

Intraoperative events: What do patients want to know?

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What to expect?

What were our questions?

What did we do?

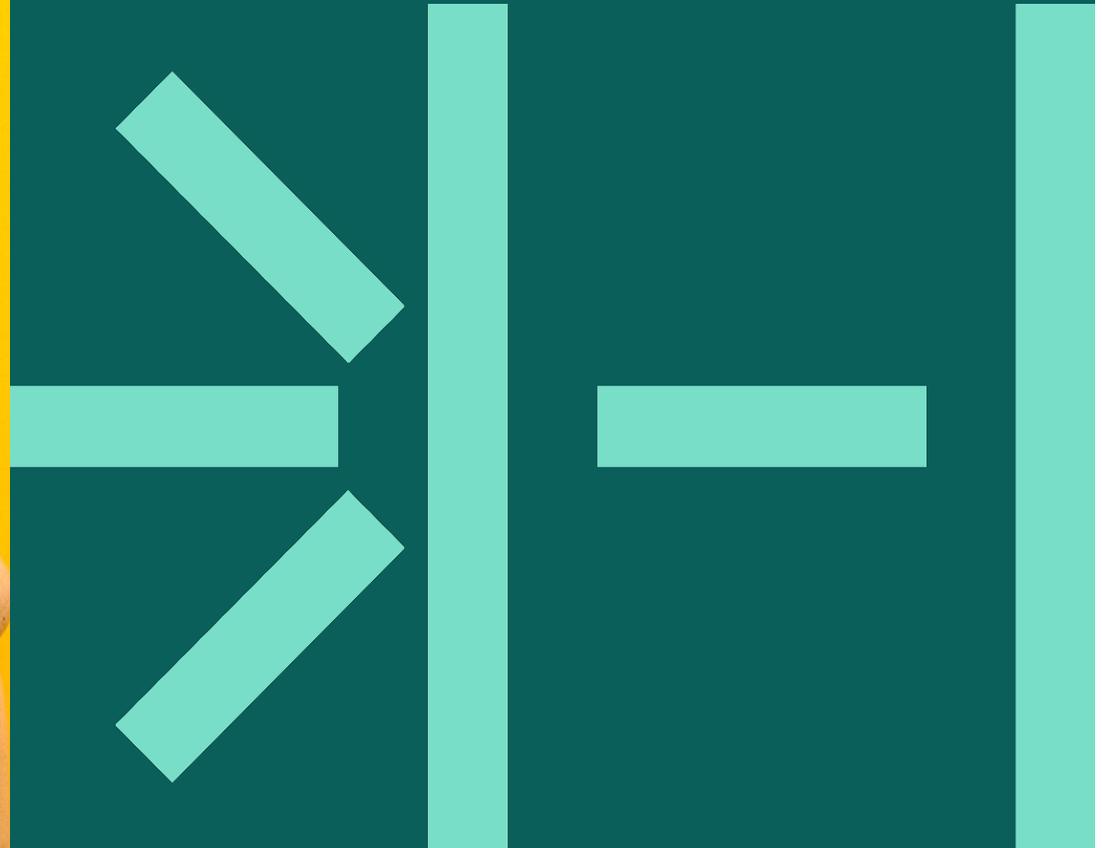
What did we find?

What do we make of it?

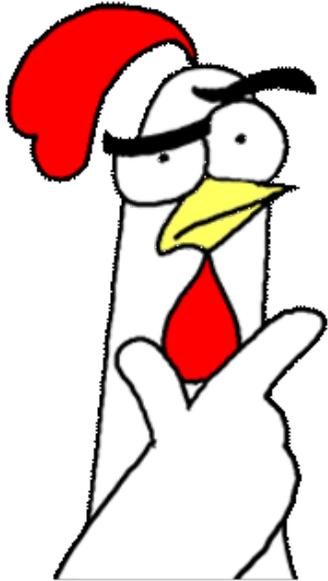


01

What were our questions?



What were our questions?

