What information do anaesthetists provide for patients?

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Background. Information on anaesthesia interventions, plans and risks is needed by patients and carers alike and is a key component of the Good Practice In Consent initiative. Existing information materials may under-represent what patients are able to contribute.

Method. UK anaesthetic departments were surveyed on provision of written patient information. The response rate was 66% (177/267).

Results. Fifty-five per cent of respondents reported providing patient information materials for planned surgical admission, mainly on general anaesthesia, regional analgesia and pain. A minority provided information for children and for critical care patients. Few (32%) had sought feedback from patients, and few used existing sources of guidance. Most (85%) wanted improvements, with a four-to-one majority favouring central resources developed by The Royal College of Anaesthetists.

Conclusions. Working in parallel does not give our hospitals excellent, effective patient information materials. Demand exists for The Royal College of Anaesthetists to lead in this area. Working in partnership with patients and taking into account existing written guidance is important but has often been overlooked.

Br J Anaesth 2002; 89: 917–19

Keywords: anaesthesia, patient information

Accepted for publication: July 30, 2002

Patients and carers need information about interventions and care provided by anaesthetists, including alternatives and risks.¹ Written information for patients underpins two vital processes for achieving patient-centred healthcare: exploration of preferences and making informed choices. It is also central to the Department of Health’s drive to strengthen consent. We surveyed anaesthesia departments in the UK, seeking an overview of provision of patient information materials, as the first stage of a Royal College of Anaesthetists’ project to evaluate existing patient information and to create new material where necessary.²

Previous studies focused largely on the process of developing information materials and on evaluating their quality.³–⁶ Developing patient information is a complex process involving appropriate methods for patient involvement and consultation; targeting and dissemination; impact assessment and updating. There can be substantial time and other costs. Evaluations have shown that existing information materials may suffer from incomprehensibility, unavailability, uncertain quality, inappropriateness and lack of balance.⁶–⁷ Petterson found that 10% of patient information materials had demanding readability scores—equivalent to learned articles in medical journals.⁷

Methods and results

In spring 2001, after piloting in two sites and taking into account comments received, we sent our survey instrument to all 267 UK hospitals with an anaesthesia department. Our main objective was to understand the approach at hospital level to patient information, exploring leadership, methods used to reach patients, and processes used to develop, update and assess the impact of information materials. We also explored perceived scope for improvement and the role of The Royal College of Anaesthetists in producing information materials. Finally, we explored the content and range of patient information reportedly provided, focusing on anaesthesia for routine admissions, general,
Approach at hospital level

Leadership
Most responders (93%, n=165) were consultant anaesthetists. Nearly two-thirds of anaesthesia departments (63%, n=112) had a named contact for patient information. Occasionally another department (Patient Information; Quality; Risk Management; Communications) was responsible.

Dissemination of information to patients
Of the 177 responders, 50% (n=89) reported providing information at pre-admission clinics, 35% (n=62) attached information materials to admission letters and 34% (n=60) provided information materials to patients at admission; some responders did all three.

Resources used
Guidance used in developing local information materials included: Anaesthesia Explained: A Patients Guide (Association of Anaesthetists of Great Britain and Ireland; AAGBI)9 (n=36), How to write medical information in plain English (Plain English Campaign)9 (n=5), the DISCERN readability instrument4 (n=3) and other resources (n=10).

Piloting and updating
A third of departments (32%, n=57) reported seeking patient feedback on the information they provided. Rather fewer departments (21%, n=37) went the extra step of formally piloting information materials that they had produced. Approaches to updating varied, with 75 (42%) reporting having updated some of their patient information materials in the previous 2 yr. A quarter of departments (24%, n=42) reported having a policy for regularly updating patient information.

Scope for improvement
In the view of most departments (85%, n=150), improvements were needed to existing information, and included making it more comprehensive and more available, including more detail, better targeting and better presentation. Most (71%, n=126) also commented on what should be produced at national level, the top five suggestions for content being: general anaesthesia (n=25), pain relief (n=25), safety aspects, spinal analgesia and regional analgesia (n=14 in each case). Although 26 respondents argued that patient information materials should always be produced locally, most of those stating a view supported The Royal College of Anaesthetists in producing a central resource (n=100). Many wanted this to be produced in a way that allows amendment at local level, for example to include local information.

Content of patient information currently provided
Of the 177 departments surveyed, 55% (98 hospitals) reported providing information of some kind for planned admissions. Patient information with the following content was provided: pain management (n=117, 66%), general anaesthesia (n=82, 46%), epidural analgesia (n=63, 36%), spinal analgesia (n=40, 23%), local techniques (n=30, 17%) and sedation (n=15, 8.5%). Of the 164 hospitals with critical care facilities, information on critical care was provided for relatives by 55% (n=90) and for patients by 37% (n=60). Most hospitals (133, 75%) reported providing information materials for day-case patients, most of which emphasized general information rather than anaesthetic care.

Chronic diseases
Information materials relating to anaesthesia for patients with chronic diseases were reportedly provided by only 24 (14%) of hospitals. Patient groups covered were those with diabetes (19 hospitals), cardiovascular disease (n=8), respiratory disease (n=6), renal disease (n=6) and haemoglobinopathies (n=3).

Children
A substantial minority of the 156 departments that provided a children’s anaesthesia service also provided anaesthesia information materials. Children were the target in 44 hospitals, (28% of 156), and parents in 55 hospitals (36% of 152 responding). Some hospitals provide both types of information materials.

Disability
Thirty-nine hospitals reported providing information for patients with disabilities, as follows: hearing impaired (n=27); physical disabilities (n=23); visual impairment (n=6); literacy problems and learning disabilities (n=3 each).

Ethnic minorities
Most hospitals (64%, n=113) reported having access in principle to linkworkers/interpreters to assist with information for patients from ethnic minorities. However, staff were in such short supply that 58% (n=102) hospitals relied largely on English-speaking relatives. Just over half (n=92) reported that they did not provide any written anaesthetic information for patients from ethnic minorities. A minority (9%, n=16) had information leaflets in several languages.

Jehovah’s witnesses
Most hospitals (80%, n=142) reported having no suitable information available. Responses included: special consent form (n=13), information booklet (n=10), link person (n=2), local policy (n=2) and Management of Anaesthesia for Jehovah’s Witnesses (AAGBI)10 (n=1).
Comment

Patient-centred healthcare is high on the UK government’s modernization agenda for health. Excellent patient information will be a prerequisite. Our study reflected reported practice on patient information in 66% of UK anaesthesia departments. If, as is likely, responders gave more attention to this topic than non-responders, then our results may overstate the extent of information provision.

Many departments produced their own information materials but did not involve patients in the production of these materials, nor did they pilot materials. Although sound guidance exists to assist clinicians in developing patient information materials,3–5 very few anaesthesia departments had made use of it. Some topics are relatively well served with information materials, for example pain management. However, some important topics (e.g. spinal analgesia) and some patient groups (e.g. children) were not served in most hospitals. Information on anaesthesia for patients with special needs (e.g. diabetes) was in particularly short supply. Many responders stressed that existing patient information should be improved upon.

Acknowledgements

Thanks to the many departments of anaesthesia who contributed; and to the Patient Information Working Group and officials of The Royal College of Anaesthetists.

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