Implementing Standardized Post-Surgical Follow-Up Calls in Outpatient Surgery

Primary Investigator: Anne Speer BSN RN University of Maryland School of Nursing, Baltimore, Maryland Co-Investigators: Barbara Wise PhD RN CPNP-AC/PC, Suzanna Fitzpatrick DNP ACNP-BC FNP-BC

Introduction: The post-surgical transition to home is associated with 4-9% return to the emergency department (ED). Bundles of transitional care (TC) interventions, which include telephone follow ups (TFUs), have been shown to decrease preventable ED visits by effective communication practices.

Identification of the problem: A community hospital post anesthesia care unit (PACU) completed 40% of eligible TFUs secondary to inconsistent nursing workflow and lack of an evidence based TFU script.

QI question/Purpose of the study: To implement the evidence-based Re-Engineering Discharge Tool-5 (RED-5) and formal delegation processes in the PACU.

Methods: Over a 16-week period in the Fall of 2023, the RED-5 script was made available to nursing staff on paper and electronically. Twenty nurses were trained with a 1:1 simulation. Weekly audits of delegation, calls attempted/completed, RED-5 adherence, escalations, and appointment status were completed. Run charts were used to demonstrate process adherence.

Outcomes/Results: The new delegation process was documented 40% (n=29) of 72 eligible weekdays. In total, 1435 outpatients were discharged from the PACU. Thirty four percent (n=494) of calls were attempted. Of the 23% (n=324) of calls completed, 71% (n=231) adhered fully or partially to the RED-5 script. Eighteen percent (n=59) required either one or both, clarification of discharge instructions (n=44) and surgeon referral (n=34). No patient was instructed to go to the ED. Of the 213 patients assessed, 30% of patients (n=63) had not scheduled follow up appointments.

Discussion: The RED-5 script standardized post-operative TFU questions improved identification of patient needs. Clarifications or surgeon referral were provided to 18% of patients, compared to 48% of patients nationally who indicated that they did not strongly understand their care at time of discharge. No change was noted in call attempts or completion or workflow delegation. Limitations were technology and leadership turnover.

Conclusion: Implementing the RED-5 script improved postoperative communication with patients discharged from a community hospital PACU. Embedding the RED-5 TFU script into the TFU application is under discussion with management. When embedded, the intervention will spread from the PACU to all perioperative staff.

Implications for perianesthesia nurses and future research: This QI project supports standardized postoperative communication with the RED-5 tool. Modifications to workflow processes are needed to support call completion.