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ORIGINAL ARTICLE

A national survey on current practice of preanaesthetic assessment in elective surgery patients in Spain[☆]

J. Mata^{a,*}, S. Cabrera^b, M.I. Valldeperas^a, S. Fernández^a, J.L. Aguilar^a, P.G. Atanassoff^c

^a Servicio de Anestesiología y Reanimación, Hospital Son Llàtzer, Palma de Mallorca, Balears, Spain

^b Instituto Catalán de Oncología, Hospital Germans Trias i Pujol, Barcelona, Spain

^c Facultad de Medicina, Universidad de Yale, New Haven, CT, United States

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Abstract

Objective: To analyse the preanaesthetic assessment prior to elective surgery in hospitals of the Spanish National Health Care System.

Methods: A prospective cross-sectional descriptive observational survey was performed. Primary variables were patient characteristics, type of preanaesthetic evaluation and the evaluator, as well as type of support the evaluator received during patient assessment. Secondary variables included the number of operating rooms available for elective surgery, as well as preanaesthesia clinic facilities. Data were analysed by univariate and bivariate descriptive analysis.

Results: A total of 214 hospitals of the Spanish Health Care System were invited to participate, and 203 centres responded, with all of them having a preanaesthesia assessment clinic. In 183 of them (90%), elective surgery patients were interviewed prior to their surgical intervention, and in 202 hospitals (99.5%) a anaesthesiologist physician performed the interview. In 128 hospitals (63%), anaesthesiologists were helped during preoperative assessment by nurses alone (49%) or together with auxiliary nurses (14%). In 68 of hospitals (33%) they were supported only by auxiliary nurses and in 7 hospitals (3%) they obtained no help at all. In 14 centres (7%) anaesthesia nurses assessed patients directly (under supervision of an anaesthesiologist physician). Hospitals with a higher volume of patients performed more preanaesthesia interviews. Hospitals with more running operating rooms received more nurse support in the preanaesthesia assessment clinic.

Conclusions: Some kind of preanaesthesia assessment clinic exists in all Anaesthesia Departments of public Spanish hospitals, although there are differences in design and organisation.

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* Corresponding author.

E-mail address: jmata@hsl.es (J. Mata).

PALABRAS CLAVE

Evaluación
Preanestésica;
Período
preoperatorio;
Investigación,
Anestesia;
Encuesta de anestesia

Encuesta sobre la situación actual de la evaluación preoperatoria en los hospitales de España

Resumen

Objetivo: Analizar la práctica común en las consultas externas preanestésicas de los pacientes sometidos a cirugía electiva en los hospitales públicos españoles.

Material y métodos: Estudio observacional descriptivo transversal. Las variables principales de estudio fueron: características de los pacientes, tipo de evaluación preanestésica realizada, profesional evaluador y tipo de apoyo durante el proceso de evaluación. Como secundarias se contemplaron: número de quirófanos de cirugía programada y número de consultas preanestésicas. Se realizó análisis descriptivo uni y bivalente.

Resultados: Fueron invitados a participar 214 hospitales del Sistema Nacional de Salud. Los 203 que finalmente participaron en la encuesta, disponían de consultas externas preanestésicas. En 183 de ellos (90%) pasan por dicha consulta todos los pacientes candidatos a intervención quirúrgica programada y en 202 (99,5%) la valoración preanestésica es realizada por un anestesiólogo del equipo. Reciben apoyo de una enfermera en 128 hospitales (63%), sola (49%) o junto a un auxiliar de enfermería (14%). En 68 de ellos (33%) es un auxiliar de enfermería el que ayuda en la consulta preoperatoria, mientras que en 7 centros (3%) no cuentan con ningún apoyo. En 14 de los centros (7%) las enfermeras realizan en la consulta valoraciones preanestésicas de forma autónoma tuteladas por un anestesiólogo. Centros con un mayor número de pacientes disponen de mayor número de consultas preanestésicas. Hospitales con un mayor número de quirófanos funcionan en mayor proporción el apoyo de una enfermera en la consulta preoperatoria.

Conclusiones: La instauración de algún tipo de consulta externa preanestésica está asumida por la totalidad de los Servicios de Anestesiología de los hospitales públicos españoles. Aunque hay diferencias en el diseño y la organización.

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Introduction

Preoperative assessment of the anaesthetic risk in patients undergoing elective surgery is common practice, and is recommended worldwide by Anaesthesiologist Societies.^{1,2} The objective of this assessment is to obtain an early insight into the patient's health status and to evaluate coexisting diseases and thus modifying, delaying, or if necessary, cancelling surgery. It is also useful to set up the most favourable pre- and perioperative status, to establish an anaesthetic plan and to reduce patient anxiety. Finally, anaesthesiologists usually obtain the written informed consent at the end of this assessment.³⁻⁵ Extensive preoperative information on the patients' health proves to be cost-effective, in that both additional preoperative work-up, as well as delaying or cancelling surgery for medical reasons, were reduced thus improving overall patient welfare and outcome.⁶⁻⁸

Patients who do not receive a preanaesthesia assessment are at risk of being inadequately managed. In our experience, an anesthesiologist on duty with a great workload is frequently expected to perform the interview, and this poses additional problems as patients with serious coexisting diseases may not receive sufficient care, an emergency case could be declared and, eventually, surgery needs to be cancelled as there was no preanaesthetic assessment. Patients would then be distressed, and loss of revenues may arise from unused operating rooms (OR).

The aim of the present study was to present a review on common practice in preanaesthesia assessment clinics (PAC) in Spanish public hospitals.

Methods

A prospective cross-sectional survey was performed to determine the detailed preoperative patient assessment procedures in Spanish hospitals.

According to the 2008 Spanish National Hospital Catalogue there were 315 public hospitals in Spain.⁹ Between June and December 2009, questionnaires containing 57 multiple choice and 16 short answer questions were sent to all Anaesthesia Departments of the Spanish National Health System. Informed consent for the study was obtained from all participating centres.

A minimum of 179 out of the 214 hospitals were calculated to be needed to answer the questionnaire for a useful 95% confidence interval, a precision of 3%, and a hypothetical amount of preanaesthesia interviews of 50%, as estimated by Openepi software (Open Source Epidemiological Statistics for Public Health, 2.3.1, Atlanta, GA, USA [Updated: 2010 Sep 09]). We used non-probability samples of consecutive cases, including those hospitals that voluntarily responded to the survey.

Inclusion criteria were as follows: hospitals with a surgical and anaesthesia department, and voluntary participation. Exclusion criteria were incomplete or equivocal answers in more than 50% of the questions.

Primary variables were: (a) patient characteristics (in-, out-patients), (b) the type of survey performance (defined as type of preoperative evaluation and tests used for the elective surgery procedure), (c) who was the patient's interviewer i.e. the healthcare professional taking care

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