

# The use of a Reasonable Adjustment Pathway in paediatric day surgery to improve patient experiences and outcomes

Marshall R.\* , Stuart- Delavaine C.\* , Willis K.

## AIM

Significant barriers are faced by young people accessing healthcare, and these are exacerbated in patients with learning difficulties and processing disorders.<sup>1,2</sup> The aim of introducing the Reasonable Adjustment Pathway (RAP) was to meet their psychosocial needs, while dissipating their healthcare-related anxiety, which significantly improves both current and future healthcare outcomes.<sup>3</sup>

## METHODS

Patients suitable for the RAP are identified in surgeon-led clinics; these children may or may not have a diagnosis of autism, pathological demand avoidance, ADHD, Asperger, sensory processing disorder, learning disability, and/or high anxiety.

Consultations are tailored to match each young person's individual needs; addressing sources of fear, triggers, and incorporating appropriate comfort measures. Previous coping strategies implemented by patient/guardians are also considered. Patient specific management plans are then made, confirmed with guardians, and distributed to all healthcare professionals involved in patient care.

Some of the comfort measures are shown in *Figure 1*.

## RESULTS

- Feedback forms, rating patients' and guardian's experiences of the service, were distributed prior to discharge.
- Forms were collected from 2016 – 2024.
- Data analysed (n=34) was randomly selected
- Qualitative (written comments; *Fig. 2 & 3*) and quantitative (service rankings, *Fig. 2*) data was gained
- **94% of respondents found care to be great in all assessed categories.** All negative feedback (5.9%) revolved around the technological malfunctions (virtual ward not working on patient's computers).

Figure 2. Feedback form

*“Very friendly staff, used gas instead of needle (for anaesthetic) which was very good”*

*“Everything we experienced was excellent”*

*“There isn't anything we would have changed”*

*“All team were excellent and made my child feel very relaxed”*

Figure 3: visualisation of feedback

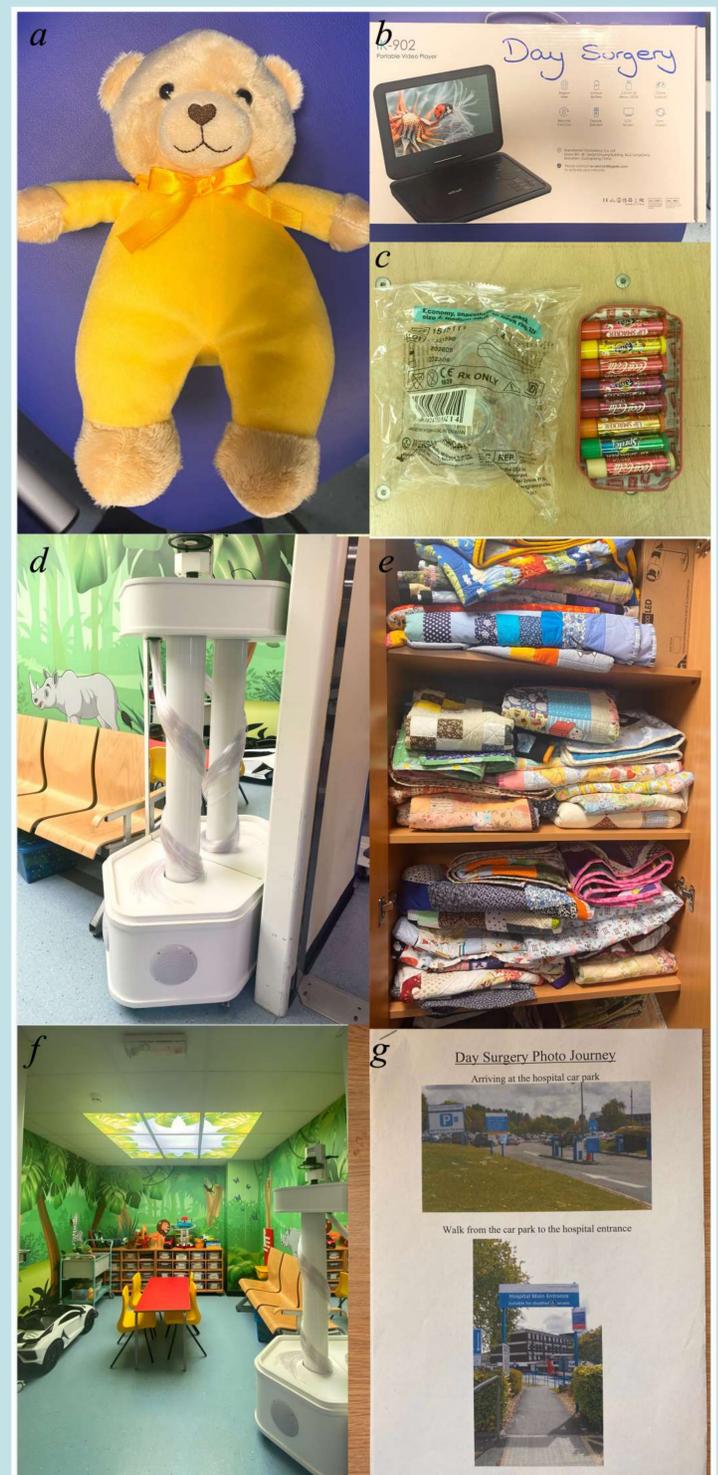


Figure 1: a. teddy bear given to patients to take home b. Portable DVD player given to watch videos on c. face mask given for patients to take home to get used to it; and scented lip balms to help the mask smell nicer while using it d. sensory machine e. quilted blankets to use while inpatient f. playroom with games and TV g. photo journey booklet which includes pictures of the path from the carpark to day surgery, procedures they might have, and all rooms/areas they might be in, including the playroom.

## CONCLUSION

Through personalised care and increased sensitivity towards a vulnerable young patient's needs, RAP has allowed for significant improvements in patient healthcare experiences and outcomes. We anticipate this pathway would also benefit vulnerable adults if adopted across all surgical teams.

**SPECIAL THANKS TO NURSES JANE DICKINSON, SUE PITTSOON AND HANNAH REEVES**

### References:

1. Garney, W., Wilson, K., Ajayi, K.V., Panjwani, S., Love, S.M., Flores, S., et al. Social Ecological Barriers To Access Healthcare for Adolescents: A Scoping Review. *Int J Environ Res Public Health*. 2021; 8(18).
2. Alborz, A., McNally, R., Glendinning, C. Access to health care for people with learning disabilities in the UK: mapping the issues and reviewing the evidence. *J Health Serv Res Policy*. 2005.
3. Smith, C. First, do no harm: Institutional betrayal and trust in health care organizations. *J Multidiscip Healthc*. 2017; 10. 133-144.

\*these two persons are joint first authors