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When patients call their surgeon's office: an opportunity to improve the quality of surgical care and prevent readmissions

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Abstract

BACKGROUND: Little is known about care coordination and communication with outpatient endocrine surgery patients. This study evaluated phone calls between office nurses and surgical patients to identify common issues addressed and their effect on patient care.

METHODS: Qualitative analysis of preoperative and postoperative phone conversations between office nurses and endocrine surgery patients.

RESULTS: We identified 183 thyroidectomy patients with 38% contacting our office before surgery and 54% within 30 days after surgery. Common reasons for preoperative calls included questions about preoperative evaluation (21%), medications (18%), and insurance and/or work paperwork (12%). Postoperatively, common topics included medications (23%), laboratory results (23%), and concerns about wounds (12%). Nursing staff prevented unnecessary readmission in 7 patients (4%) whereas appropriately referring 16 (9%) for early evaluation.

CONCLUSIONS: Patients frequently contact their surgeons before and after endocrine surgery cases. Our findings suggest several areas for improving communication with patients.

Poor communication with patients and failure to engage them with treatment plans leads to poor compliance, medical errors, and increased healthcare costs.[1] For inpatient surgery, there are opportunities to engage and educate patients both before surgery and during their hospital stay. Outpatient surgery represents a different challenge since patients are only in the hospital for the actual surgery followed by a brief period of recovery for 23 hours or less. Patient education and preparation must then take place mostly in the clinic rather than the hospital ward.

Improving communication requires first identifying potential areas for improvement where existing efforts fail to fully meet patient needs. There are many ways to assess patient comprehension via surveys and qualitative

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techniques, but a more direct approach is to look closely at the phone calls between patients and their surgeon's office after the initial consultation visit or after surgery. By evaluating the reasons that phone calls are made to and from the surgeon's office, we can obtain a practical measure of problems that occur during preparation for and recovery from surgery. At the same time, we can evaluate the response to patient concerns and assess their impact on care.

The present study focuses on patients undergoing total thyroidectomy at a high-volume academic endocrine practice. We chose to focus on total thyroidectomy since this is a common endocrine procedure with more than 90,000 being performed in the United States each year.[2] We sought to determine the frequency and reasons for patient calls to and from the surgeon's office. We also wanted to assess how dedicated endocrine nursing staff addressed these phone calls and how they influenced patient care.

Methods

Inclusion and exclusion criteria

All patients $\geq$18 years old who underwent total thyroidectomy from January 1 to December 31, 2013 at the University of Wisconsin were included in the retrospective phase of the study.

Data collection

Patients that underwent total thyroidectomy during the 2013 calendar year were identified using a prospectively maintained endocrine surgery database. Charts were reviewed to determine if there was any documented preoperative or postoperative phone contact between patients and the nurses in the endocrine surgery office or clinic. We categorized calls as initiated by the patient or initiated by the surgeon's office. A phone call was considered to come from the patient if the patient or family contacted our clinic or office requesting information. We also considered calls to come from the patient if their physicians placed a call on their behalf. Calls were classified as coming from our office if we contacted the patient without any prior prompting. To categorize reasons for phone calls, we met with our office nursing staff before data collection. We discussed potential reasons for calls and agreed on broad categories. We then used an iterative process during data collection. Categories were revised as more data were acquired until we reached thematic saturation, and a final categorization scheme was devised. For each phone call, up to 3 categories could be assigned depending on the number of themes addressed in that call. The study was deemed exempt from Institutional Review Board review since it was categorized as a quality improvement project.

Outcomes

The primary outcome of interest was the presence of a phone call to or from a patient having total thyroidectomy. Secondary outcomes included number of emergency room or hospital visits avoided and number of early clinic visits, emergency room evaluations, or readmissions.

Prospective data collection

After completing the retrospective chart review, we prospectively evaluated a convenience sample of patient phone calls from December 11, 2014 to December 12, 2015. During this time, we recorded the reason and/or category and duration for each call. If a single phone conversation addressed more than 1 topic, each topic of the conversation was timed separately, and the resulting times were assigned to the corresponding categories on the collection form. The data collection forms were all reviewed by one of the authors (C.J.B.) to determine accuracy and that the call was assigned to the proper category.

Results

Patient characteristics

We identified 183 patients having total thyroidectomy from January 1 to December 31, 2013, and 63% were admitted for observation whereas 37% went home the same day (Table 1). Several patients had additional procedures performed at the same time as their thyroid surgery (Table 1). Median age at the time of surgery was 47 (range 18 to 85), and 85% were women. Most patients had private insurance (81%) whereas 18% used Medicare or Medicaid. Indications for surgery are summarized in Table 1 and include local symptoms (dysphagia and pain voice changes), cancer or concern for cancer, enlarging nodule(s) and Graves' or hyperthyroidism.

Preoperative and postoperative phone calls

During the time between their initial surgical consultation and the date of surgery, 46% of patients engaged in a phone conversation with our office nurses. This included calls from the patient to our office and calls from our office to the patient regarding issues, questions, or concerns. Thirty-eight percent of patients initiated a phone call to our office to discuss the issues outlined in Table 2. The most common reasons for preoperative patient phone calls were questions about the preoperative work-up including laboratory, radiologic, and other tests needed before surgery. In addition, 18% of phone calls dealt with questions about medications. These calls addressed which medications were to be held or initiated before surgery and potential side effects of medications. Another 12% of preoperative calls involved employment or insurance paperwork. Twelve patients (7%) called regarding