

P23

REVIEW OF A NEW PAEDIATRIC PRE-OPERATIVE ASSESSMENT SERVICE

A. Gilbert, R. Beringer, S. Maxwell, Bristol Royal Hospital for Children, UK

Introduction and Aims

Pre-operative assessment is an integral part of patient care, promoted nationally^{1, 2, 3, 4}. Bristol Royal Hospital for Children set up an online pre-operative assessment service (POAS) in October 2019, for all non-cardiac, non-neurosurgical and non-scoliosis patients. This involved an online parental questionnaire, a nurse telephone assessment, and review by anaesthetist if required. The aims were to increase patient safety, improve quality of care, and ensure efficient use of resources.

Methods

We retrospectively reviewed data from all patient interactions with the POAS over three years from conception. We analysed demographics, online form completion rates, nursing telephone assessment outcomes, and numbers referred for anaesthetic review (including reason and outcome).

Results

Overall, 10442 patients have entered the system. The online form was completed by 3043 parents; 11 parents (0.03%) declined to complete this, one due to data privacy concerns. Nurse assessment was completed in 7813 patients (75%) and anaesthetic review was requested in 1030 of these patients (13%); 976 were reviewed (95%). The methods of review included 2 face to face, 1 video call, 100 telephone calls, and 918 notes reviews. Reason for review was categorised into cardiac (19%), respiratory (10%), miscellaneous (8%), anxiety (4%) haematology (2%), neurology (2%), and anaesthetic history, endocrine, difficult airway, family history, genetic, and metabolic each less than 2%. Reason for review was not initially incorporated into the form so this data is not available for all patients.

As a cardiac centre we concentrated on sub-categorising this largest group further. The leading reasons for review were previous cardiac surgery (31%), known structural heart defect (30%), and murmur (12%). The top 4 outcomes were proceed as normal (52%), list anaesthetist informed (8%), discussed with cardiac anaesthetist (11%) and cardiac anaesthetist required (15%).

Discussion and Conclusion

Before introduction of the POAS, we relied on surgeons flagging up high-risk patients, which became increasingly unreliable as our service has grown.

Although hampered by the pandemic, the service has improved the quality of our care; 7813 parents spoke to a nurse before admission and 976 patients were assessed by an anaesthetist. This allowed time to sort out perioperative problems which otherwise would have presented on the

day of surgery (there are multiple anecdotal reports of this although it's difficult to collect accurate data). In addition, POAS nurses do admission paperwork during the telephone consultation which streamlines admission on day of surgery. Not all patients were pre-operatively assessed, primarily because of the pandemic's effect on list booking and staffing.

Our long-term goals include engaging all parents/guardians before admission through online survey and nurse telephone call, with enough time to allow anaesthetic review and optimisation. Ongoing audit and satisfaction surveys will guide future developments.

References

1. AAGBI Safety Guideline: Pre-operative assessment and patient preparation – the role of the anaesthetist (January 2010).
2. Royal College of Anaesthetists - Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Anaesthesia Services for Pre-operative Assessment and Preparation 2016 (<https://www.rcoa.ac.uk/system/files/GPAS-2016-02-PREOP.pdf>)
3. Royal College of Anaesthetists - Perioperative Medicine, the Pathway to Better Surgical Care (2015) ([www.rcoa.ac.uk/perioperative medicine](http://www.rcoa.ac.uk/perioperative-medicine))
4. NHS online guide for preparing for surgery (2019) (www.beta.nhs.uk/conditions/surgery-guide)