

# INTERPROFESSIONAL APPROACH TO IMPROVING HEAD AND NECK DISCHARGE INSTRUCTIONS

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## INTRODUCTION

Comprehensive and succinct discharge instructions are vital for the post-op recovery period, yet instructions frequently lack key information and patient friendly language, necessitating clarifying phone calls and even hospital readmissions. This project aims to improve outcomes for patients who underwent head and neck flap surgery by implementing streamlined, patient-centered, interprofessional discharge instructions.

### Outcomes:

- Primary Goal: Improve the Head and Neck Free Flap Discharge Instructions
- Measurable Outcomes:
  - Decrease the proportion of phone calls attributed to clarification or misunderstanding of discharge instructions
  - Decrease the number of patient bounce backs (ED visits and admissions)
  - Increase the proportion of patients who adhere to only two post-op visits in 5 weeks following discharge

## METHODS

We collaborated with speech therapy, physical/occupational therapy, nursing, and dieticians to create new standardized discharge instructions for patients who have undergone head and neck flap surgery, which were distributed in April of 2022. We identified 323 patients who underwent free flap reconstruction.

We selected two groups: Before Group from patients who underwent surgery in May to December of 2021 (42) and After Group in May to December of 2022 (43), during which time provider teams had comparable levels of experience. Patients were excluded if they had a longer admission due to complications.

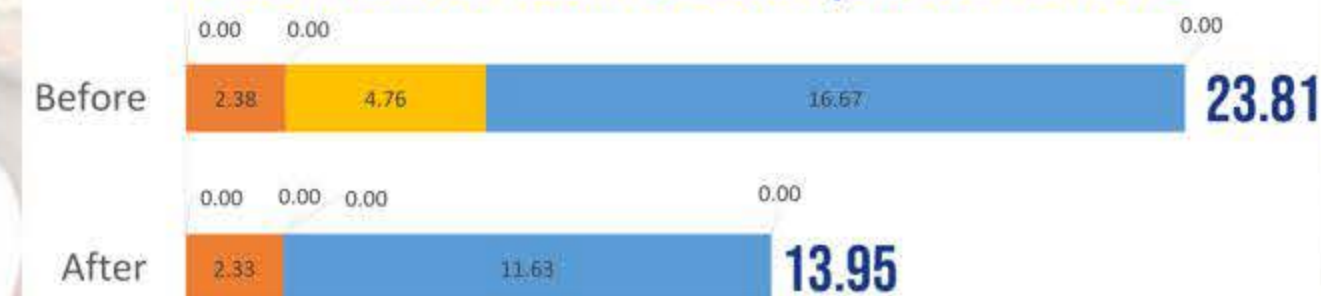


## RESULTS

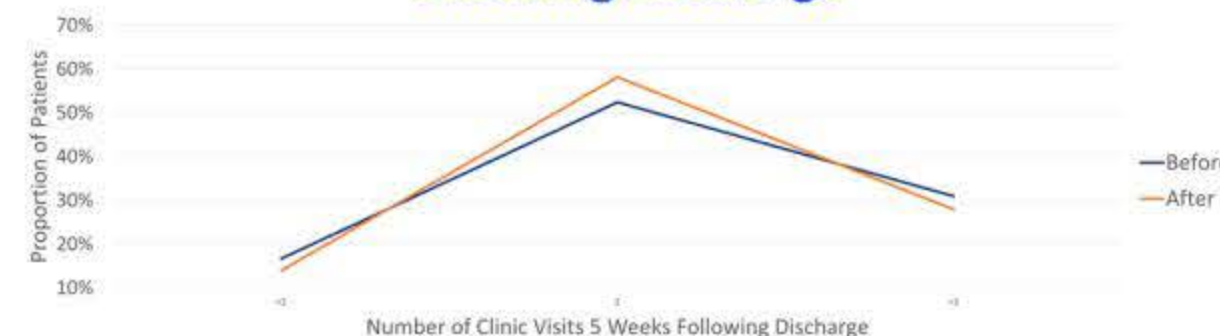
### Discharge Instruction-Related Phone Calls Per 100 Phone Calls



### No. of Related Bounce Backs per 100 Patients



### Adherence to Two Post-op Appointments following Discharge



## RESULTS



- Patients who received the improved discharge instructions had fewer instruction-related phone calls (6.13 vs. 9.32 per 100 phone calls) and fewer hospital readmissions or ED visits (13.95 vs. 23.81 per 100 patients) during the 5-week post discharge period.
- Among the instruction-related phone calls, decreases in those relating to medications (RR = 100%), nutrition (RR = 38%) and hygiene (RR = 69%) were observed after the new discharge instructions were implemented.
- Wound care phone calls increased (RR = 65%), however, there was a decrease in bounce backs for wound care issues specifically, from 7 to 5 per 100 patients.
- Patients who received the new discharge instructions had a 13.7% increase in adherence to post-op visits in the 5-week period following discharge.

## CONCLUSION

Multidisciplinary standardized discharge instructions, also with enhancement with diagrams and optimized verbiage were associated with improved quality measures including decreases in hospital readmission, ED visit, and instruction-related phone call rates, and an increase in outpatient post-op follow up adherence for patients with head and neck flap surgeries.

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