

Developing Paediatric Pre-assessment Services

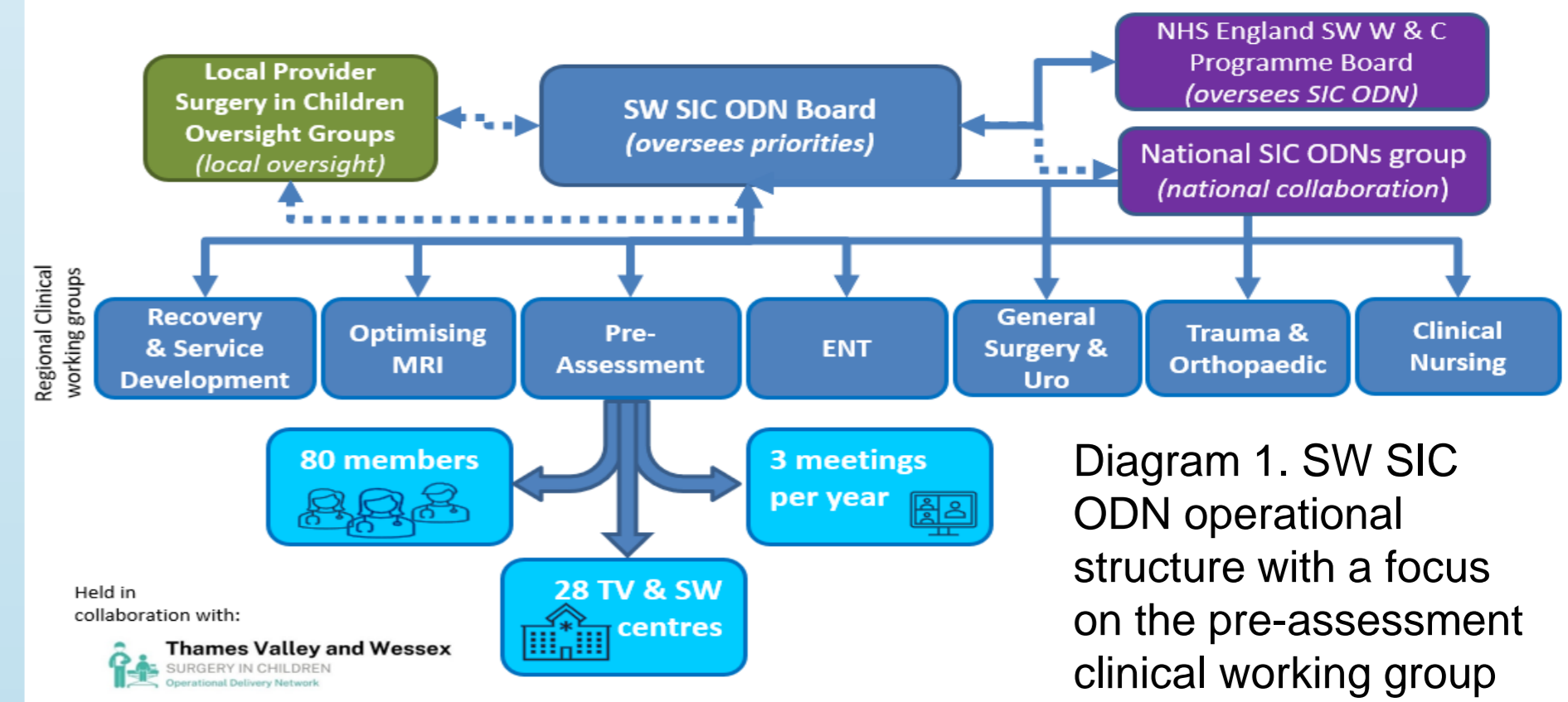
The importance of networks in supporting delivery of national guidelines

Background:

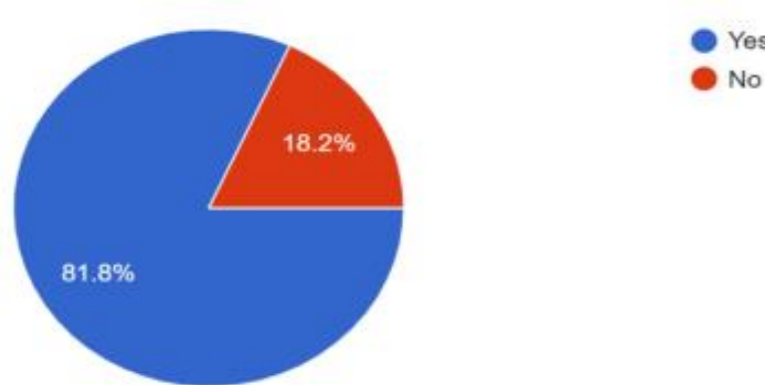
- The South West Surgery in Children Operational Delivery Network (SW SIC ODN) was established in 2020 with its key aim to improve children's surgical services
- In Spring 2022 the 'Association of Paediatric Anaesthetists of Great Britain and Ireland' released national guidance for pre-assessment services for children undergoing surgery or procedures¹
- This guideline aimed to address the significant inequity that existed both between adult and children's pre-assessment services and also regional differences in how children were assessed prior to surgery
- Delivering high quality, equitable pre-assessment services for children across the region was an agreed priority for the network which the team tackled through a number of approaches

