DAY CARE OUTCOMES PACKAGE

This package contains the information necessary to conduct the pilot paper stage of the outcome study on day care discharge outcomes.

It consists of:

1. An outline of the purpose and objectives of the study together with an explanation of the questionnaire suitable for the medical staff, hospital staff and any ethics committee to peruse.

2. The questionnaire in paper form

3. A summary sheet

It is not expected at this pilot stage that any ethics decisions or extra privacy considerations will be necessary as the only information being collected is that normally performed in most hospitals as a follow up. However the study should be submitted to your institution's administration to receive their approval.

The ultimate outcome will be a software package enabling medical staff (and their hospitals) to collect and store their own data and for an anonymous pooled data bank to be created. At that stage there may be further privacy conditions to be satisfied, but other branches of the medical profession collect such data at present.

Dr Ken Sleeman
Chairman
ACECC Day Care Anaesthesia Special Interest Group

OUTCOMES OF DAY CARE SURGERY: A STUDY

Purpose of the Study:

There is a paucity of data surrounding any unfavourable outcomes of same day surgery and procedures ("Ambulatory Surgery") around the world.

Various limited surveys have shown a significant incidence of post discharge nausea and vomiting (PDNV) and unresolved pain but there is little data concerning the effects on co-morbidities, especially undiagnosed but clinically suspected obstructive sleep apnoea (OSA).

The number of work-days lost and the economic impact of this loss is unknown. Unfavourable outcomes could impact on their partner's or other members of their family's ability to attend work.

There is a growing tendency to attempt more advanced procedures and operate on older and sicker patients as day care cases. With an actual decrease in promised funding (AMA "Report Card" 14 Feb. 2014) there is certain to be increased pressure to handle elective surgery in the day care situation.

Whilst the surgeon or proceduralist always reviews their patients, most are lost to follow up by their anaesthetist and the great majority of unfavourable outcomes will occur in the first few days after, usually before any review is undertaken.

Objectives:

1. To conduct an extensive prospective audit of Dare Care Surgical Case outcomes using a defined structured set of questions.
2. To review these outcomes especially with reference to PDNV, pain control and influence on the economic factors of return to activities of daily living (ADLs) and return to work.
3. To subgroup these outcomes by surgical procedure groupings, in order to study outcomes of changing management of surgical procedures, anaesthetic choice and admission status.
4. To identify any factors which may adversely affect economic outcomes by delaying return to work by the patient; or their spouse, partner or family member who must take time off from work to care for the patient.
5. To develop a software package to enable this audit to be an ongoing program of review and improvement where possible.
6. To make available to participating institutions the data collected anonymously and grouped as above
7. After instituting any agreed change(s), to investigate by re-auditing any ways which may improve the economic outcomes of day surgery.

8. Add questions with respect to particular disease processes and states (?after initial study?) including OSA, Cardiac medication, respiratory disease; procedures; types of anaesthesia (e.g. regional, LA/sedation, GA); or as requested.
9. The data obtained will be used exclusively for educational purposes, with no funding or other political issues being involved in its collection or use.

It should be noted that almost all institutions have a program which attempts to contact all their patients on the morning after surgery.

The term unfavourable outcome is used to cover any outcome that is not reasonable expected and includes the terms unwanted, unsatisfactory, adverse, complicated and undesirable.

At present, there is no clinical indicator requiring that patients be contacted the morning after their surgery, but should be (is) considered to be a QA requirement. Often this contact is by a nurse rostered to work in PACU, with spare time prior to the arrival of operated patients. As soon as patients start arriving, that nurse must cease follow up calls. Many patients are missed due to engaged phone lines, unanswered phones and simple lack of time.

The current questioning is very ad hoc, so a defined and structured questionnaire needs to be used by the follow up nurse to obtain reliable data.
Hospitals should consider it worthwhile to assign a specific nurse or medical administration person to this procedure until it is completed each day (including Saturday).

Questionnaire.

