



Service Priorities and Programmes Electronic Presentations

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Follow-up Phone Calls after Day Ambulatory Surgery

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Introduction

According to Baker (2010), post-op phone calls will improve clinical outcomes, increase patient satisfaction and reduce unnecessary return visits to the emergency department as well as readmission. Ruttonjee Hospital Operating Theatre (OT) provides one-stop service in day surgery. However, there are still challenges after patient discharge. We need to review the gaps in our service and what we can do to enhance our post-operative care.

Objectives

1. Assess patients' pain level and teach pain management
2. Understand patients' wound condition to detect any complications
3. Check and clarify the discharge instruction
4. Provide adequate postoperative psycho-social support to patients
5. Increase patients' satisfaction

Methodology

Plan-Do-Check-Act (PDCA) model was applied.

Plan:

All patients undergoing day surgery in August 2016 were recruited as a pilot group. Consent for a follow-up phone call was obtained. A questionnaire was designed.

Do:

Phone calls with questionnaire regarding pain level management, wound condition and discharge instruction were made to those patients within 48 hours after discharge. The questionnaire was conducted only by assigned OT nursing staff in order to minimize personal difference.

Check:

Pilot results were evaluated and the questionnaire was refined.

Act:

Follow-up phone calls with refined questionnaires were made from September to December 2016.

Result

39 day surgery operations were carried out in August 2016. 34 patients agreed to have phone follow up and 5 patients refused.

Pain level management:

-56% were able to tolerate the pain without analgesic, 32% could control the pain with analgesic and -3% could sometimes control the pain.

Wound dressing:

-50% reported an intact wound dressing.

Appointment date for follow up:

-About 20% showed uncertainty about the date for wound dressing, removal of stitches date and follow up appointment date.

On average we spent less than 5 minutes for each case. We received no unexpected call back.

100% agreed that the follow-up phone call is useful.

From the data collected, prescription of analgesics is necessary. An educational leaflet for handling of wound dressing should be provided. A modified day surgery postoperative assessment record with clearer discharge instruction could help to reduce patients' uncertainty. In conclusion, follow-up telephone calls enhance the continuity of patient care and provide a valuable teaching experience for nursing staff. In the near future, we would like to further refine and standardize the questionnaire content to evaluate the effectiveness.