1. Establishing a regional clinical working group

- The network established a multi-professional, cross specialty Clinical Working Group to discuss ways to support improvements and facilitate local delivery of these national guidelines
- The group was established in collaboration with the Thames Valley & Wessex SIC ODN
- The group first met in November 2021, and membership has grown to include all providers across the region with representatives from anaesthetic, nursing and managerial background



Do all children undergoing elective surgical procedure receive pre-assessment?



Best Practice Recommendations
PAEDIATRIC PRE ASSESSMENT PATHWAY

SETTING South West Surgery in Children Operational Delivery Network (SW SIC ODN)
FOR STAFF Staff involved in the pathways for children (under 18 years) undergoing pre-assessment prior to procedures
PATIENTS Children who are being considered for procedures in organisations across the SW SIC ODN region requiring general anaesthetic.

Guidance
Summary
All children undergoing a procedure requiring general anaesthetic should receive pre-assessment (1). Where a child is receiving an elective procedure this should occur at an appropriate time prior to the event to ensure assessment, optimisation of any medical conditions, psychological preparation and consent (2). The GIRFT report on Paediatric General Surgery and Urology recommends that the amount of day surgery offered to children should increase (3). Pre-assessment can support optimal theatre utilisation (4) and best outcomes for day surgery (5). The following recommendations are designed to support centres across the South West in optimising their pathways to achieve this. This document is intended to provide a reference for what is considered best practice across the South West region and should be viewed alongside any locally agreed Standard Operating Procedures (SOPs) which should be followed at all times by local clinical teams.

Patient Pathway

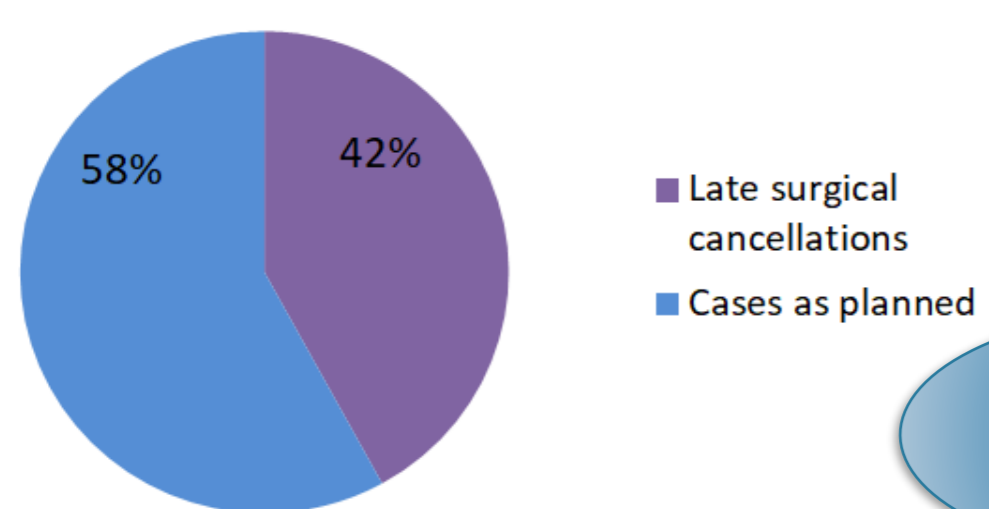
- All trusts should have a local pathway/SOP for ALL children undergoing a procedure which may require a general anaesthetic to ensure they are referred to pre-assessment in a timely manner (2).
- All children should have assessment of their current health status, including anxiety state (see appendix A and B), by the paediatric pre-assessment nursing team, which should consist of experienced appropriately trained nurses (2).
- All non-specialist centres should have clear written criteria for children and young people who are able to have their care delivered locally, and criteria, based on the complexity of the procedure or the child's co-morbidities, as to when they should be referred to a specialist children's hospital for their procedure (2). This should be available to the pre-assessment nursing team.
- All children should be pre-assessed by the nursing team at a time appropriate to their individual optimisation needs (if required), but ideally not less than two weeks prior to planned procedure (2).
- All children are pre-assessed by the nursing team either by telephone, virtually or face to face depending on individual patient needs or parent/carer consent (2).
- All children with specific medical or behavioural needs should be seen at pre-assessment, after initial nursing consultation, by a consultant paediatric anaesthetist (if required) (2).

