ABC (A-Better-Care) Surgical Drain Program

Shum CN(1), Leung KK(1), Ng CK(1), Lee SKS, Lau WY(1), Lun PY(1), Tsang TL(1), Ng SHC(1), Ng YKS(1), Leong HT(1)
(1) Department of Surgery, North District Hospital

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Introduction
Patients with drains entail complications such as blockage or dislodgement which result in unplanned emergency admission. This program was launched since December 2014 to tackle the problem.

Objectives
This program aims at equipping patients with drain care knowledge and through team collaboration reduces unplanned emergency admission related to drains problem.

Methodology
This program enhances patient education in drain care, streamlines the workflow of drains care and strengthens the cooperation among Patients, Community Nursing Service (CNS), Nurse Specialist, Doctors and Integrated Ambulatory Care Centre as follow: Patients are provided with drain care knowledge and education pamphlet before discharge to promote self-management of drain. Besides, patients will be given information leaflet with hotline number. Patients are encouraged to contact Nurse Specialist during weekdays if drain care problem arises. Nurse Specialist will provide phone assessment and will instruct patient to admit into Integrated Ambulatory Care Centre(IACC) as indicated. This can divert patient from emergency to clinical admission. CNS can perform drain flushing, external fixation such as external wafer anchoring, Drain Guard to solve the drain problems during home visit. If further management is needed, CNS can contact nurse specialist via hotline to for further assessment or clinical admission. Nurse specialist answers patients’ telephone queries, perform drain assessment or management, arrange admission or make referral as required. Doctors mention clearly the nature of the drain, treatment plan, and necessity of drain flushing and the flushing order in progress notes for better communication. Integrated Ambulatory Care Centre will accommodate patient
temporarily for drain management. Outcome of the program will be measured by rate of unplanned emergency admission related to surgical drains issues before and after the launch of program.

**Result**
From 22 December 2014 to 31 January 2015, nurse specialist answered 8 telephone consultations, followed up or arranged advanced follow up in OPD for 10 patients. 3 patients were admitted clinically. Only 4 patients were admitted via AED. The reduction in unplanned admission was 60%. A 60-120 minutes shortening in waiting time from AED to admission was also recorded. Conclusions: This program has successfully reduced the number of unnecessary emergency admission related to drains problems. Both patients and the hospital benefited from it.