A Quality Improvement Initiative to Increase Postoperative Virtual Visits

Mini George, DNP, FNP-C, RNFA, Bushra Manakatt, DNP, FNP-C, Susan Varghese, PhD, APRN, FNP-C, Tam Huynh, MD

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.

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.

RESULTS

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