

SAME DAY SURGERY FOLLOW-UP PHONE CALLS – RETURN ON INVESTMENT?

Primary Investigator: Amy Berardinelli DNP RN NE-BC CPAN

Cleveland Clinic/Hillcrest Hospital, Mayfield Heights, Ohio

Co-Investigators: Angela Sotka BSN RN CPAN, Esther Bernhofer PhD RN

Introduction: Surgical patients are less likely to spend the night in the hospital resulting in same day discharge to home. In the phase II recovery area of a surgical center, nurses and patients have little time together to discuss home-going instructions. Post-operative calls to the patient were made by the secretary in the perioperative unit and only elevated to the nurse if there were clinical questions.

Identification of the problem: Post-operative calls are common practice for patients following same day surgery (SDS). Often, the calls are brief and focus on questions related to immediate safety factors, and the patient experience. There was little research that investigated whether a call by a Registered Nurse (RN) would decrease complications, and increase compliance with the written discharge instructions.

Purpose of the Study: The purpose of the study was to see if a call made by a RN 72 hours after SDS compared to standard care of written discharge instructions only, decreased post-operative complications, and improved patients' confidence in their understanding of home-going instructions.

Methodology: A mixed method, comparative, descriptive design. The study setting was at Cleveland Clinic Surgery Center. The inclusion criteria were adult SDS patients, English-speaking. The study involved a follow-up phone call within 72 hours' post-discharge to SDS patients by a RN to an intervention group, as opposed to standard care written discharge instructions only. A standard, electronic, post-operative follow-up phone call template was used that included 15 questions related to post-operative complications. The comparison group received only written discharge instructions from the discharging RN. Both groups received a phone call from a RN one-week post-discharge. Both groups were asked questions from Dr. John Wasson's *My Health Confidence* tool in relation to their discharge instructions after surgery. Additional questions were asked, for qualitative data and subjective patient feedback, as suggested by Dr. Wasson.

Results: There was no significance between groups in respect to confidence and understanding of discharge instructions. No significant differences between confidence level and demographic variables. Those that were less confident were significantly older than those that indicated their confidence level was 10 out of 10.

Discussion: Participants expressed understanding of SDS instructions. The practice of an RN calling versus a secretary may yield the same results at a cost of less than one full-time RN FTE.

Conclusion: Post-operative complications and patient confidence and understanding were not affected if a RN followed-up within 72 hours.

Implications for perianesthesia nurses and future research: Financial need of a full-time RN conducting follow-up phone calls was not supported. Secretaries making calls and elevating to nurses when concerns are expressed may be a better use of each roles' time.