EXPLORING ONLINE PRE-ADMISSION INFORMATION FOR CHILDREN

This is a summary: the full paper can be accessed at nursingtimes.net

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IMPLICATIONS FOR PRACTICE

- Information can be given in a variety of forms but if hospitals intend to provide information on their website then it should, as a minimum, meet the requirements set out in the NSF for children (DH, 2004), or equivalent for Wales or Scotland.
- Good practice would ensure the information was appropriate and met children’s information needs (Smith and Callery, 2005).
- Children’s nurses could encourage modern matrons (or equivalent) and trust webmasters to consider the information on their website, through discussion in team meetings. Modern matrons could work with trust webmasters to ensure their website has a child-friendly section.
- A national guideline on the minimum standard of information provided to children and families could be formulated, with children and young people involved.

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ABSTRACT Lee, P, (2008) Exploring online pre-admission information for children. Nursing Times; 104: 19, 28–29. This study aimed to explore information available on the internet to children and families before the child’s planned admission to hospital. A descriptive survey of all NHS hospital trusts in the London region was undertaken to determine the amount of information available. Only nine out of 32 websites provided any child-specific information. Recommendations are given for how websites could be developed to meet children’s and families’ information needs.

Information before admission to hospital is useful for all patients, particularly children. As the number of households with internet access is rising, some of the information previously provided through expensive media, such as books, is now available on hospital trusts’ own websites. However, it is not clear how much information is available through such sources. A literature review was undertaken for this study – for details see nursingtimes.net.

AIM

This study aimed to explore information available on the internet to children and their families before the child’s planned admission to hospital. The objectives were to:

- Examine websites to determine the information available to children;
- Examine websites to establish the information available to families;
- Consider differences between sites regarding the information given (provided sufficient information was available).

METHOD

A descriptive survey was undertaken. An advantage of this method is that it was possible to access the entire population of hospital websites, and therefore the problems of sampling and poor response rate were eliminated, and bias reduced.

The study population was all NHS trusts in the NHS London region that undertook planned admission of children. Binley’s (2006) was searched for general hospitals, as well as specialist ones (for example eye and orthopaedic). Mental health trusts, emergency admissions and independent hospitals were all excluded.

Thirty-two trusts were located in Binley’s (2006) and cross-referenced with the Institute of Healthcare Management (2005) yearbook to determine whether they provided children’s services. One of these was a specialist children’s trust, five were specialist service providers that admitted children, and the remaining 26 were general hospitals or trusts that admitted adults and children.

Since all information is in the public domain, it was not necessary to gain approval from the university research ethics committee. However, ethical considerations were made at all stages, particularly the potential identification of hospitals.

Data collection

As both adults and children may search for online information before a child’s admission, consideration should be given to what children consider important. This is in line with standard 3 on family-centred services in the National Service Framework for Children, Young People and Maternity Services (DH, 2004). To achieve this criterion, an appraisal tool was developed from Smith and Callery (2005), who classified pre-operative information needs of children aged 7–11 under nine headings. Each website was assessed for two elements: whether information was provided for the child or adolescent; and whether information was provided for the parent to pass on to their child. In addition, following the example of Boyington et al (2006), a note was made of the accessibility and visibility of the information, using a grading system of 1–5.

The data was collected in April 2007 and a further check was made in July. Hospital websites that did not have a separate section for children or children and families in April still did not have a separate section in July, so the data remained valid.

RESULTS

Only nine (28.1%) hospitals had an active section of their website for children or children and their families. These are examined more closely later.

The remaining 23 (71.9%) websites had no separate section for children or children and families. One of these stated that it was ‘currently under construction’ and had clearly considered the need for a separate
children. The results clearly demonstrated that the majority (71.9%) did not have this, although this study did not set out to determine the reasons for lack of separate section for children or children and families, one was a specialist children’s hospital and three were specialist hospitals that admitted children. Therefore only five of the 26 (19.2%) general hospital trusts provided a separate section for these groups, although one of these had specialist children’s services/children’s hospital within the trust. Only one specialist children’s hospital and one other specialist hospital admitting children provided information specifically for them. The remaining seven (two specialist and five general) provided information specifically tailored for parents (carers).

Regarding the nine themes identified by Smith and Callery (2005), few websites addressed the issues the children requested, although many did provide additional information.

The route to finding information on websites was variable and no standard route was used. Even after various initial routes were taken from the home page, it was still important to determine how many steps it took to reach the relevant information. Including the home page, the specialist children’s hospital took two steps, four took three steps and the remaining four took four steps.

**DISCUSSION**

Before the study an assumption was made that all trusts would have a separate section of their website for planned admissions for children. The results clearly demonstrated that the majority (71.9%) did not have this, although this study did not set out to determine the reasons for lack of separate provision of information.

Over the years, child health professionals across the UK have campaigned to ensure children’s services are appropriate for children and their families, and in line with current policy. As hospital trust websites are relatively new, and many are still developing, there is scope for many in London to reconsider whether their websites meet children’s and families’ needs.

Although nine (28.1%) websites appeared to have a separate section for children and families, only two (6.3%) had one specifically for children. The information contained on those sites was variable in terms of the amount and whether it addressed issues children had identified as important. It is not clear why some websites provided more information than others. There was no one consistent route to finding relevant information on the websites, although the number of steps was fairly consistent. It is perhaps not surprising that the one specialist children’s trust took only two steps for the children and/or their families to find information. This is rated as very accessible by Boyington et al (2006). It is easier for such a specialist children’s service to direct children and families straight to where they wish to visit.

Four sites took three steps and the remaining four required four. According to Boyington et al (2006), this means the information is moderately accessible and somewhat accessible respectively. This is encouraging, in that the scant amount of information accessible to children and/or their families is not too difficult to find. However, many children and families may have spent some time searching for information that was not present, as indicated by 23 of the 32 sites that did not provide a specific section.

**Study limitations**

The research focused on children with a planned admission and therefore did not examine information for those admitted as an emergency or with a mental health problem. Including children in these categories may have yielded different results. It is possible that websites can change quickly, so information available on one day may have changed the following day. The results therefore only represent the time the data was collected.

The research examined trusts within the NHS London region and therefore only represents a view of London. This may not represent the rest of London and the UK, as London has several specialist hospitals that admit children as well as specialist children’s hospitals.

Generalising the findings to other NHS regions may not be appropriate. This survey examined only the information available on hospital websites. It did not determine who the author was, and the type of author may have influenced the amount or quality of information.

**CONCLUSION**

The internet is a relatively new development and hospital trusts are now uploading some information onto their websites. However, with regard to children’s pre-admission needs, very few trusts in London have provided them with information that they consider important.

In addition, the route to accessing information on websites is variable and some children and families may not have a sufficient understanding of healthcare or NHS terminology to navigate their way through some of the sites.

Proposals have been made for a minimum standard for hospital trusts to provide children and families with pre-operative and pre-admission information. Trusts should ensure that this meets the needs identified by children and their families.

**REFERENCES**