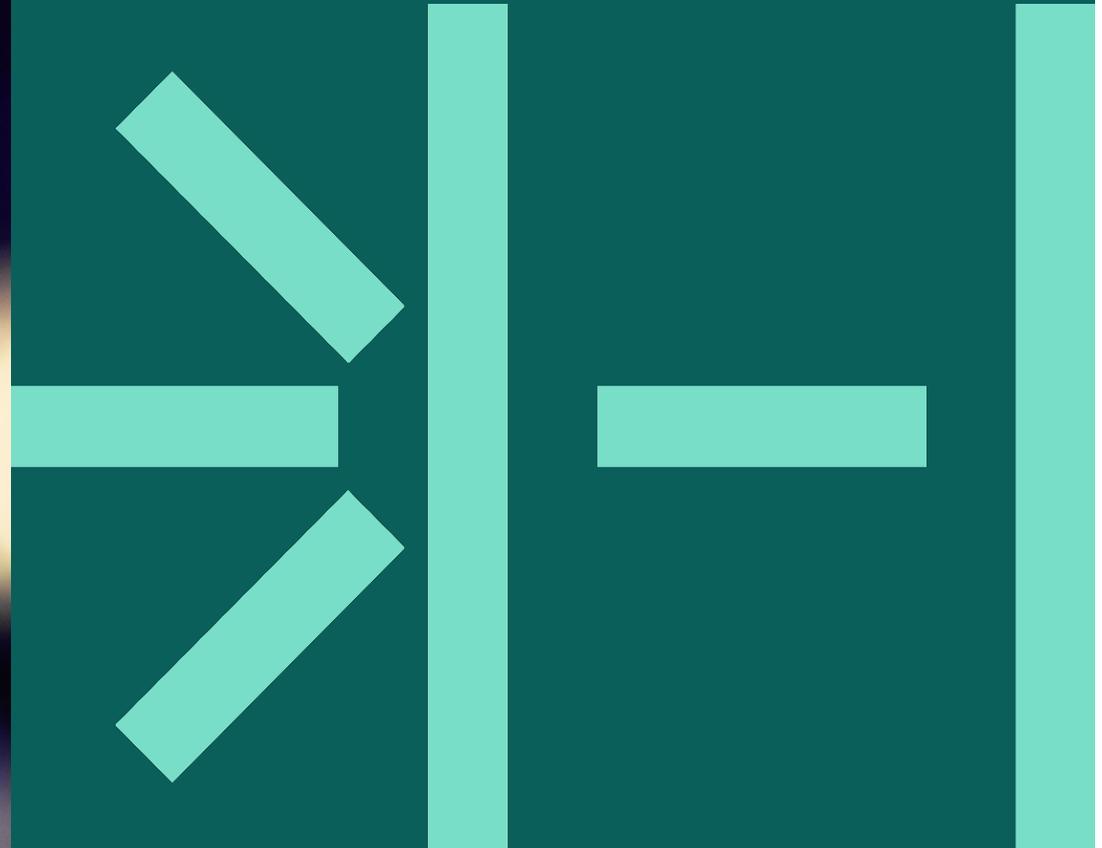


- What do patients/physicians think about the communication of intraoperative adverse events (iAE)?
 - General thoughts/attitude
 - Clinical experience
- What do patients want to know about iAEs?
- What are reasons for and against communication of iAEs?
- Could ClassIntra be helpful in deciding what to communicate to patients?
- How should iAEs be communicated?
- How does the communication of iAEs influence the patient-physician-relationship?



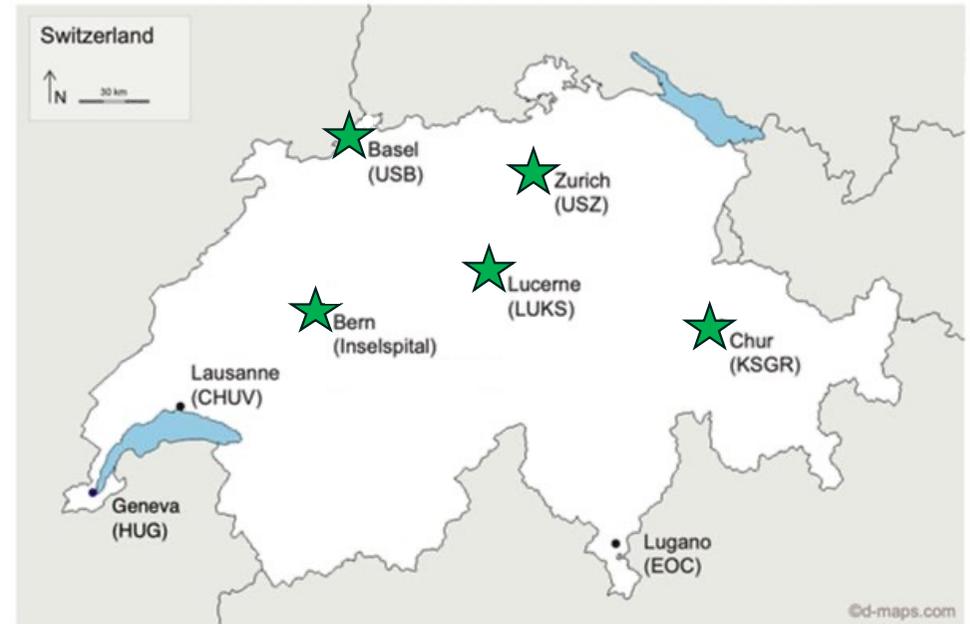
02

What did we do?