1. A defined and structured questionnaire must be developed, agreed to by all stakeholders and used by the follow up nurse

2.

i) The Questionnaire will be developed as a primary and a further or secondary survey "sections"

ii) The Primary Survey section will be the standard questions asked during a nurse interview postoperatively

iii) The Secondary Survey section will concentrate on negative answers during the primary survey which require further evaluation. This section will be divided into parts according to the area(s) of problem:

- Pain
- Nausea and Vomiting
- Co-morbidities e.g. OSA, Diabetes, Regular Medication issues, POCD,
- Other new medical issue
- Return to normal activities
- Surgical issues

This section can be completed by the questioner or by the responsible clinician. The responsible clinician may wish to add to any such section completed by the initial questioner.

iv) Each section should contain sufficient information as to correctly identify the patient, i.e. Medical Record Number, Patient's full name and DOB, proceduralist and anaesthetist as well as procedure undertaken

v) Each section should contain the interviewers name and status and whether the interview was carried out in person or over the telephone

3. Immediately prior to discharge, the patient must have a clear understanding of the fact that a follow up call will come the next day and that a reliable phone number is required.

4. *Any unfavourable or potentially unfavourable outcome will be reported to the operating team (surgeon(s) and anaesthetist) so that they can deal with it as appropriate.*

5. Communication will be by telephone to their office or by some other predetermined method (e.g. text, SMS, email), should an individual require it. However, it is far better if contact is to a "real" and responsible person who will initiate the correct action immediately. **NB**. If patient is due to see surgeon the day following surgery, arrangements should be made to contact the patient either well before or after the appointment.

Results of Questioning.

If a problem, i.e. potential or actual unfavourable situation (not yet an outcome!) is detected, the nurse should:

1. Reassure patient that help will be coming in the form of contact from a member of the operating team

2. The patient will be contacted the next day to check on progress

3. The subsequent day's questioning will be directed towards the unfavourable situation

Data

The data will be reported as "grouped" data from all hospitals involved in the study. Individual hospitals will, of course have access to their own data to use in any way they would wish.

Although the individual hospital will have access to all details including patient name and operating team, these details will be omitted from the grouped data.
Suggested pooled data groupings:

- Age groups
- Co-morbidities
- Anaesthetic techniques
- Surgical procedures

- Return to hospital
- distance travelled

Outcomes w.r.t. PDNV, pain, return to ADLs , return to work i.e. economic outcomes
Note: Existing Clinical Indicators include return to theatre and unplanned transfer

Future Scenario.
With acceptance of the questionnaire, as the model for post-op follow-up, from a large number of hospitals the following scenario for continuing education emerges.

Hospitals collect their pooled data which they can use as a management tool for their own purposes: improvement of practices, comparison with the rest of the state or the country with respect to pooled data only.

Clinicians within the hospital can retrieve their individual data for their own use: improvement of their post-op practices or comparison with pooled data from the hospital, state or country.

Outcomes for any new procedure can immediately be obtained for individual hospital or clinician from pooled data.

Changes in or variations of anaesthetic technique, drug use or post-op medication "protocols" can be compared from pooled data.

Ownership of Data:
Clearly hospitals collecting data own that data.
If the data is to be of any further use for continuing education it must be pooled on a state and country basis.

This must be coordinated and guarded by a medical entity to preserve the data for educational purposes and not for political or funding practices.

ACECC could be an ideal entity to administer the anaesthetic component and possibly to administer the hospital and surgical elements but its charter will not permit this. Accordingly another entity must be found or created.

Note that the only data to be kept will be pooled data, the extent of which will probably change and increase as time goes by.

SUMMARY

1. This is an EDUCATIONAL program with the ultimate aim of improving outcomes, particularly with new procedures or after the extension of care to a Day Stay situation.

2. Hospitals and Clinicians can compare outcomes within their institutions, or with other institutions prepared to share data, or with the pooled data

3. A subscription would enable a hospital to obtain the software package, receive updates and use pooled data for studies/audit as well as request new criteria to be added.

