Introduction of phone call follow up service to facilitate early discharge & reduce readmission with in 30 days following colorectal surgery

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Background

In 2014 ERAS was relaunched at Blackpool Teaching Hospitals with the appointment of an ERAS nurse. There had previously been an established colorectal enhanced recovery pathway but this was not the default pathway for all elective colorectal surgeries. The newly appointed ERAS nurse aimed to champion the pathway, educate staff, patients and relatives and as such improve the patient experience (1). It was anticipated that a reduce Length of stay (Los) would occur and this would be financially beneficial (2). Data collection was initiated from the outset of the ERAS nurse appointment which demonstrated a higher than average readmission within 30 days rate for patients undergoing colorectal surgery (Table 1).

Change to Service

- The ERAS, colorectal and stoma nursing team worked collaboratively to analyse the readmission data to establish the reasons for re admission with in 30 days. (Table 1)
- They further analysed this data looking at the potentially avoidable readmissions. It was felt that had the teams been aware of patient concerns, problems and questions earlier they may have been able to initiate strategies to avoid some of the re admissions.
- We developed a phone follow up support service for patients post discharge. This was discussed with the colorectal team and if patient problems were identified nurses could bring patients back for review at the rapid access clinic on surgical assessment unit for prompt assessment and treatment.
- The phone calls made to patients are shared between the team. Patients who have surgery for cancer or have a stoma are phoned by the colorectal and stoma nurse team. All other patients are phoned by the ERAS nurses.
- Patients are phoned 24 hours and 72 hours post discharge unless discharge has occurred on a Friday or Saturday then they are phoned on a Monday morning and 72 hours following this

Aim and Objectives

- To reduce potentially avoidable readmissions to hospital following elective colorectal surgery
- Improve the service & support offered to patients
- Improve the patient experience

Results.

- Demonstrate a reduction in readmission within 30 days following colorectal surgery (Table 2)
- Demonstrate a reduction in loss of income to the trust (Table 3) by reducing readmissions within 30 days
- Generated income through recording phone call follow up activity (Table 3)

Table 1: 2014-2015 Readmission within 30 days following colorectal surgery

Rate	**21.5%**
Reasons	**%**
Wound Infection	5.1%
Anastomotic leak	3.8%
Nausea & vomiting	3.8%
PR Bleed	3.8%
Pain	2.5%
Urine Retention	1.25%
Palliative	1.25%

Table 2: Reasons for hospital readmission post discharge

Rate	**5.7%**
Reasons	**%**
Anastomotic leak	1.4%
Wound Infection	1.4%
High output stoma	0.71%
Faecal loading	0.71%
Orchitis	0.71%
Obstruction	0.71%

Table 3: Financial Cost of readmissions 2014-2015 excluding loss of income from initial surgery

Bed cost	£ 15 000
Scans, x rays and investigations	£ 1 282
Total	**£16 281.40**

Potential 12 month cost saving

Phone call income	£6 164.00
Cost of potentially preventable admissions	£16 281.40
Total saving (excluding loss of income from original surgery)	**£22 445.40**

References

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