What did we do?

- 41 Interviews
 - 21 patients from 7 different specialties
 - 10 surgeons
 - 10 anaesthesiologists
- Patients: 24-81 years (Median 61)
- Physicians: 35-50 years (Median 40.5)
- Interview duration
 - Patients: 10:26 – 43:00 min. (Median 22)
 - Surgeons: 11:56 – 34:48 min. (Median 21)
 - Anaesthesiologists: 18:37 – 52:16 min. (Median 24)
- Audio-recording, transcription and analysis





03

What did we find?



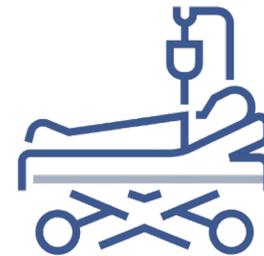
What did we find? – Patient's attitudes

Patients' needs differ greatly.

Most want to be informed to a varying degree.

«Everything. What exactly happened? What was done, what couldn't be done because of what happened, etc.? Really everything, so that I can make decisions that may be important in the future, right?»

«Actually, none at all. I'm not the type of person who, I know that I can't influence anything. And when I come here, I put my trust in the competence of the doctors and hope that they will do their best, which I believe and am convinced they will, so I don't need any [information].»



What did we find? – Physician's attitudes

“Open and honest” is considered the best way to communicate.
Presence in case of iAEs seems very important.

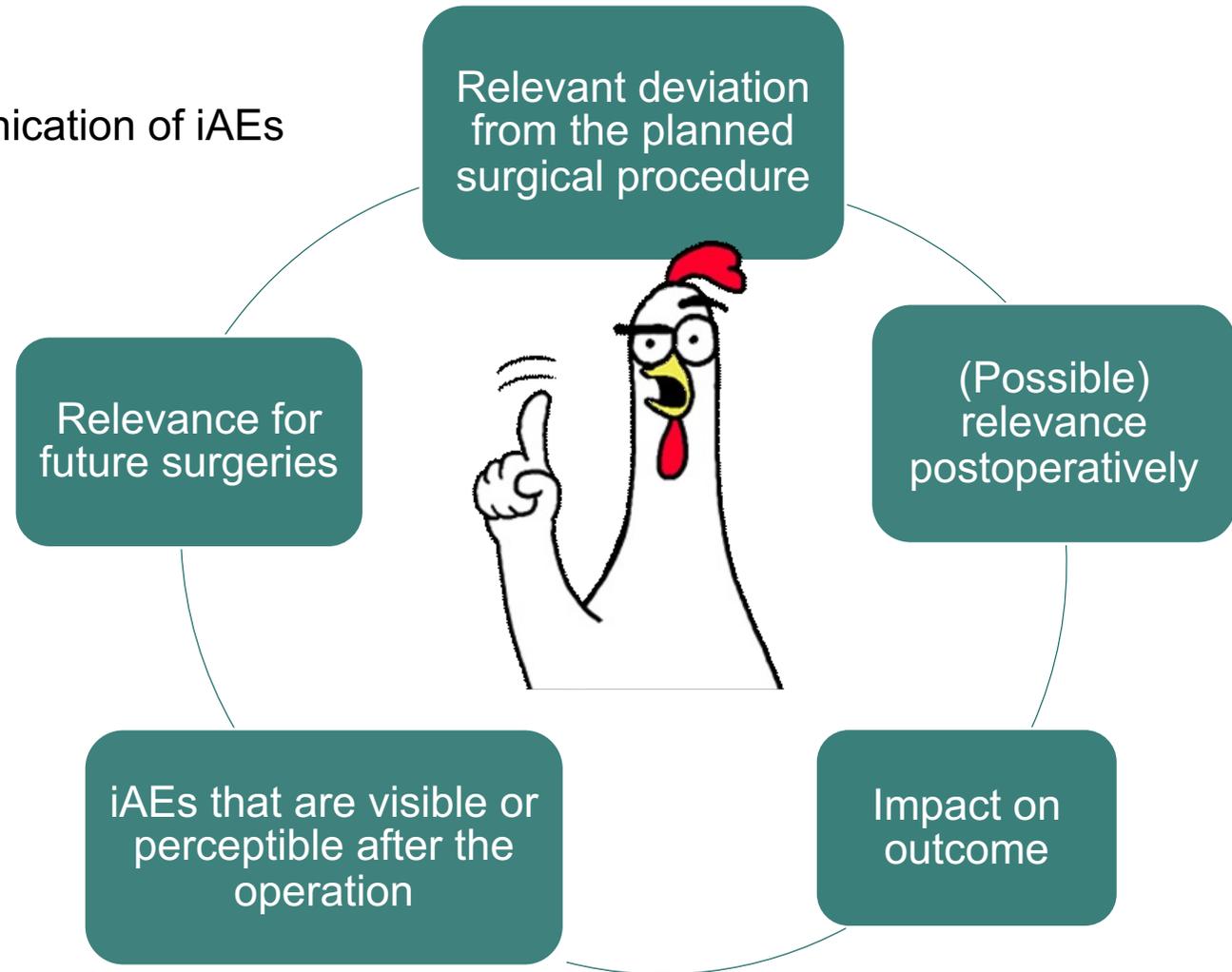
«But generally, I have found that the more openly and honestly you communicate all of this, the more reasonably it is perceived, because people don't feel that you are trying to hide something, but rather that you are being upfront about it.»

