

## Patients' experience of oral day case surgery: feedback from a nurse-led pre-admission clinic

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### Abstract

A nurse-led pre-admission clinic (PAC) was introduced in Oral and Maxillofacial Surgery in 1996 to help reduce patient failures and cancelled operations on the day of admission and to improve pre-operative patient assessment and education for oral day case surgery. In order to investigate patients' perceptions of their experience and to ascertain their views on their PAC appointment, a questionnaire was sent to 178 day case patients operated upon between October 1997 and January 1998. Questions were asked relating to details of their PAC visit and subsequent surgical experience, with additional comments invited. Eighty eight completed questionnaires were returned (49% response rate), which showed a greater than 90% satisfaction with the PAC. Patients reported fewer worries, increased confidence and an improved understanding of both their surgery and peri-operative care following PAC attendance. Eighty eight percent of the additional comments reported a favourable experience. © 2000 Elsevier Science B.V. All rights reserved.

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### 1. Introduction

The Oral Surgery Day Case Unit at Newcastle Dental Hospital provides a wide range of surgical and dental treatment (e.g. removal of impacted 3rd molars, cyst enucleation, biopsies) under general anaesthesia for approximately 2500 adult and paediatric patients each year [1].

A nurse-led pre-admission clinic (PAC) was introduced in 1996 to help reduce patient failures to attend and cancelled operations on the day of admission and to improve preoperative assessment and education. This clinic has become a successful and versatile tool in both management and validation of day surgery theatre lists and is now an integral component of clinical care in the unit [2].

### 2. Method

In order to investigate patients' perceptions of their experience during day surgery and to ascertain their views on their PAC appointment, a questionnaire was sent to 178 consecutive day case patients operated upon between October 1997 and January 1998. Patients were told that all completed questionnaires would be analysed anonymously, and eleven questions were asked relating to details of their PAC visit and subsequent surgical experience (Table 1). Patients were asked to tick the most appropriate response to each question, and space was provided for any additional comments that they might wish to make. Pre-paid envelopes were enclosed to encourage return of the questionnaire.

Response data was collated and entered on a computer database for analysis.

### 3. Results

Eighty eight completed questionnaires were returned (a 49% response rate). There was no obvious or consis-

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tent explanation for failure to return questionnaires, although in a small number of cases patients had changed address since their date of surgery.

In 94% of patients PAC assessment took less than 30 min and all patients thought this was appropriate. All were satisfied with procedural explanations and 99% found the nursing staff approachable and helpful and felt able to ask any questions about their forthcoming surgery). No reason was given for the one negative response to this question.

Fig. 1 illustrates data from a further three replies. Over 80% of patients reported that PAC attendance helped to ease their worries about forthcoming surgery and increased general confidence and relaxation about admission (Fig. 1a and b), whilst over 90% of patients felt that their visit had helped them understand more clearly the purpose of their surgery (Fig. 1c).

Fig. 2 summarises replies to two aspects of peri-operative care covered during PAC. Over 90% of patients reported that they more fully understood the importance of fasting pre-operatively after clinic attendance (Fig. 2a), whilst 85% felt they understood their after-care instructions better (Fig. 2b).

Table 1  
Patient questionnaire

1. How long did your assessment/interview take? Less than 10 minutes/11–20 minutes/21–30 minutes/> 30 minutes
2. Was the length of your assessment/interview Too short/Too long/About right
3. Was the procedure explained to your satisfaction? Yes/No
4. Were you able to ask the nurse any queries that you had? Yes/No
5. The PAC eased any worries I had about my forthcoming surgery Strongly agree/Agree/Disagree/Not sure
6. The PAC made me feel confident and relaxed about my admission Strongly agree/Agree/Disagree/Not sure
7. The PAC helped me understand the purpose of my admission Strongly agree/Agree/Disagree/Not sure
8. The PAC helped me understand the importance of fasting before my operation Strongly agree/Agree/Disagree/Not sure
9. The PAC helped me understand the after care instructions Strongly agree/Agree/Disagree/Not sure
10. The PAC helped me make an appointment suitable to my circumstances Strongly agree/Agree/Disagree/Not sure
11. Did you understand the purpose of attending the PAC prior to admission? Yes/No

Only 50% of patients agreed that PAC helped them book an appointment suitable for their circumstances (Questions 10 and 11 in Table 1), although over 95% of respondents clearly understood the purpose of attending PAC prior to day stay admission.

Forty two additional comments were received, 37 (88%) of which were favourable, whilst five patients (12%) reported unfavourable experiences. Table 2 summarises examples of both favourable and unfavourable comments.

#### 4. Discussion

The role of the pre-admission clinic in improving patient throughput and reducing failure rates for both day case and in-patient oral surgery has been well documented [2,3]. In our day unit at Newcastle Dental Hospital, the clinic has proved extremely popular with all nursing, surgical, dental and anaesthetic colleagues who regularly utilise the clinical facilities.

