Pre-operative Telephone Call Program to Reduce Avoidable Day Surgery Cancellation

IP EJL(1), CHENG HK(1)(2), NGAI YY(2), FUNG CK(1)
(1) Ambulatory Surgery Centre, (2) Department of Anaesthesiology & Operating Theatre Services, Tseung Kwan O Hospital

Keywords:
Day Surgery
Telephone Call
Peri-operative Care
Nursing
Cancellation

Introduction
Same day cancellation of elective operations caused an operating theatre inefficiency and resources wastage. The reasons of cancellation were studied and analyzed. It was found that patient no-shows remained an avoidable factor towards cancellation. The pre-operative telephone call was therefore introduced to tackle this overwhelming problem.

Objectives
(1) to minimize the same day cancellation due to patient no-shows
(2) to optimize the utilization of day surgery and operating theatre services
(3) to collect the data pool for continuous quality improvement

Methodology
Since mid-2015, a quality improvement study was initiated to investigate the rising number of cancellation of elective cases admitted to the Ambulatory Surgery Centre. Monthly returns and relevant cancellation information for the first two quarters in 2016 were reviewed. It was identified that the majority of patient-related cancellations was due to patient no-shows (e.g. admitted to other hospitals, condition not fit for operation, forgot the date of operation, etc.).

A group of lead nurses wrote up a protocol, including standardized scripts, for launching the pre-operative telephone call program. Starting from the third quarter of 2016, our frontline nurses began to make pre-operative calls to patients 2 weeks before the scheduled operation date. During the phone call, our nurses reassessed patient’s general condition and reminded patient of the important pre-operative information. The nurses also responded to patients’ concerns. In case, a patient eventually refuses the operation, another suitable patient can timely be put up as replacement in the operation list.
Result
A total of 1,901 cases were scheduled in the first half of 2016; of these 113 cases (5.94%) were cancelled. ‘Patient not admitted’ was the most prevalent reason for cancellation and accounted for 1.98% of the elective bookings. After the introduction of the telephone call program, the rate was 0.47%, a 73% reduction, among the 2,110 cases in the second half of 2016. The program laid a cornerstone for further development of the program to facilitate the efficient use of operating theatre resources and hence improve the patient outcomes.