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PAEDIATRIC PATIENT PRIVACY IN THE ANAESTHETIC ROOM

L. Y. Liew¹, I. Mactier², N. Willis²

¹*Royal Aberdeen Children's Hospital, UK*

²*Royal Hospital for Children, Glasgow, UK*

Maintaining patient dignity is one of the duties of a doctor as per the GMC (1). Respecting patient privacy is important to maintain patient dignity. In UK hospitals, patients are commonly anaesthetised in a separate room to the operating theatre. At our institution, the external doors connecting anaesthetic rooms to the theatre suite corridor have windows with integrated blinds. These may inadvertently be left open which risks compromising patient privacy and dignity.

Aims:

We investigated how commonly these blinds were left open and how frequently patients' privacy was compromised as a result.

Methods:

A study author walked past all 11 anaesthetic rooms in the main theatre suite via the connecting corridor. This was completed during normal working hours on 5 separate full days. The position of the blinds was recorded on each occasion. If a patient was visible in the anaesthetic room, through open blinds, this was also recorded. The results of the first observation period were presented to staff at a local quality improvement meeting. They were also shared via email and information posters displayed in the theatre suite. Aide-memoire signs were put up in each anaesthetic room underneath the blinds to remind staff to close these when a patient was in the anaesthetic room. The same observation process was repeated approximately 1 month later to gauge the impact of these interventions.

Results:

Cumulative observations (for 11 anaesthetic rooms over 5 days) were n=55 in total. Pre-intervention: Blinds were open 96% of the time, with a patient procedure visible 9 times; the blinds were closed 4% of the time. Post-intervention: Blinds were open 67% of the time, with a patient procedure visible 3 times; the blinds were closed 33% of the time.

Discussion:

In the paediatric anaesthetic setting, parents or guardians frequently accompany patients and use corridors within the theatre suites. In the initial observation period, blinds were left open the majority of the time with patient privacy was compromised on 9 occasions. Post intervention, there was a measurable improvement. Anaesthetic room blinds were 8 times more likely to be closed and compromises in patient privacy reduced considerably. We plan to repeat the audit in due course and encourage other institutes to review their own practice. Blinds less likely to compromise patient privacy will be requested during the planned redesign of our theatre complex.

Reference

1. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-3---communication-partnership-and-teamwork>