

North Pacific Surgical Association

# Call to care: the impact of 24-hour postdischarge telephone follow-up in the treatment of surgical day care patients



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## KEYWORDS:

Patient-reported outcomes;  
Postoperative complaints;  
Day surgery;  
Discharge care

## Abstract

**BACKGROUND:** Patient satisfaction and effective management of postoperative complaints are important factors in determining the success of outpatient surgery programs.

**METHODS:** In September 2013, a 24-hour postdischarge telephone follow-up (TFU) call was initiated by surgical day care nurses at the Royal Jubilee Hospital in Victoria, BC. The study group was contacted to evaluate the effectiveness of the TFU in identifying and addressing postoperative complaints and determining the level of satisfaction with discharge instructions and care.

**RESULTS:** A total of 854 patients were contacted. Overall, 313 (36.7%) received TFU and 541 (63.3%) did not; these served as our control group. Independent sample *t*-tests revealed that patients who received TFU had significantly fewer postoperative complaints compared with the controls (.19 vs .28, respectively).

**CONCLUSIONS:** Day surgery patients receiving TFU reported fewer postoperative concerns. Results of this study suggest that a TFU call results in increased patient satisfaction with discharge care and is an appropriate tool to address patients' postoperative complaints and improve patient-reported outcomes.

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There were no relevant financial relationships or any sources of support in the form of grants, equipment, or drugs.

The authors declare no conflicts of interest.

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Manuscript received November 2, 2015; revised manuscript January 19, 2016

With the advances in regional anesthesia and minimally invasive surgical techniques, there has been an evidence-based shift-to-day surgery. Appropriate patient education before discharge and contact with health care professionals postdischarge are important strategies for improving patient outcomes and enhancing patient satisfaction.

Telephone follow-up (TFU) has been demonstrated as an effective form of follow-up in several elective surgical procedures such as laparoscopic cholecystectomy, transurethral prostatectomy, tonsillectomy, inguinal hernia repair, appendectomy, and varicose vein surgery.<sup>1-4</sup> Postsurgical issues such as pain control, postoperative nausea, mobility issues, and surgical site problems can be identified by health care professionals through TFU. The patient can be advised of appropriate ways to manage their concerns and thus avoid unnecessary clinic or emergency room visits. TFU is also used in other settings including discharge from emergency departments, medical wards, and for outpatients requiring follow-up who have barriers to accessing health care professionals.<sup>5,6</sup>

The impetus for TFU at our institution came from the recognition that not enough attention was being paid to the patient experience, particularly for day surgery patients. Same day discharge from surgical procedures requires a comprehensive plan for discharge, and it was felt additional strategies to enhance support to patients were needed. Delayed recovery of working memory following day surgery that often remains even at the time of discharge is well documented.<sup>7</sup> Discharge instructions are likely to be forgotten or poorly understood, which may negatively impact postoperative recovery.

Our study sought to determine the impact of a day surgery TFU program that had been underway at our institution for 8 months and was ongoing. We wanted to determine if there was a significant reduction in postoperative concerns and if the call helped patients to manage those concerns. Most important, we wanted to know whether patients perceived the call as helpful and left them more satisfied with their discharge care. As the study progressed, we became interested in the secondary outcome of potential cost savings resulting from any decrease in postoperative emergency department visits.

## Methods

The present study extended a 24-hour postsurgical discharge TFU program in place at the Royal Jubilee Hospital for patients undergoing ophthalmology, brachytherapy, and cystoscopy procedures. In September 2013, surgical day care staff trialed the 24-hour follow-up call for all other day surgery patients; evaluation of this intervention occurred from May to September 2014. During the TFU, a standardized questionnaire which included questions about common postoperative complaints such as nausea, vomiting, postoperative pain, and concerns about the surgical site was administered. Patients were given the opportunity to ask questions and address any other concerns. If patients did not answer the initial call, the nurses attempted the call twice more.

To study the impact of the extended TFU program beginning in May 2014, institutional review board acceptance was obtained, all prospective patients were

appropriately informed ( $n = 1,207$ ) and those willing to participate were enrolled into the study ( $n = 856$ ; 70.8%). Of the 856 participants, 313 received the TFU call and 541 missed it due to 3 failed call attempts. It was our opinion that the ideal control group would be formed by day surgery patients who did not experience TFU at all by virtue of having their surgery before the TFU was extended. However, there was immediate evidence of significant recall bias among this group, as most had difficulty remembering any concerns they may have had since more than 8 months had elapsed since their surgery. Because the ideal control group was heavily influenced by recall bias and unable to provide reliable data, we considered the use of a different control group. The decision was made to form it from the patients who did not receive TFU because of 3 failed call attempts ( $n = 541$ ) while the remainder formed the TFU group ( $n = 313$ ).

The TFU group and control group were asked whether they experienced any pain, nausea and vomiting, mobility, wound care, or other issues postoperatively and about their satisfaction with discharge care. The TFU group was further asked whether the call helped them manage postoperative complaints and whether it was helpful overall, respectful, and impacted their satisfaction with discharge care.

Chi-square and independent samples *t*-tests were applied to compare the control and TFU groups on a number of outcomes, providing an evaluation of the impact of the TFU call on patient experiences of postoperative complaints and discharge care. In all cases, statistical significance was defined as a *P* value less than or equal to .05. All analyses were completed with SPSS 21.0.

## Results

Overall, the most common surgical procedures were plastic (43.1%), orthopedic (15.1%), and general surgery (10.7%). Most of the full sample (80.8%) reported experiencing no postoperative concerns and were "completely satisfied" with their discharge care (62.2%). **Table 1** displays descriptive statistics across the TFU and control groups. Follow-up chi-square tests revealed that though the control group was less likely to have been advised of follow-up care arrangements and more likely to have a regular family physician, there were few other differences in the available data. Across 10 types of procedures, only the distribution of ear, nose, and throat surgery was different between the TFU (12.8%) and control (6.5%) groups [ $\chi^2(9) = 27.97, P < .001$ ].

To evaluate the TFU call's impact on surgical outcomes, we ran tests to determine whether group differences existed in the number of postoperative complaints experienced, severity of complaints, and satisfaction with discharge care. Participants in the TFU group reported an average of .19 postoperative complaints, significantly lower than the mean of .28 complaints reported by the control group ( $t = -2.00$ ,

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