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2. Best practice recommendations²

- Initially the group surveyed local providers to understand existing (or non existing) pre-assessment services in our region and benchmarked performance against the draft national guidance prior to its publication.
- The group then developed 'regional best practice recommendations'
- This comprised of a short document outlining key aspects of the pathway taken from the national guidelines which all regional providers agreed to aim to deliver.
- All centres audited themselves against this pathway and identified areas of focus

SW providers reporting Unplanned cancellations



Everything was clearly explained with plenty of time for questions

It was perfect given plenty of time, offered lots of info, reassured given a chance to ask questions.

3. Parent/child experience of services

- The group developed a regional patient experience survey which aimed to capture feedback from parents and children who had recently been pre-assessed in centres around the region
- The survey aligned to the national regional guidelines
- 280 individuals responded to the survey which was open between March 2022 and May 2022. Repeated May-July 2023 425 responses

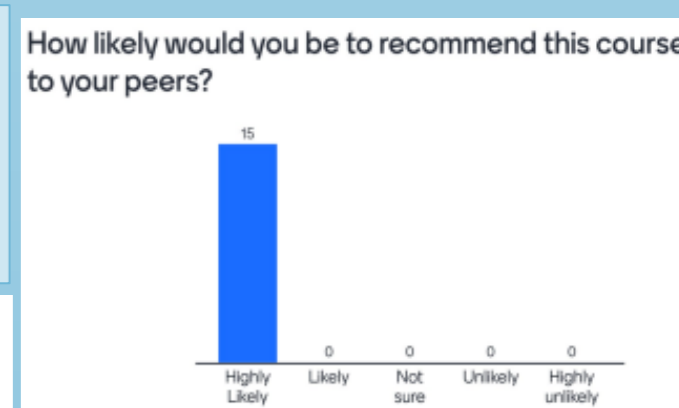
4. Competency based training package for practitioners

- Central to the strategy was to develop a competency-based training package for practitioners who conduct paediatric pre-assessment
- Members of the working group led by an educationalist, Rosie Priddy and the network lead nurses, Gael Rolls and Charlotte Hammerton-Jackson developed a competency-based training package which includes:
 - Competency framework and workbook for practitioners to complete
 - Three day taught study-day aligned to competencies and delivered mainly by regional clinical experts
 - Educational tool that links to key resources and information
- The training was evaluated using a Kirkpatrick Model of education evaluation to capture feedback on materials and learner development

Table 1. Demonstrates the increased perceived level of achievement across all competencies by students who attended the first cohort of the course (using Benner's Model of achievement); no change in importance of competencies was noted

Competencies (number of statements)	Perceived level of achievement		Opinion on importance	
	Pre-course (10)#	Post course (10)#	Pre-course (10)#	Post-course (10)#
Airways (6)	2.4	3.8	4.4	4.5
Breathing/ respiratory (8)	2.9	4.3	4.4	4.4
Cardiovascular (5)	3.2	4.0	4.5	4.5
Communication (8)	3.8	4.5	4.8	4.8
Escalation & Governance (7)	3.0	4.0	4.6	4.3

Average scores are noted per competency area



A great course, really useful for staff new to pre-assessment

Repeat!

Fantastic course, roll out nationally

Conclusion & discussion:

- Quality paediatric pre-assessment ensures patients have safer and improved experiences, and there is reduction in last-minute cancellations and effective utilisation of theatre lists when undergoing elective surgery and other procedures
- Networks can support local providers to deliver these national guidelines through collaboration, shared expertise and bringing together clinical experts to provide guidance, education and facilitate access to the patient experience
- Managed clinical networks can provide the ideal opportunity to bring together regional teams to support service development for patient benefit

With thanks to: The improvements noted in pre-assessment are a result of the hard work of numerous colleagues across the region all of whom are too numerous to thank on this small poster; however we are particularly grateful to our colleagues who are part of the SIC ODN Pre-assessment Clinical Working Group who come together to drive our work; current membership and details can be found on our website.

www.southwestsicodn.nhs.uk

References:

1. APAGBI guidelines
2. SIC ODN best practice recommendations