In this particular investigation, patients' experience of, and opinions on, the effectiveness of the nurse-led PAC during their treatment episode were sought by means of a postal questionnaire.

The 49% response rate was disappointing as this may have introduced a favourable bias to the results. Non-responders may have had more unfavourable experiences, but perhaps did not care to report them. In some cases the lack of response may have been due to the length of time (in some cases nearly 6 months) between surgery and issuing the questionnaire. A small number of patients were identified as having changed address since treatment, so that the questionnaire presumably never reached them. Nonetheless, the vast majority of responses received were highly favourable confirming the continuing success of the PAC in improving patient

Table 2  
Additional patient comments

##### *Favourable*

- 'I found (the PAC) informative and the nurse a caring individual who, as well as fulfilling her medical regulations and information, reassured any outstanding worries'
- 'I think this clinic is a great way of getting through the admissions a lot quicker and I was pleasantly surprised how quickly it enabled me to have the operation done'
- 'Very quick and efficient service. Appointment date given for admission on the day of assessment, which was helpful'
- 'All staff were marvellous and explained everything clearly. I have nothing but praise for them, however I wouldn't like to meet them in the oral surgery department again! Once was enough!'

##### *Unfavourable*

- 'It was disappointing to have to make as many separate trips when the assessments were only 10–20 minutes'

