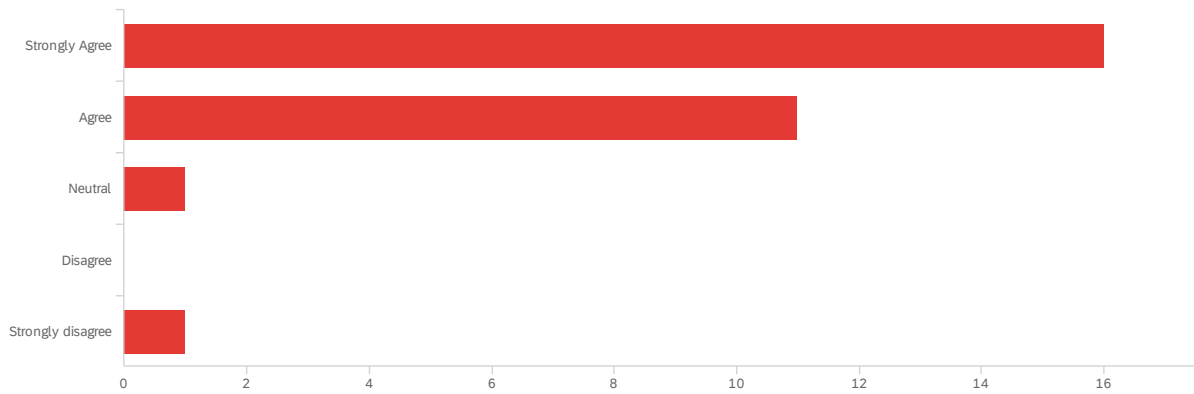


Default Report

Online Patient Information Survey

June 16, 2022 10:20 AM MDT

Q1 - Is it appropriate for your patient to read the GA information material in advance of their OR date?

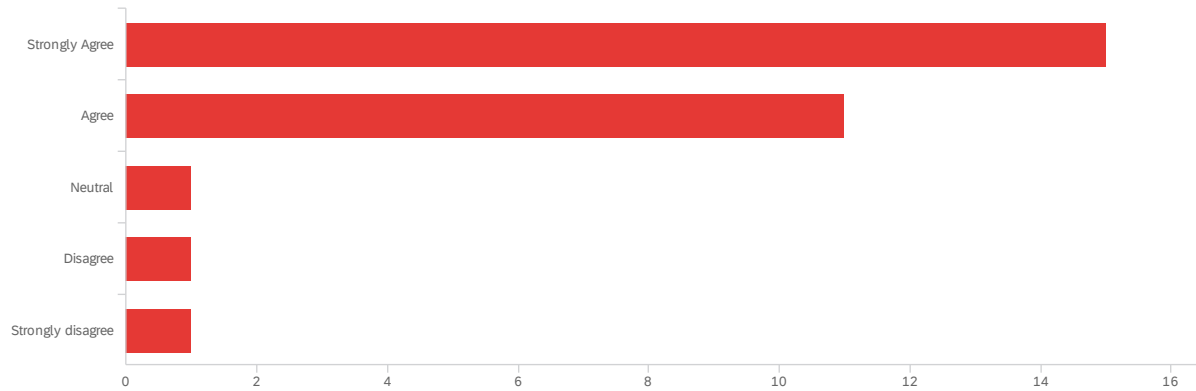


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Is it appropriate for your patient to read the GA information material in advance of their OR date?	1.00	5.00	1.59	0.85	0.73	29

#	Field	Choice Count
1	Strongly Agree	55.17% 16
2	Agree	37.93% 11
3	Neutral	3.45% 1
4	Disagree	0.00% 0
5	Strongly disagree	3.45% 1
		29

Showing rows 1 - 6 of 6

Q2 - Is it appropriate for your patient to read the spinal and epidural information material in advance of their OR date?

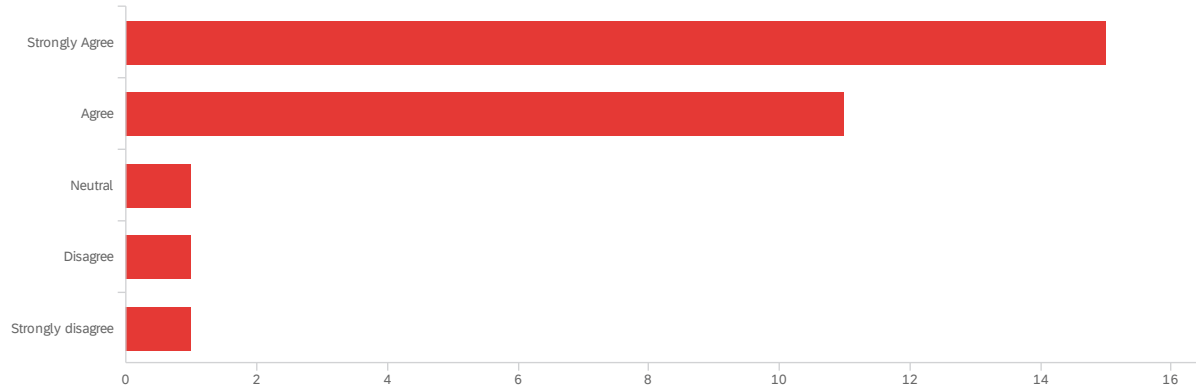


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Is it appropriate for your patient to read the spinal and epidural information material in advance of their OR date?	1.00	5.00	1.69	0.95	0.90	29

