From referral to recovery – optimising patient correspondence to support preparedness for surgery and patient flow

Gert Geyer, Dr Stephanie Stanton-Fay, Katie May

Strategic Communications Branch, Corporate Services Division

In collaboration with: Healthcare Improvement Unit, Clinical Excellence Queensland, The Prince Charles Hospital, Metro North Health

Surgical waitlists, cancellations and delays remain major challenges for healthcare systems. Evidence shows pre-operative preparation is essential to reducing these disruptions. Effective preparation requires clear, timely patient communication and instruction. In this project, we conducted a 5-stage, mixed methods review of 7 elective surgery patient correspondence letters to identify opportunities for improvement.

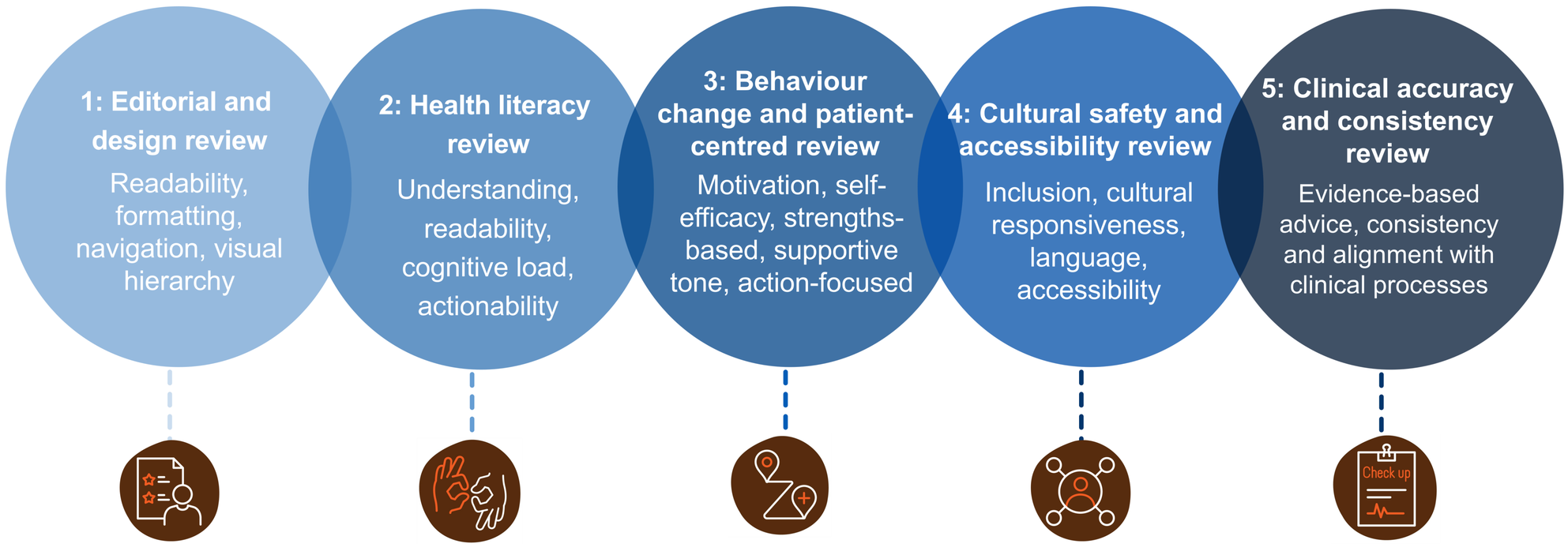
Pre-op preparation – theory versus the findings from our review

- It is the vital period to optimise patients' physical, psychological and social health to achieve better surgical outcomes and a smoother recovery.
- *But* it hinges on patients understanding what they need to do, when, and putting plans in place. In our review, we found:
  - Letters do not meet health literacy standards due to use of acronyms, passive voice, long sentences and jargon.
  - Recommended reading grade for health information is 5-7 and correspondence we reviewed averaged ~7-10.
  - Information was frequently presented as a list of requirements and restrictions, with limited use of patient-centred language to explain benefits, build confidence and support preparation for surgery.
  - Letters are difficult to navigate due to format and layout - this adds cognitive load which reduces the ease of performing desired behaviours, making them less likely to be done.

Why patient correspondence matters

- Patient correspondence is not just a communications issue; it is a clinical quality and patient safety intervention.
- Deficit thinking is a barrier to improving health outcomes as it sees the patient as solely responsible, ignores social determinants of health, and overlooks systemic issues.
- Not setting a good foundation for patients to *want* to engage with the health system fosters disengagement.
- We're not empowering patients to take control of and better manage their health, which has significant repercussions on the health system both in the immediate term (not being prepared for surgery) and in the longer-term (higher likelihood of deterioration and re-presentation).

What we did: 5-part patient correspondence review framework



05 - Results

Indicator	KPI	Before	After	% Diff.
Readability score (av.)	≥0	64.24/100	76/100	**18%**
Reading grade	≤7	7.22	5.15	**-28%**
% use of long sentences (av.)	0%	9.74%	0%	**100%**
% use of passive voice (av.)	<4%	13%	4.10%	**-68%**

06 - What's next?

- There is an opportunity to develop suite of recommendations for patient correspondence that can be tailored to local contexts.
- We need to recognise different learning styles by developing content in different formats such as video and other visuals.
- The design and development of the Digital Front Door will likely alter the communications landscape.
- Learnings from SurgiFLOW pilot may also provide additional insights.

References

Williams, C. J., Duff, J., & Tanagan, C, 2024. | Michie, van Stralen and West (2011). | Australian Indigenous Health InfoNet 2017 | Foley & Schubert 2013; Resiliency Initiatives 2013

DELIVERING FOR QUEENSLAND | Queensland Government