

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.JournalofSurgicalResearch.com

Association for Academic Surgery

Single-Visit Surgery offers added convenience and excellent family satisfaction



Caitlin A. Justus, PA-C, Allen L. Milewicz, MD, Martin Wortley, MBA,
Felicia Denner, RN, Rita Bogle, RN, Kimberly Ceyanes, PA-C,
and Sohail R. Shah, MD, MSHA*

Division of Pediatric Surgery, Texas Children's Hospital/Baylor College of Medicine, Houston, Texas

ARTICLE INFO

Article history:

Received 2 March 2018

Received in revised form

30 April 2018

Accepted 1 June 2018

Available online xxx

Keywords:

Single-Visit Surgery

Pediatrics

Ambulatory surgery

Patient satisfaction

ABSTRACT

Background: The traditional model for elective ambulatory surgical care includes three separate visits to the surgeon: an initial consultation, a second for outpatient surgery, and a third for postoperative follow-up. Single-Visit Surgery (SVS) is an alternative model of ambulatory surgical care that consolidates care into a single appointment where patients with straightforward surgical problems are evaluated in the morning and undergo a surgical procedure later that same afternoon. In April 2016, SVS was introduced at a tertiary-care freestanding children's hospital. Our objective for this study was to evaluate our early experience and conduct a survey of our patient's caregivers to evaluate their satisfaction with SVS.

Materials and methods: We retrospectively reviewed the medical records of patients that were seen as part of SVS from April 2016 through December 2016. Data collected included demographics, diagnoses, procedures performed, clinical outcomes, and distance traveled to the hospital. In addition, adult caregivers of SVS patients were asked to participate in a telephone survey.

Results: There were 43 patients seen through SVS during the study period. The median age was 7 y. Of the 43 patients evaluated through SVS, 40 (93%) of them underwent surgery. Of the 40 patients that had surgery, 27 (68%) of the families participated in the telephone survey. Of those responding, 93% were strongly satisfied, and 7% were satisfied with the care through SVS. All families said they would recommend the SVS program to a friend.

Conclusions: SVS is an alternative model of ambulatory surgical care that adds convenience to the patient experience and results in excellent family satisfaction.

© 2018 Elsevier Inc. All rights reserved.

Introduction

Over 1.2 million ambulatory surgeries are performed each year in children across the United States.¹ With continued emphasis on increasing patient experience while decreasing costs, there is a need for innovative health care delivery

models. The large number of ambulatory surgeries performed in children creates an opportunity for innovative delivery models in this space to be high impact.

The traditional model for elective ambulatory surgical care includes three separate visits to the surgeon: an initial consultation, a second for outpatient surgery, and a third for

* Corresponding author. Division of Pediatric Surgery, Texas Children's Hospital/Baylor College of Medicine, 6701 Fannin, Suite 1210, Houston, TX 77030. Tel.: +1 832-822-3135; fax: +1 832-825-3141.

E-mail address: sohailshahmd@gmail.com (S.R. Shah).

0022-4804/\$ – see front matter © 2018 Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.jss.2018.06.006>

postoperative follow-up. This conventional model can burden patient families by requiring multiple trips to the hospital thereby increasing costs for the family through travel expenses and potential lost wages for the guardians. The Single-Visit Surgery (SVS) program was initiated to relieve the burdens placed on families by consolidating care for straightforward surgical problems. The objective of this study was to evaluate our early experience and assess family satisfaction with the SVS program.