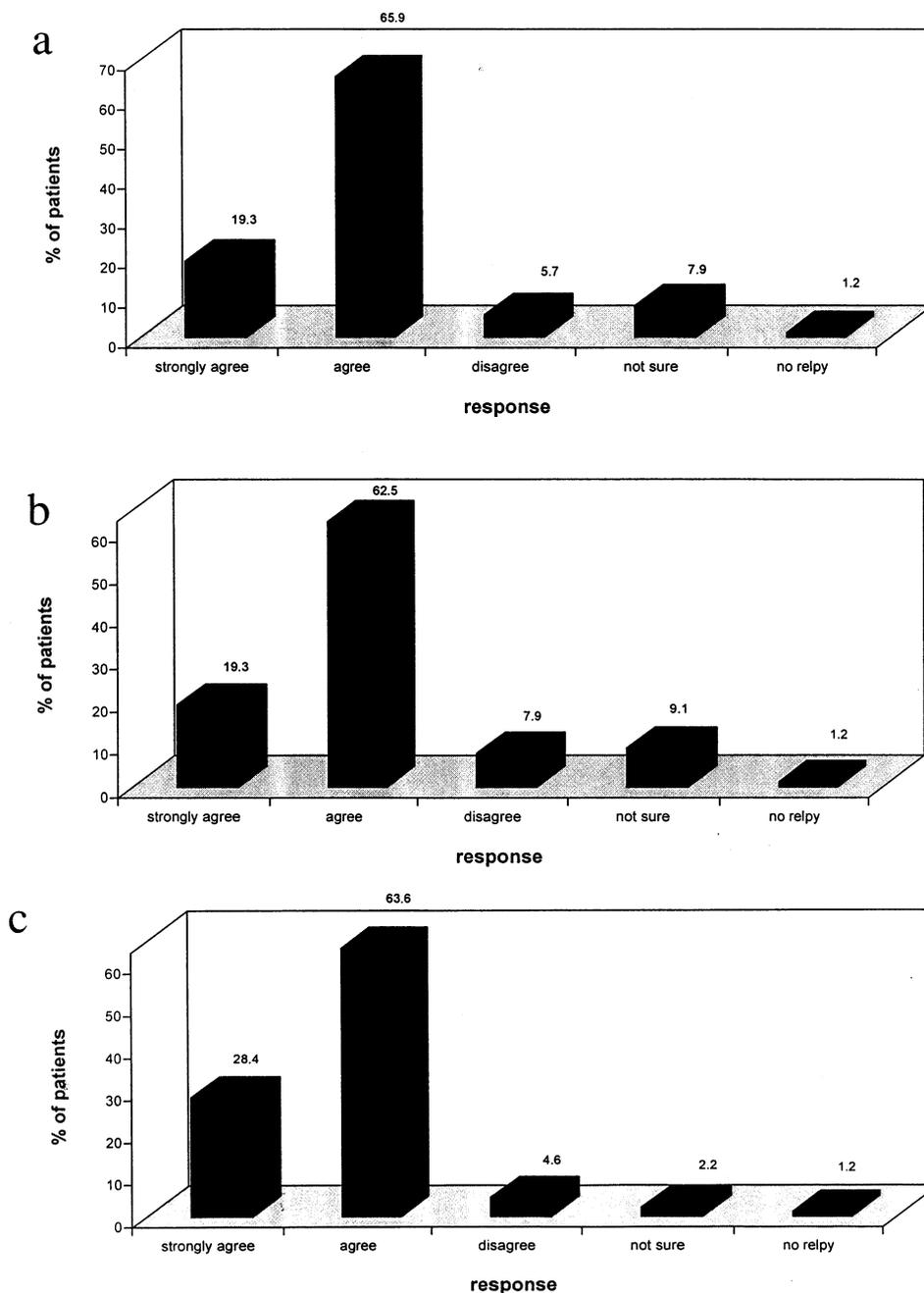


Fig. 1. Patients' responses to the role of PAC in pre-operative preparation: (a) PAC eased my worries about forthcoming surgery, (b) PAC made me feel confident and relaxed about my admission, (c) PAC helped me understand the purpose of my admission.

care and throughput for oral day stay surgery following its introduction in 1996 [2].

From the patients' perspective, PAC attendance helped to reduce anxiety, improve patient confidence, and facilitate understanding of peri-operative care arrangements. Nearly all respondents from this audit thought the clinic an important and valuable part of their admission process.

A frequent criticism of pre-admission clinics is the need for additional hospital attendance prior to sur-

gery, and although one of the unfavourable patient comments highlighted this (Table 2), the vast majority of patients welcomed the opportunity at PAC to discuss their care with a sympathetic nurse and to have some choice in arranging a date for surgery.

The nurse-led PAC is now well established in the department, and has greatly improved the admission process for oral day surgery in the Dental Hospital. Using an established code of practice and anaesthetic guidelines, the clinic has helped to ensure that appropri-

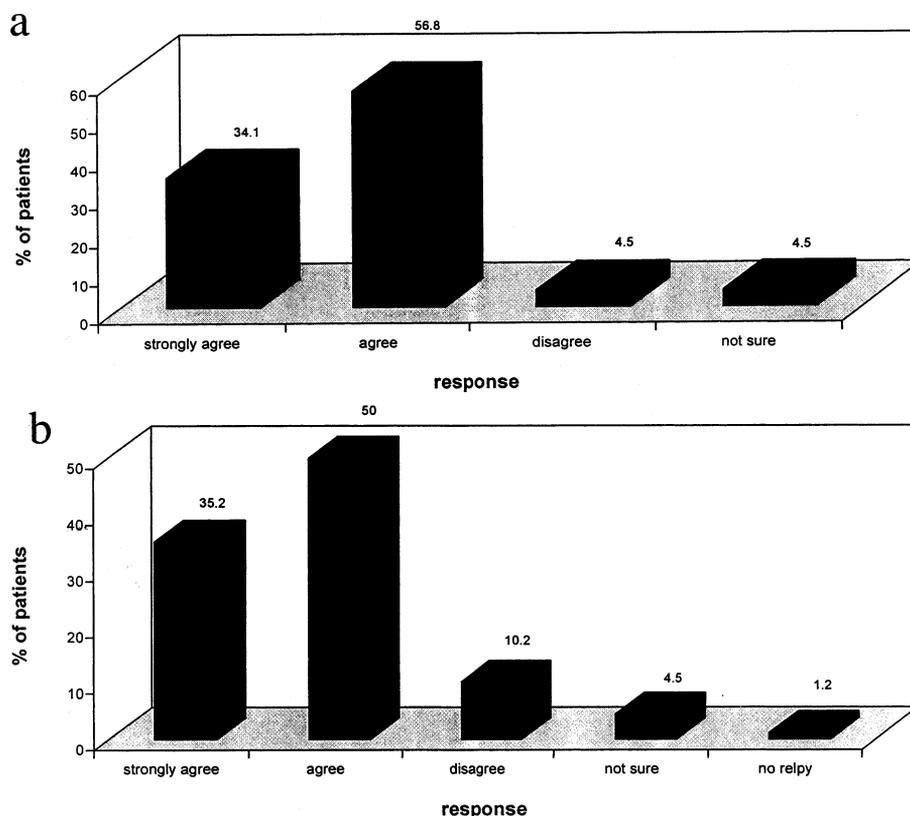


Fig. 2. Patients' responses to the role of PAC in peri-operative care: (a) PAC helped me understand the importance of fasting before operation, (b) PAC helped me understand after care instructions

ate surgery is carried out, medical and domestic problems are identified and resolved and a greater number of operations are performed. Whilst optimising the efficiency of day unit resources is an important goal, episodes and improving the overall quality of patient care are also of considerable significance to ambulatory care professionals.

## 5. Conclusions

Use of the nurse-led PAC has greatly improved the admission process for oral day case surgery, optimised theatre utilisation, reduced patient anxiety and enhanced both the quality of patient care and overall patient satisfaction.

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