

Home care follow-up for patients after ambulatory and in patient oncological surgery: practical organization



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ABSTRACT

Surgical and anesthesiology procedure improvements have led to hospital stay reduction for patients undergoing oncological surgery and to development of ambulatory surgery. Financial incentives have promoted this further, in order to optimize hospital resources. For these patients, there is a need for an easy access to hospital in case of any problem. For hospital team it is important to organize patient follow-up in coordination with home care professionals in order to avoid unnecessary return of the patient to hospital. Since 3 years we have built a specific organization for these patients, centered on a Coordination Nurse (CN). All patients leaving the hospital after surgery are given a unique phone number to call in case of any problem or question related to surgery. The 1st step was to create specific documents ("decision tree") in order to help the CN to analyze patient's situation and give appropriate answer. This was made with surgeons and anesthesiologists. All the discussion between CN and patients were recorded and analyzed.

In 2011 CN received 2733 phone calls, in 2016 4359 calls. All the different kind of surgery performed in our hospital were concerned (breast, gynecology, digestive, sarcoma, plastic and reconstructive surgery). 42% of the calls did not need the patient to come to hospital, 48% led to a consultation in the same day or within the next 24-48h, 10% were mistakes (ie call for administrative purpose). Only few patients required to go to ER. Specific organization is mandatory in order to assure patients follow-up after surgery. CN centered organization is adapted and efficient

METHODS

Surgical and anesthesiology procedure improvements have led to hospital stay reduction for patients undergoing oncological surgery and to development of ambulatory surgery.

In France, financial incentives have promoted this further, in order to optimize hospital resources.

For these patients, a shorter hospital stay is associated with a better quality of life, less infectious complications. An easy access to hospital expertise in case of any problem is mandatory for the patients .

For hospital team it is important to organize patient follow-up in coordination with home care professionals in order to avoid unnecessary return of the patients to hospital.

Since 3 years we have built a specific organization for these patients, centered on a Coordination Nurse (CN). All patients leaving the hospital after surgery (ambulatory or in patients surgery) are given a unique phone number to call in case of any problem or question related to surgery, to contact directly the CN.

The CN is available from 8AM to 5PM, Monday through Friday. Out of these periods of time, the patient has to call the emergency department.

All the different kind of surgery performed in our hospital were concerned (breast, digestive, gynecology, sarcoma, head and neck, plastic and reconstructive surgery).

The 1st step was to create specific documents ("decision trees") for each kind of surgery, validated by surgeons and anesthesiologists, in order to help the CN to analyze patient's situation and give appropriate answer.

All the discussions between CN and patients were documented in patient 'file and analyzed on a regular basis with surgeons in order to evaluate this procedure.

RESULTS

In 2011 the Coordination Nurse CN received overall 2733 phone calls, in 2016 4359 phone calls (+ 60%).

In average, she received 17 calls per day, more on Monday (25)

Most of the patients were treated for breast cancer.

42% of the calls did not need the patient to come to hospital: in these cases, patients required only advices and reassurance.

50% of the calls led to a consultation in the same day (68% of the cases) or within the next 24-48h. 8In this case, the patients were seen by the CN and a resident and if necessary by a Senior surgeon

10% of the calls were "mistakes" (ie call for administrative purpose), but even in these cases the contact with the CN was useful for the patient (the CN send her/him to the right person).

Only a few patients required to go to ER

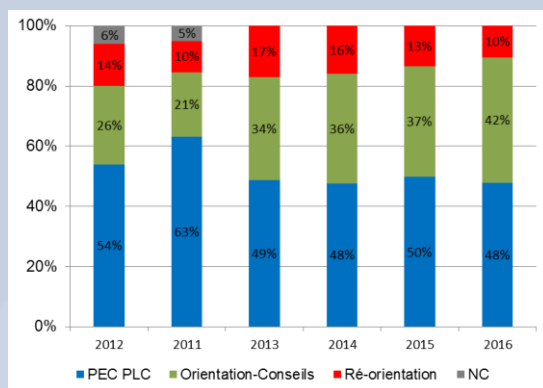


Fig1: consultation/ advice /administrative calls

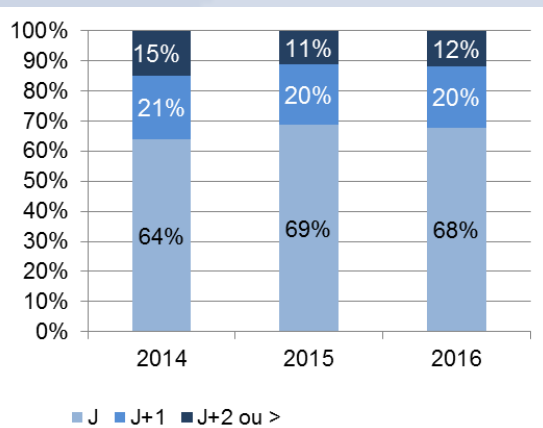


Fig 2: delay for patient consultation

CONCLUSION

Specific organization is mandatory in order to assure patients follow-up after surgery. CN centered organization is adapted and efficient.