OUTCOMES QUESTIONNAIRE

Patient Detail Label

Anaesthetist: Surgeon:
Procedure:

Anaesthetic technique GA ☐ Regional ☐ LA/Sedation ☐ LA only ☐

Name of Interviewer…… Status……Date / /2014

Person Interviewed Patient ☐ Parent/Guardian ☐ Other (Specify) ☐

Interview conducted: By Telephone ☐ In Person ☐

Patient Details and consent for interview confirmed ☐

(Signature of Interviewer)……..

1. Were you comfortable when you left the facility? ☐ Yes ☐ No

2. Did you have a comfortable trip home? ☐ Yes ☐ No

3. Did you have a comfortable night? ☐ Yes ☐ No

4. Did you have any nausea or vomiting? ☐ Yes ☐ No

Before you left the facility? ☐Occasional ☐Frequent ☐ No
On the way home? ☐Occasional ☐ Frequent ☐ No
At home last night? ☐Occasional ☐ Frequent ☐No
Overnight? ☐ Occasional ☐ Frequent ☐ No
This morning? ☐ Occasional ☐ Frequent ☐ No

5. Were you given any medication for nausea to take home? ☐Yes ☐No
Did you say that you had some appropriate medication at home? ☐Yes ☐No

6. Did you have any unrelieved pain before you left the facility? ☐Yes ☐No

7. Did you have any unrelieved pain?
On the way home? ☐Yes ☐No
At home last night? ☐Yes ☐No
Overnight? ☐Yes ☐No
This morning? ☐Yes ☐ No

8. Were you given any medication for pain to take home? ☐Yes ☐No
Did you say that you had some appropriate medication at home? ☐Yes ☐No
How comfortable are you now? Comfort scale 10 to 1

9 .After Regional Anaesthesia: In regard to the limb involved,
Does sensation feel normal? ☐ Yes☐ No
Can you move the limb normally? (Within bounds of dressing/splint) ☐ Yes ☐ No
Colour normal? ☐ Yes☐ No
Warmth normal? ☐ Yes☐ No

10. How is your wound?
Dressing dry and intact, minimal ooze and inflammation? ☐Yes ☐ No
Dressing- moderate ooze/inflammation ☐Yes ☐ No
Dressing- excessive ooze/inflammation ☐Yes ☐ No

11. Have you recommenced your usual medications ☐Yes ☐ No

12 Have you had any confusion or increased confusion? ☐ Yes ☐ No

12. Do you understand all your post-op instructions ☐Yes ☐No

13. Are you able to return to your normal daily activities as you planned? ☐Yes ☐No

14. When will you be returning to work?
As planned? ☐Yes ☐No
Delayed return? ☐Yes ☐No

15. Will your spouse/partner be able to return to work as planned? ☐Yes ☐ No

16. Did you need to contact a Doctor/Health Professional after you were discharged? ☐Yes ☐ No

17. Is there anything else you are concerned about? ☐Yes ☐ No

This question will trigger going on to a secondary survey concerned with co-morbidities including-
Continued Nausea
Continued Pain
Other Medical Issue (e.g. Hypertension, cardiac disease, respiratory disease, diabetes, OSA)

This should then require contact with a relevant treating practitioner

SECONDARY SURVEY
Of Associated Comorbidities or New Medical Issues

Patient Identity Information

Interviewer

GENERAL QUESTIONS FOR COMORBIDITY AND NEW MEDICAL ISSUES

ARE THE SYMPTOMS OF A PRE-EXISTING CORMORBIDITY?

ARE THE SYMPTOMS THOSE OF A NEW MEDICAL PROBLEM?

IS THIS THE PATIENT'S FIRST DISCUSSION OF THE ISSUE?

OR HAS THERE BEEN PRIOR DISCUSSION WITH
a. The Proceduralist? ☐ b. The Anaesthetist? ☐
c. Patient's GP? ☐ d. The Hospital? ☐

HOW LONG AFTER DISCHARGE WAS THE PROBLEM NOTICED?

DOES THE PROBLEM PREVENT: a. Return to work? ☐ b. Activities of Daily Living? ☐

SPECIFY COMORBITITY…….

SPECIFY NEW MEDICAL ISSUE…….

NOW CONTACT RELEVANT MEDICAL PRACTITIONER(S) BEFORE PROCEEDING