«So the more serious the complication, [...] the more you have to be there for the patient in order to maintain or rebuild trust.»



What did we find?

General criteria FOR communication of iAEs



What did we find?

But: there are good reasons NOT to communicate (minor) iAEs

- Creating insecurity
- Patients' difficulties assessing iAEs

«In the case of [...] minor complications, this sometimes leads to confusion among patients and their relatives and to a false assessment that something that has no consequences or only very minor consequences is suddenly considered to be very serious, out of fear that something has gone wrong.»

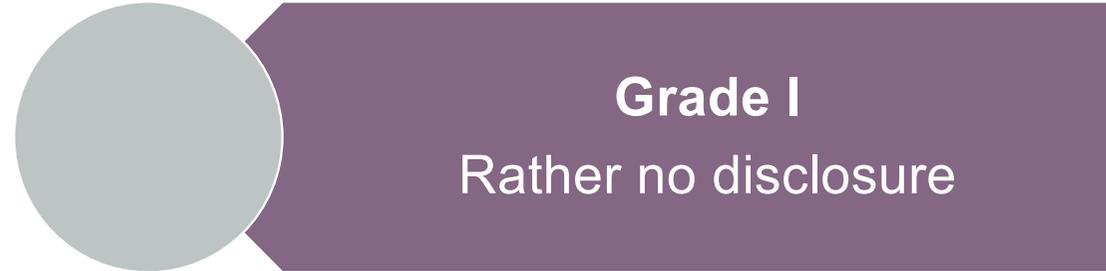
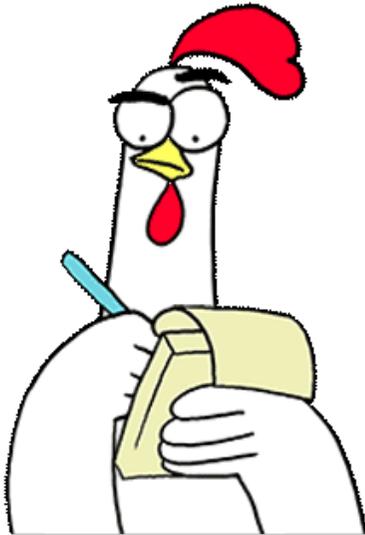


«The small details, whether one, two, or three tablets were needed to stabilize the blood pressure, don't really matter to me. I don't know what to do with that information..»

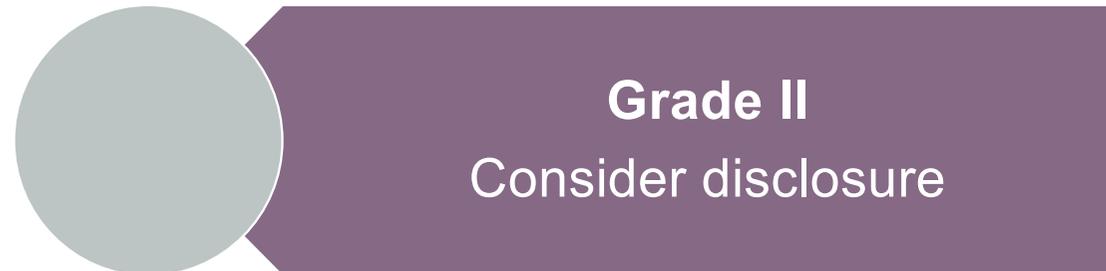


What did we find?

