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INTRODUCTION:

Pre-anesthesia planning (PAP) clinics are gaining acceptance in pediatric hospitals. Preoperative visits have generally focused on identifying comorbidities, coordinating necessary preoperative tests and physician referrals, with the goal of avoiding unnecessary cancellations and improving efficiency of the operating rooms. With the new patient centered care model, preoperative clinic visits offer a unique opportunity to assess parents' (and patients') concerns and preferences, to study methods of information transfer between patient and their physicians, and to measure the impact of surgery on the entire family. We aim to develop a questionnaire that includes various domains to measure specific preoperative parental concerns, expectations of postoperative pain management, satisfaction with their PAP visit and content of information exchange between the anesthesiologist and the family. In this abstract we report our pilot study conducted to determine the reliability of a preoperative questionnaire.

METHODS:

The study population included 20 patients and their families scheduled for a PAP clinic visit. All of these patients were scheduled to undergo posterior spinal fusion at a tertiary care children's hospital. During the preoperative visit the advanced practice nurse and anesthesiologist evaluated each patient. The PAP questionnaire contains questions covering domains such as expectations, concerns, impact of surgery on family, information exchange between anesthesia physician and patient family, and their satisfaction with their visit. The questionnaire consisted of two segments. Parents were asked questions first in the waiting room prior to the preoperative evaluation. This part includes questions from domains of parental concerns, preference of pain scales, expectations, and impact of surgery on the family. The second part of the questionnaire was administered after completion of their visit. This section includes questions designed to measure information conveyed to the family and information retention. The same family member was asked to complete the questionnaire again on the day of surgery. A trained research coordinator administered the questionnaire on both occasions. We used the interclass correlation coefficient (ICC) and the kappa coefficient to determine the reliability of the individual questions.

RESULTS:

Preliminary analysis of fifteen questionnaires demonstrated large variation of reliability of individual questions. The ICC and k coefficients ranged from 0.2 to 0.94. During the next phase of this project, we intend to evaluate parents' comprehension of individual questions using cognitive interviews. Additional items may be developed to fill conceptual gaps and reliability of the questionnaire and will be tested again before testing on a larger population.

DISCUSSION:

Based on the initial responses of fifteen patient questionnaires, we hypothesize that preoperative clinic offers a unique opportunity to illustrate patient and family concerns, their expectations and satisfaction. Based on these patient reported measures and better understanding of their concerns through a reliable questionnaire, postoperative care and satisfaction can be improved.
