

A Quality Improvement Initiative to Increase Postoperative Virtual Visits

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Background

- When virtual postoperative visits started at MD Anderson vascular surgery clinic, visits were not done within 3 weeks after surgery and caused potential postoperative problems.
- Clinic staff workload and patients' dissatisfaction increased when virtual visits are scheduled after discharge.
- Older patients required clarifications and demonstrations about virtual visits

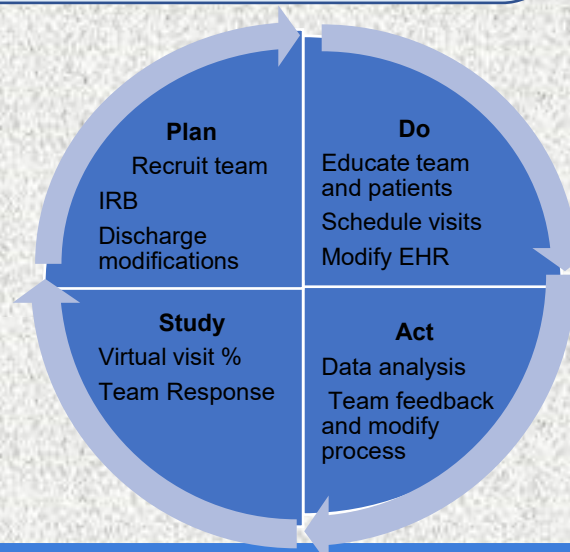
Aim

To increase the rate of virtual postoperative visits from 30% to 50% or more in the vascular surgery clinic at MD Anderson Cancer

Center by November 30, 2020.

Methods

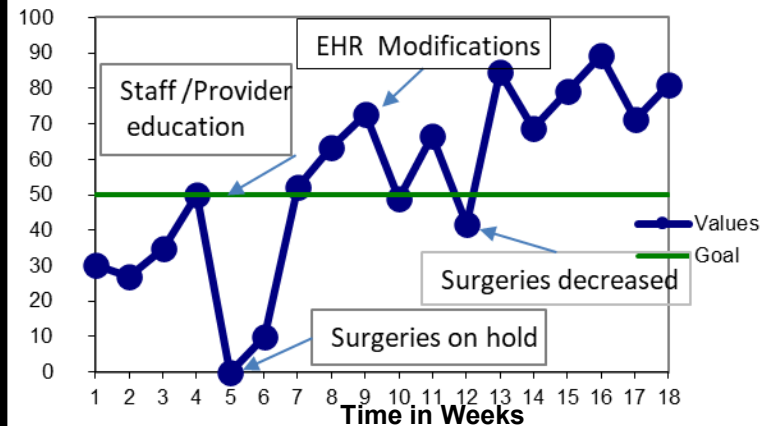
Prospective QI Study (18 weeks). (n=49),
 Outcome measure- visit
 Process measures
 analyzed visit rate with
 modified discharge
 processes from the % of
 virtual visits scheduled
 and patient and staff
 educated



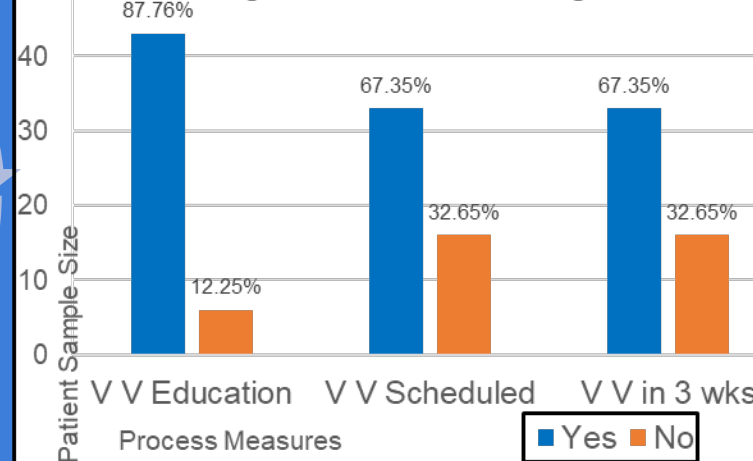
RESULTS

Virtual Visit %

Virtual Visits with Modified Discharge Process



Progress of Modified Discharge Process



Conclusions

- Increased virtual visits reduced the clinic's rates of no-shows, 30-day readmission, and surgical site infection.
- Cost-effective practice for older adults.
- Increased clinic revenue

Recommendations

- Extending virtual visit education and scheduling virtual visits during preoperative education is a feasible option.
- Recommends planned education and decision making regarding postoperative visit before surgery to promote patient safety.

Acknowledgement

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References

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