



Service Priorities and Programmes Electronic Presentations

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Transitional Care of Patients after Thoracic Surgical Operations

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Introduction

Transitional care is the healthcare service provided to ensure safe passage of patients across care settings. After thoracic surgery, patients will generally be cared by various healthcare specialists during their stay in hospital while just when they are discharged, the care will have to be taken over by their family members or the patients themselves. It is well noted that thoracic operations may affect patient's life style where adjustment/modifications are necessary. And studies also show that poor "handover" of care from hospital to home is linked to adverse events, low satisfaction and high re-hospitalization rate. Hence, to improve the quality of patient service, a transitional care service for patients after thoracic surgery in Tuen Mun Hospital has been introduced in Year 2013.

Objectives

To evaluate the effectiveness of transitional care of patients after thoracic surgical operations in Tuen Mun Hospital

Methodology

This is a retrospective case study. During the review period from 1/3/2013 to 31/12/2015, the CTS nurse interviewed and educated the patients and their family members on care before and after thoracic operations. A name card was given to each patient with CTS nurse's pager number so that the patient could contact the CTS nurse whenever they encountered any problem. After discharge, CTS nurse would also make a phone call to the patients within one week to see whether they had any problems on caring. The content of phone call mainly focused on pain, wound care, exercise tolerance, drug compliance, complications prevention and future appointments.

Result

During the project period, 551 patients were interviewed by CTS nurse before operation. After discharge, 203 successful phone contacts had been made by CTS nurse. 87 pager calls were received by CTS nurse. 1)A trust relationship was built up between healthcare providers and patients and their family members. 2)More

information about the disease, treatment plan and recovery process were given.
3)Objective data showed decreased unplanned readmission rate when compared to the previous period before this project, which was 7.27 %. 4)In the future, this project will be continued and more data on measuring its effectiveness will be collected.