ClassIntra –
which iAEs should be communicated?



Grade I
Rather no disclosure

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Grade II
Consider disclosure

A grey circle on the left is connected to a purple arrow-shaped box pointing right. The box contains the text "Grade II" and "Consider disclosure".

≥ Grade III
Disclosure generally recommended

A grey circle on the left is connected to a purple arrow-shaped box pointing right. The box contains the text "≥ Grade III" and "Disclosure generally recommended".

What did we find?

Interdisciplinary communication is repeatedly considered challenging

«I mean, just looking at it, there are these iAEs, which can be surgical or anaesthesiological, and there is certainly room for improvement in communication between the surgeon and the anaesthesiologist. That's always the issue, isn't it?»



What did we find?



How to communicate iAEs?

- Open disclosure with explanation
- Clear wording
- Communication adapted to the patient's needs
 - Objectivity/emotionality
 - Level of detail
- Experience, empathy and self-reflection help

What did we find?

WHO

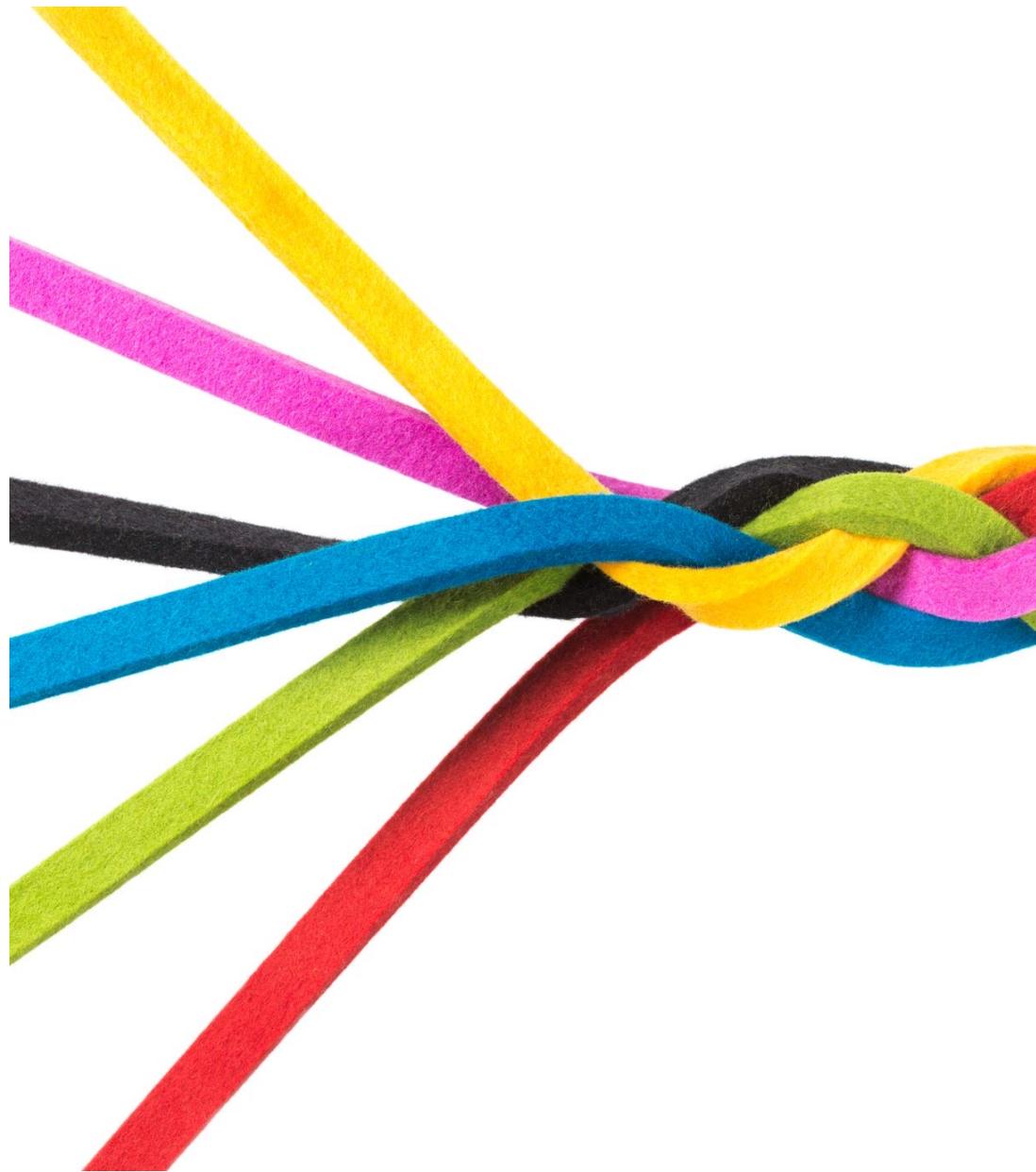
- Surgeon in charge is the main contact person for the patient
- Specific anaesthesiological iAEs should be communicated by the anaesthesiologist

