Setting up and evaluating patient information open evenings

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Staff at the Victoria Infirmary patient preadmission clinic for major joint-replacement surgery recognised that the amount of information patients are given before a procedure is impossible to retain. This can lead to patients feeling ill-informed and less confident in their health care providers. An open evening was arranged to provide patients, accompanied by a friend or relative, with access to information on all aspects of their journey of care, while giving them the opportunity to meet staff and ask questions. The success of the event has resulted in it becoming a regular occurrence.

As clinical nurse specialist in orthopaedics, I have been seeing patients scheduled to have major joint replacements at our preadmission clinic. This clinic is coordinated by a staff nurse and is attended by a physiotherapist, occupational therapist, bone bank donation sister and the house officer. At the clinic appointment the patient is seen by all these professionals, and also has an electrocardiogram (ECG) and X-rays. This makes appointments lengthy and patients are given a great deal of information by the various health care professionals involved.

Patients often feel poorly informed of their health care options (Audit Commission, 1993), and the benefits of better communication include better concordance with treatment and improved outcomes. Research shows that people retain only 25–50 per cent of the information given to them (Hilts and Krilyk, 1999), and I felt that we needed to address this.

I suggested holding an open evening where information would be given to patients on the waiting list for hip and knee joint replacement.

Government policy

Patient and public involvement is an important priority that underpins NHS health care delivery and the provision of a patient-focused service. The Scottish Executive policy document, Patient Focus and Public Involvement (2001), includes provision of patient information as one of its key targets.

Our aim was to address these targets:

- Keeping patients informed and involved in their health care journey;
- Responding to the patient’s needs, maintaining politeness and mutual respect.

I believe keeping patients well-informed and involved in care planning builds their confidence in care providers.

Planning the event

A multidisciplinary team meeting was held to discuss organisation of the evening. The orthopaedic scheduler, who normally deals with elective admission planning, sent out invitations and coordinated replies. The open evening was intended to be a drop-in session to provide patients, accompanied by a friend or relative, with access to information on all aspects of their journey of care.

Patients who were on the waiting list for hip and knee joint surgery during a three-month period were randomly selected and invited by letter to attend the open evening. Some had just been placed on the waiting list, while others had been on the list for up to a year.

While I planned and organised the event, other team members were busy preparing displays containing information on their area of involvement in the patient’s journey. The displays included contributions from staff in the preadmission clinic, the wards, theatre, physiotherapy and occupational therapy. The displays included advice information leaflets, equipment and photographs. The team members were keen to be involved in the project, but there was always the issue of duty rostering for this extracurricular event. Some staff participated during their off-duty time in the expectation of getting the time off in lieu at a later date.

Patient feedback

‘On-the-spot’ feedback from patients and relatives who had attended the evening was overwhelmingly positive. They seemed to appreciate the personal touch of the invitation and took time to visit each area and speak to staff. The evening was very informal, with refreshments provided, and patients were able to talk not only to health professionals but also to each other.

The aim of this event was to empower patients by giving them some control over the information they receive. This was provided in a non-threatening, friendly environment, at their own pace and with a commitment to support them through their care journey.

Evaluation

A short patient satisfaction questionnaire was sent to 30 patients who had attended the event (Box 1), with 24 responding (80 per cent response rate); 21 (85 per cent)
rated the evening as ‘very good’ and three (15 per cent) as ‘good’. We also received a number of telephone calls and letters of appreciation from patients.

One patient commented that the evenings were ‘most informative. I feel more confident in coping as I live alone’, another was ‘amazed at what actually happens – may be too explicit for some people’.

All questionnaire respondents agreed that staff had provided sufficiently detailed answers to their questions and felt enough information leaflets/booklets had been provided. The majority (22) found the timing (3.30pm to 7.30pm) suitable, although eight would have preferred 1–4pm and four 4–7pm, with only one choosing 10am–1pm. Most (21) felt there was adequate seating provision, with two disagreeing; and 23 thought we had provided enough refreshments.

Further positive comments included:

- ‘All staff were extremely helpful, explained matters in plain English’;
- ‘Most informative – never been a patient before, gave me some idea of the procedure and what to expect’;
- ‘The informal setting made it easier to ask questions – a great idea’;
- ‘Would have been helpful and reassuring to have had someone present who had had a joint replacement’;
- ‘Most impressed by the complete package, have a lot more faith in the operation now’.

One patient felt the open evening had been ‘very worthwhile’ but was critical of ‘the lack of parking places at visiting time’.

After the event, the team met to discuss their views on how it had gone. Initial feedback indicated the event had been a success, generating enthusiasm and ideas to incorporate in future events. This included gathering more equipment to show patients and inviting staff from the bone bank service and surgical site surveillance team to discuss their roles in the patient care journey.

I wrote a report on the event and included copies of letters from appreciative patients for dissemination to all parties involved in patient care, including line managers. Since then, I have taken note of any comments made on the patient questionnaires and, with feedback from the staff involved, have also looked at information leaflets on a range of subjects provided by organisations such as the Arthritis Research Campaign (2003) to help us design and produce future patient information leaflets.

**The future**

Our objective is to improve the function of our preadmission clinic, but we have been hampered by factors such as lack of staff to host the event, insufficient funding and the location of the clinic, which is close to other busy fracture and orthopaedic return clinics.

Despite the problems, we intend to hold further open evenings for patients. There are plans to make an educational video to show at these events. With the support of my line manager, I applied for Health Board Lottery Fund money to buy a TV and video, which was granted, to show our video. The funding should also cover the costs of an audio system/CD player, which should enhance the informal ambience of the open evenings.

I organised and hosted two more successful open evenings in spring and this autumn, and we will be holding another next month. We are committed to holding this event regularly, with plans to run it twice a year.

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