Summary of: Compliance with pre-operative instructions for procedures with conscious sedation: a complete audit cycle

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VERIFIABLE CPD PAPER

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Introduction A wide variety of procedures in all surgical departments are performed under conscious sedation with midazolam. Patients are required to adhere to a list of pre-operative instructions but poor compliance has been noted anecdotally in our department and in the literature. This can lead to delayed and cancelled appointments. **Aim** We aimed to audit the compliance of patients in following preoperative sedation instructions in the oral and maxillofacial department of a large tertiary teaching hospital with a view to improving compliance. All patients undergoing conscious sedation for day case procedures in a five month period were audited. We implemented changes based on findings and a literature review, followed by a second eight month period of audit. **Results** Twenty-nine and 30 patients participated in each cycle respectively. In the first cycle over 55% of patients were non-compliant. The most common reasons were not bringing a competent adult escort at the start of the appointment (17% of total) and having consumed alcohol in the 24 hours pre-operatively (17%). Based on this, the patient information leaflet was revised. Patients received copies when being listed and then with their posted appointment letter, as well as being verbally reminded before attending. Second cycle results revealed a 22% increase in compliance rates across all instructions with all patients bringing competent escorts along. **Conclusions** Efficacy within the NHS is often achieved with simple and practical improvement to clinical and administrative practice. By achieving a reduction in non-compliance rates, the department was able to reduce appointment delays and waiting lists, ultimately to the patients' benefit.

EDITOR'S SUMMARY

One of the most important elements, if not the most important element of patient care and therefore of dental practice is effective communication. It seems so simple, it is something we all agree on and yet it is consistently the cause of a multitude of problems in clinical life.

In this instance, the failure of patients to comply with pre-operative instructions prior to conscious sedation is not merely a nicety but can lead to a surgical procedure being delayed or cancelled to the cost and detriment of all involved. This audit project is worthy of attention because it highlights several issues. Firstly, the straightforward matter of observing that a problem exists and attempting to discover what the solution might be requires a range of critical and analytical faculties involving the whole team. Subsequently, the

testing of the reasons for lack of compliance and the assessment of the value both of the instructions themselves and of the importance placed upon them by patients enlightens the process and suggests significant improvements.

Patients fail to comply with instructions for a variety of reasons and one of them is certainly a lack of comprehension about the importance of the rules. But, remember how we used to use the term dental health instruction, moving instead to dental health education or even oral health promotion? The emphasis has been on gaining the patient's collaboration and co-operation rather than expecting a blind obedience just because the health professional says so. A similar approach to pre-operative information might also have a beneficial effect. As in this audit cycle, improved and refined communication with an

emphasis on explanation can prove to be effective and directly improve care and patient experience.

The establishment of personal contact must also be a key factor. If we as individuals believe that we might be letting down someone about whom we care, which might be any member of the dental team with whom a rapport has been established, we are less like to forget or default on compliance. Worth a thought in the continuing process of auditing this important aspect of patient care.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 212 issue 3.

Stephen Hancocks
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IN BRIEF

- Illustrates the practice of a busy tertiary oral surgery unit where conscious sedation is used.
- Highlights the problems associated with attempting to provide an efficient service for as many patients as possible who would benefit from conscious sedation.
- Demonstrates how simple measures can vastly improve the services provided using intra-departmental suggestions and a literature review.

COMMENTARY

One of the biggest challenges in providing dental care under sedation is ensuring that patients co-operate with pre-operative instructions. This can be of major importance when no escort means that treatment cannot go ahead or of minor importance such as when a patient is wearing a tongue stud.

This small scale study shows that providing less information more frequently improves patient compliance with instructions, leading to fewer cancellations.

In the first audit cycle patients were given 16 instructions at the assessment appointment verbally and in writing. It could then be as long as 155 days before the procedure, although interestingly no link was found between incidence of non-compliance and time between assessment and treatment. Over half this group were not compliant with the advice given and of these 40% led to cancellation of the appointment and loss of income. More than half the patients said they did not know of the instructions and a third said they were unable to comply.

This led to discussion within the department and a realisation that some of the instructions were not essential. The number of instructions was reduced to 11, the layout of the leaflet improved and the wording made more concise. A reminder system was introduced with the instructions in writing sent with the appointment letter and a reminder phone call one week before the treatment date. This improved compliance from 45% to 67%: still not

reaching the gold standard of 100%.

It is reassuring that the audit process led to reflection within the department and that unnecessary instructions such as no lipstick were removed from the list. It is important that sedation is seen as a normal part of dentistry and does not require, for example, a different dress code. The authors recognise that the very rigid rules on starvation from fluids and food reflect their hospital policy rather than national guidance and is not evidence-based. This applies to the requirement to provide transport home in a car or taxi, which is unnecessary: patients can travel home on public transport following sedation.

Recommendations are made for further review including the requirement to abstain from alcohol for 24 hours, the starvation policy and for the reminder phone call to take place within 3 days of the appointment. It would also be worth further exploring why patients are 'unable' to comply with the need to bring an escort, making it clear from the first clinical encounter that 'no escort = no sedation'.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

Prior to this audit, anecdotally there was a high non-compliance rate with pre-operative sedation instructions given to patients in the department. This led to delayed and cancelled appointments. We aimed to improve compliance with these instructions and reduce wasted clinical time.

2. What would you like to do next in this area to follow on from this work?

The changes implemented after the first audit cycle have been relatively successful in achieving the aims of this audit: improving patient compliance with most pre-operative instructions and reducing wasted clinical time. We are currently implementing the suggestions from the conclusion of the second audit and hope to re-audit to examine if compliance rates could be improved further.