#	Field	Choice Count
1	Strongly Agree	51.72% 15
2	Agree	37.93% 11
3	Neutral	3.45% 1
4	Disagree	3.45% 1
5	Strongly disagree	3.45% 1
		29

Showing rows 1 - 6 of 6

Q3 - Is it appropriate for your patient to read the nerve block information in advance of their OR date?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Is it appropriate for your patient to read the nerve block information in advance of their OR date?	1.00	5.00	1.69	0.95	0.90	29

#	Field	Choice Count
1	Strongly Agree	51.72% 15
2	Agree	37.93% 11
3	Neutral	3.45% 1
4	Disagree	3.45% 1
5	Strongly disagree	3.45% 1
		29

Showing rows 1 - 6 of 6

Q4 - Do you have comments on giving information on risks and benefits in Anesthesia care to patients in advance of their OR date.

Do you have comments on giving information on risks and benefits in Anesthe...

Risk benefit discussions may vary between practitioners. I have always approached risk discussion with a more minimalistic approach. I worry that publishing these numbers will lead to more fear, and reluctance to accept regional anesthesia. Everyone in the department will have to be extremely familiar with these numbers and departmental consensus should be sought before instituting this as part of our information package.

It is very patient dependent but I believe that the patients have the right to know. Better they get their information from a reputable source than a Google search.

I give little information unless the risks are relatively common (N&V, post dural puncture HA in a young person).

No. Patients should be aware of what they are having done

Must see Anesthetist before OR.

When discussing risks and benefits, this must be done with a qualified practitioner; otherwise, there is a risk of misunderstanding which may be limits the scope of modalities the patient may accept.

Should state that these are risks and benefits based on a 'normal patient' and your situation may be different based on your comorbidities...

It's probably better than WE give them information vs them finding it from who knows where or talking to their social networks that may give them a very subjective view of what they may experience.

Giving patients too much info can be overwhelming. But giving patients the option of reviewing this info is great

None

We should also mention evidence based benefits of certain interventions (like epidurals if they have any - Cochrane review on their benefits was retracted)

I think that we have to balance the desire for more information by few, with the risk of overstimulating/causing excessive worry in others. This material should be targeted to what most should now. Those with advanced questions could be directed to write them down and bring them to their ACC appointment.

Sometimes it's hard for patients to remember it all! Great idea. The idea of comparing to sizes of locations is good

I agree to giving them risks and benefits info in advance so all patients get identical information instead of leaving it to individual anesthesiologists: latter approach will lead to piece meal information and inter individual variability and confusion

I support giving patients this kind of information to patients in advance. However, it may be useful to add a 1 liner indicating that individual patient risk may vary and that patients will have an opportunity to discuss with their anesthesiologist on the day of the procedure. It may be useful to have legal input prior to publication?

I think R&B are certainly necessary for patients to know but could be unsettling to the unfamiliar. I think the comparisons made, provide good context and comparison.

Do you have comments on giving information on risks and benefits in Anesthe...

The question is how do we decide which information to send to patients? Does the anesthesiologist decide at time of consult? Nursing? Clerical?

Seems like heavy emphasis on risks. Without a conversation with anesthesiologist would seem very concerning to patients I think.

Both risks and benefits should be discussed.

Q5 - Do you have any comments about giving online information/instructions to patients in advance of their OR date.

Do you have any comments about giving online information/instructions to pa...

Nope

An abridged version of the procedure may be an effective solution to information overload on the patients

I think it would be great to have 360 evaluation of the process, esp us going thru the process and trying to view it from a patient perspective and then seeking patient input and feedback possibly from patient support or advocacy groups (if there is such a thing)

I think we have to always preface any information provided with the statement indicating that 'your condition or surgery may alter this information/risk/plans and consult with your anesthesiologist for how this information applies to your situation'

The online format may be the most difficult for those patients that really need it. Probably important to have multiple mediums to provide people with in case they prefer email or paper

None

Nope, great work Monica and Don

I think that providing information in written form (website) and verbal (ACC) is great. different things work for different people. Being careful not to duplicate/over complicate is important.

Excellent idea

Due to the unsettling nature of some of the information I think for many patients at minimum having a TPAC or PAC appointment or having access to a pre-anesthetic (?nurse) hotline to answer question could assist in alleviating fears.

I really like the British one page summary of general anesthetic complications and think we should steal it. I think benefits should be discussed along with risks.

Helpful, but needs to be done properly so as to not to create information overload.

End of Report