WHEN

- Disclosure when patient is sufficiently awake
- If in doubt: disclosure later, or repetitive information
- Rather sooner: serious and/or visible/perceptible iAEs

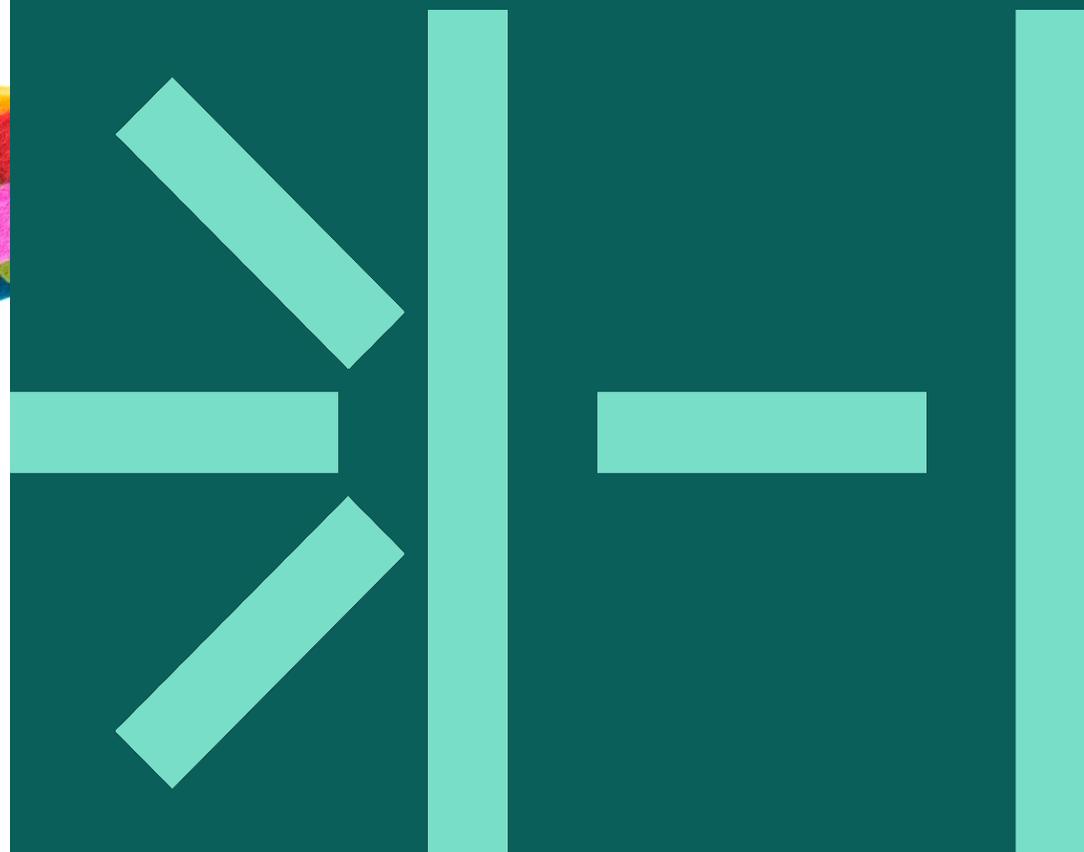
Patient-physician-relationship

- iAEs do not (necessarily) negatively affect the patient-physician-relationship if they are communicated well



04

What do we make of it?



What do we make of it?

- There is no «one size fits all»
 - «What does this patient need?»
- Honest and transparent communication is paramount, but
 - consciously consider what to communicate to the patient and why
- Encourage interdisciplinary communication

Sign-out

- Inform each other about iAEs
- Align information/wording before talking to the patient





Thank you for your attention!

