

Improving Quality and Safety of Perioperative Care in Sri Lanka Through Patient Empowerment; Role of the Anaesthetist.

Amila Jayasinghe^{1*}, Vasanthi Pinto²

¹Senior Lecturer, ²Professor of Anaesthesia & Intensive Care, Department of Anaesthesia & critical care, Faculty of Medicine, University of Peradeniya,

Anaesthetists play a pivotal role in peri-operative care to change the trajectory of patient outcomes following surgery. The role of anaesthetists has evolved from being a doctor providing optimal conditions for surgery to becoming a peri-operative physician, taking care of patients in a multidisciplinary team from booking for the surgery until the discharge.

However, the role of anaesthetist appears to be still out of the public view in Sri Lanka and globally. Many patients are unaware of the anaesthetist or their role. They have the uncertainty of who would look after them once they are unconscious, the adequacy of anaesthesia and analgesia, safety of anaesthesia and the mode of anaesthesia. This leads to a high level of anxiety, stress and fear of surgery and anaesthesia. These can adversely affect the safety of anaesthesia, post-operative pain control, and quality of recovery following surgery.

Why is patient empowerment important?

The demand for knowledge and doctor-patient conversation is on the rise. There are several benefits of this too. These can be categorised into the following.

For patient safety:

Poorly educated patients are more likely to not adhere to preoperative instructions such as

fasting, compliance with medications, and other preoperative instructions, leading to unnecessary delays of the surgeries and a high risk of peri-operative complications. Educated patients are more liable to give a detailed history of their medical problems and comply with the instructions given to them. They feel the shared accountability for the safety of the anaesthetic. Patients' comfort, low stress and fear have a positive effect on peri-operative haemodynamics and depth of anaesthesia, they cooperate more with extubation, and recovery is smoother. Postoperatively, they are more aware of expected complications and would alert the physician early.

To meet patients' expectations:

Nowadays, we see that the patients have higher expectation of the health care they receive. They expect detailed information from the anaesthetists and more engagement and empathy. Patient education also empowers shared decision making. Patients will feel the control to make decisions regarding themselves and it respects patient autonomy. By the time patients come for their surgery, they will have developed a good rapport and trust with the anaesthetist.

For a faster recovery:

Many peri-operative care pathways such as 'Enhanced Recovery after Surgery' (ERAS) and 'Prehabilitation' before surgery have emphasised the importance of patient education and active patient engagement as a crucial part of the success of these care pathways. ERAS is a multidisciplinary peri-operative care pathway providing patient-centred, evidence-based care aimed at minimising surgical stress response and optimising their physiologic function to facilitate early recovery. It starts with patient and family

*Correspondence: Amila Jayasinghe

E mail: amila.jayasinghe@med.pdn.ac.lk

 <https://orcid.org/0000-0002-0130-6971>

DOI: <https://doi.org/10.4038/slja.v30i1.9061>



education and shared decision making with patients.

Recently the word "prehabilitation" was added to the anaesthetist's vocabulary. This programme primarily targets improving both physical and psychological wellbeing before the surgery. Improved functional capacity and mental health of patients will endure the surgical stress, minimise catabolic state and have a faster recovery. The main four elements of prehabilitation are,

- Structured and personalized exercise training to enhance physical fitness
- High protein and high energy diet to increase anabolism
- Control and optimise chronic medical conditions while stopping adverse health habits such as alcohol abuse and smoking.
- Measures to reduce anxiety and increase motivation and self-efficacy.

There is increasing evidence of the value of prehabilitation for better outcomes after surgery. "patient-centeredness" is a key element in these care pathways. Hence, it is obvious that none of these four elements cannot be fulfilled without active patient engagement. This emphasises the need to empower patients with adequate information for successful incorporation of these care pathways in Sri Lanka.

To improve quality of care:

Six domains of quality markers have been identified in anaesthesia and peri-operative care which are effectiveness, equitability, timely, efficiency, safety, and patient-centredness. Even though patient-centeredness has now become a quality marker, the main focus of anaesthetic care has been on improving effective, efficient, safe, equitable and timely care with little emphasis given to patient-centeredness. On the other hand, patient satisfaction is a key quality assurance marker. More and more institutes use patient satisfaction as a quality measurement tool, such as the patient-perceived quality of recovery-40 tool.

How can we achieve this?

There's enough evidence on the effectiveness of media-based interventions to improve patient literacy about the process of anaesthesia, risks and complications, how to prepare for surgery and how to minimise post-operative complications. Educational videos, printed information leaflets, books, media events and newspaper articles can be used for this purpose on a large scale. Sharing the experience of the patients who had adhered to peri-operative care pathways and had a faster recovery is also an excellent method to reduce patient anxiety. The establishment of pre-anaesthetic assessment clinics and allocation of dedicated time for patient education is very important. A more personalised discussion and plan can be made here. Even if all the patients are not referred to these clinics, a detailed discussion with the patient on the day of preoperative assessment and reassurance and clarification of their doubts on the day of surgery before the anaesthetic procedure are also important. Not only the knowledge should be focused, but attentive and empathetic listening and engaged conversation should also be a part of this communication.

Awareness about anaesthesia and the role of the anaesthetist in the public is limited. However, the role played by the anaesthetist is growing in the continuum of care from the pre-hospital setting through the preoperative, intraoperative, and post-operative phases of surgery until the patient is fully recovered. An anaesthetist is a team member of an integrated peri-operative multidisciplinary team. Empowering patients with the knowledge and supporting their emotions and motivation to build both-physical and mental wellbeing will improve the safety and quality of anaesthetic care. Patients will have a faster recovery and better satisfaction.

The anaesthetist in this peri-operative collaborative effort should focus on providing a safer and effective care while respecting patients' values and needs through empowerment of patient with knowledge and psychological support.

References:

1. A Blomberg. Education Improves Patient Satisfaction and Patient Safety. Anaesthesia patient safety foundation newsletter. *Circulation*. 107,515. **29**(2): October 2014
2. Lee A. Fleisher. Quality Anesthesia: Medicine Measures, Patients Decide. *Anesthesiology* 2018; **129**:1063–1069 doi: <https://doi.org/10.1097/ALN.00000000000002455>
3. Brindle M, Nelson G, Lobo DN, Ljungqvist O, Gustafsson UO. Recommendations from the ERAS® Society for standards for the development of enhanced recovery after surgery guidelines. *BJS Open*. 2020;**4**(1):157-163. doi:10.1002/bjs5.50238
4. Francesco Carli; Prehabilitation for the Anesthesiologist. *Anesthesiology* 2020; **133**:645–652 doi: <https://doi.org/10.1097/ALN.0000000000000331>
5. B. F. Gornall, P. S. Myles, C. L. Smith, et al. Measurement of quality of recovery using the QoR-40: a quantitative systematic review, *BJA: British Journal of Anaesthesia*, Volume **111**(2), August 2013, Pages 161–169, <https://doi.org/10.1093/bja/aet014>
6. Lee A, Chui PT, Gin T. Educating patients about anesthesia: a systematic review of randomized controlled trials of media-based interventions. *Anesth Analg*. 2003 May;**96**(5):1424-1431. doi: 10.1213/01.ANE.0000055806.93400.93. PMID: 12707146.