feedback by parents, including reduced anxiety in a subset of parents.
- The relatively high rate of triggered notes review among returned questionnaires likely represents a positive return bias among parents of children with pre-existing medical, social or anxiety-related problems.
- To improve capture we intend to provide encouragement and assistance for parents in completing the questionnaire at surgical clinics, rather than relying on postal return.
- There is additional scope to improve the quality of surgical referrals to the service.
- Planned developments also include 'fine tuning' of questionnaire format and ongoing quality improvement work towards a robust, nurse-led preoperative triage pathway based around the questionnaire with retained scope for triggered surgical referral.

## Acknowledgements

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## References

- Royal College of Anaesthetists. Guidelines for the Provision of Anaesthetic Services. London; 2017. <https://www.rcoa.ac.uk/gpas>