Evaluation of Caregivers Complaints in the Perioperative Period

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Why this study?
Background of the study

- Management vision
- Complaints of caretakers
- Corrective strategies implemented
  - Separate consent
  - Immediate post OP briefing
  - Enhanced seating arrangements
Aims of the study

- Immediate caretakers received proper pre-op education?
- Patient’s condition explained to them at the end of procedure?
- Satisfied with wait area outside OT complex?
- Scope for improvement?
Materials and methods

- 150 consecutive patients
- Printed questionnaires
- Gen surgery, ENT, Ortho, Plastic, Gynaec
- Anonymity
Exclusion criteria

- Shock, sepsis
- Major trauma
- Neurosurgical
- Cardiothoracic
- Transplant
- Obstetric
- Day care patients
Materials and methods...

Your Experience as Patients Immediate Attender

1. Has the patients problem and the operation he is undergoing been explained to you by the surgeon?
   □ Yes □ No □ No Comment

2. If yes do you consider the explanation satisfactory?
   □ Yes □ No □ No Comment

3. Have you been explained by the anaesthesiologist about the type of anaesthesia to be given to your patient?
   □ Yes □ No □ No Comment

4. Were you being kept informed to your satisfaction about patients condition after operation?
   □ Yes □ No □ No Comment

5. While waiting outside operation theatre complex, were you offered a proper seat and have access to news papers, T.V?
   □ Yes □ No □ No Comment

Comments:
Materials and methods...
**Materials and methods...**

**Questionnaire response**

<table>
<thead>
<tr>
<th>Yes</th>
<th>Satisfied customer</th>
</tr>
</thead>
<tbody>
<tr>
<td>No / no comments</td>
<td>Unsatisfied customer</td>
</tr>
</tbody>
</table>
### Materials and methods…

#### Respondent satisfaction grading

<table>
<thead>
<tr>
<th>Satisfied customer</th>
<th>Service quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 90%</td>
<td>Excellent</td>
</tr>
<tr>
<td>80-90%</td>
<td>Good</td>
</tr>
<tr>
<td>70-80%</td>
<td>Average</td>
</tr>
<tr>
<td>Less than 70%</td>
<td>Needs immediate attention</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th>Q1</th>
<th>94% satisfied</th>
<th>6% unsatisfied</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>94% satisfied</td>
<td>6% unsatisfied</td>
<td>Excellent</td>
</tr>
<tr>
<td>Q3</td>
<td>87% satisfied</td>
<td>13% satisfied</td>
<td>Good</td>
</tr>
<tr>
<td>Q4</td>
<td>94% satisfied</td>
<td>6% unsatisfied</td>
<td>Excellent</td>
</tr>
<tr>
<td>Q5</td>
<td>42% satisfied</td>
<td>58% unsatisfied</td>
<td>Needs immediate attention</td>
</tr>
</tbody>
</table>
RESULTS

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>140</td>
<td>140</td>
<td>120</td>
<td>140</td>
<td>80</td>
</tr>
<tr>
<td>y</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>10</td>
<td>90</td>
</tr>
</tbody>
</table>
1. **Pre Operative Education** is beneficial in subjective and objective improvement of patient care

2. Stress of relatives in ICU minimised by Anticipating and addressing need for information and resources

Experience of families with a relative in intensive care unit - Crichton. M.N. Ruthelyn et al The Journal of Critical Care; Dec 1996 vol 25
3. Preoperative anxiety is diminished when additional anaesthesia information in printed and video format is made available.

The effect of anaesthetic patient education on preoperative patient anxiety – Lois R, Bondy B, Novine BA, DPT of anaesthesiology, Mayo clinic. regional anaesthesia and pain medicine; Mar1999 vol24
Inadequate communication and short visiting time for patient’s families are the most significant problems of postanaesthesia care unit

5. Following the impact of a critical illness, family members exhibit a well defined, predictable set of needs

- To receive **reassurance**
- To **remain near** the patient
- To receive **information**
- To be **comfortable**
- To have **support** available

Intervention to decrease family anxiety, Jame Stover Leske, critical care nurse 2002 vol 22
Future research should focus on the impact of interior design on waiting rooms of family members across different cultures.

Family members experience of the intensive care unit waiting room. Mary Kutash; Linda Northrop. journal of advanced nursing vol 60
Draw back

- Excluded many surgical specialities and ICUs
Discussion

Professional service quality excellent

Communication with the caretaker after procedure highly appreciated
  - ? Change in caretaker
  - ? Inadequate time spent
  - ? Inadequate explanation
  - ? Language barrier
  - Handouts to read / short procedural videos
Discussion

- Wait area comparable to peer institutions
- Seat strength more than prescribed
- Large number of caregivers
- No food/snacks allowed
- Toilet facility downstairs
- Visitor access controlled by receptionist
Conclusion

- Corrective strategies proved fruitful in professional service
- Wait area facilities to be looked into
- Restriction in no: of caretakers allowed
- Families to select a spokesperson
Take home

- Quality upgradation requires synchronization between management & medical professionals

- Educate the caregivers
Thank you.