Materials and methods

We initiated an SVS program at Texas Children's Hospital (TCH), a tertiary-care pediatric hospital, in Houston, Texas in April 2016. The program was established at the TCH West Campus, one of the community hospitals within our integrated delivery system. Two pediatric surgeons (A.L.M. and S.R.S.) participated in the SVS program. Once a surgical referral was placed to the pediatric general surgery clinic, the surgery clinic staff reviewed the referral to determine initial patient eligibility for SVS based on diagnosis and age criteria. Referring diagnoses that are eligible for SVS include umbilical hernia (patient over 3 y old), inguinal hernia (patient over 12 mo old), hydrocele (patient over 12 mo old), and epigastric hernia (any age) (Table 1). If the referral met age and diagnosis criteria, then the family was called and offered an SVS appointment by a surgery clinic nurse as long as the child did not have any significant comorbidities that would preclude SVS. The child was then scheduled for a clinic appointment around 11:00 AM for evaluation by the surgeon, and also scheduled for the intended procedure later the same day. On the SVS appointment day the patient was evaluated by the surgeon that morning and then if the diagnosis was confirmed, the child underwent the outpatient procedure that afternoon. After the procedure, the patient was discharged home with usual postoperative discharge instructions.

For the purposes of this study, the work was approved by the Baylor College of Medicine Institutional Review Board with a waiver of consent for the retrospective review.

This was a retrospective review of all patients that were seen through SVS from April 2016 through December 2016. The review included a chart review for data collection including demographics, diagnoses, procedures performed, and clinical outcomes. Distance traveled from the home to the hospital was calculated using the address on file for the patient provided during their initial clinic consultation. In addition, patient guardians were contacted and asked to participate in a voluntary telephone survey to assess their

satisfaction with the SVS program. The telephone survey was conducted using a 5-point Likert scale (Figure). If families were unavailable, additional attempts to contact the family for survey completion were made for a total of three phone calls per family.

Results

From April 2016 through December 2016, there were 43 patients that were seen as part of the SVS program. Three patients did not require an operation based on their morning clinic evaluation, and 40 patients (93%) were taken to the operating room that afternoon. A summary of the 40 patients that were taken to surgery as part of the SVS program is shown in Table 2. The median age of children that underwent an operation was 7 y (IQR, 4.5-10), and 63% were male. The most common procedure type was inguinal hernia repair ($n = 20$) followed by umbilical hernia repair ($n = 17$). Other cases performed included epigastric hernia repair ($n = 1$) and circumcision ($n = 2$). Both patients undergoing circumcision were scheduled for SVS for evaluation of a possible inguinal hernia and circumcision. The inguinal hernia repair was not necessary; however, the patients proceed to the operating room for circumcision. The median distance traveled round-trip from home to hospital was 30 miles (IQR, 23-64).

Of the 40 patients that had an operation, 27 (68%) of the families participated in the telephone survey. All patients were satisfied with the care, and 93% were strongly satisfied. In addition, 100% of patient families stated they would recommend the SVS program to a friend. One patient (2%) had a postoperative complication, which was a suture granuloma after an umbilical hernia repair. The patient was treated with silver nitrate chemical cauterization in the clinic and had complete resolution on follow-up.

Discussion

With the focus of pediatric health care heavily tailored to the patient experience and value-based care, some traditional models of health care delivery may need to be enhanced. Families continue to place high value on convenience when seeking more "routine" health care. SVS offers this added convenience by consolidating three potential hospital visits into one for lower acuity pediatric surgical operations. This concept has been previously reported in the pediatric population by a variety of names including "one-stop surgery" and "one-stop shopping".²⁻⁵ In addition, similar programs have been described in adult surgery for hernia and cholecystectomy.⁶⁻⁹ However, these innovative programs have not gained widespread acceptance.

Here we report our early experience with implementation of an SVS program at TCH and the results of an evaluation of family satisfaction. Our results demonstrate that parents/guardians are highly satisfied with the care received and the overall experience with SVS. The benefits to families include fewer trips to the hospital, which in turn decreases travel time and potentially the cost associated with seeking care. Because the primary aim for implementation of SVS was to enhance

Table 1 – Inclusion diagnoses and age criteria for SVS.

Diagnosis	Age eligibility (y)
Umbilical hernia	≥3
Inguinal hernia	≥1
Epigastric hernia	All ages
Hydrocele	≥1

Download English Version:

<https://daneshyari.com/en/article/8835233>

Download Persian Version:

<https://daneshyari.com/article/8835233>

[Daneshyari.com](https://daneshyari.com)