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**Outcomes of a multidisciplinary approach for paediatric cardiac patients yield high satisfaction but complete preparedness is unattainable.**

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**Background** - The patient-doctor relationship has moved far from the paternalistic approach to a partnership. With direct patient input we sought to modify our surgical pathway to improve patient experience, ensuring the information given to families met their needs for effective surgical preparation. At an open forum we sought patients' experiences and learnt that despite best efforts many felt unprepared for hospital admission. We therefore changed our surgical pathway to provide more information and support in a sequential and reinforcing manner involving the whole multidisciplinary team.

**Methods** - Following initial written information, a face-to-face surgical clinic meeting (SC) is held at which the intervention is discussed and the patients meet with the primary surgeon, Paediatric Clinical Nurse Specialists (PCNS) and Cardiac Clinical Psychologists (CCP). This is followed-up with further written information. Those identified as requiring additional psychology support are seen in the interim. At pre-admission clinic (PAC) patients see PCNS, CCP and play specialists for child preparation.

**Results** - 79 patients were followed through their surgical pathway from February 2016-July 2016, with questionnaires at SC and PAC and telephone questionnaires post-operatively.

69.4% of patients considered initial written information prepared them for SC and 100% reported the surgeon, PCNS and CCP clearly explained all aspects of the forthcoming surgery. Following PAC 66.7% of patients were satisfied and felt prepared for surgery.

However, after surgery fewer patients reported that leaflets, surgeons, PCNS and CCP had been helpful in preparing for surgery than at PAC. Overall, only 29.6% reported that in retrospect they felt they had been completely prepared for their child's surgery.

**Conclusions** - Although at the time patients report high satisfaction and feel prepared for surgery using this multidisciplinary approach, after the event only 29.6% felt completely prepared, suggesting complete preparedness is unattainable. Ongoing work for improvements will involve previous patients in pre-intervention preparation.