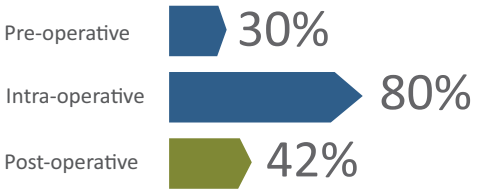
ACTION FOR SAFE MEDICAL CARE

The post-operative period — Patient discharge and follow-up

About one-quarter of CMPA medico-legal cases between 2009-2013 involved a surgical procedure. In an analysis of these legal, regulatory authority (College), and hospital cases, the CMPA found most problems occur during surgery. Yet, issues also arise pre- and post-operatively. In the post-operative period, 2 essential elements—patient discharge planning and follow-up— can be problematic.

Distribution of closed CMPA legal cases involving a surgery by perioperative period (n = 938)



Statistics are based on a recent 5-year study of CMPA legal cases and excludes obstetrical cases. Cases may involve issues in more than one area of surgical care, therefore percentages do not add up to 100%.

10%

In the post-operative period: Nearly 10% of cases involving surgical specialists were associated with inadequate patient discharge instructions.

In Canada, about 6.5% of surgical patients are readmitted to hospital within 30 days of discharge.[1]

A sub-analysis of 3 regions found that 9.4% of surgical patients returned to the emergency department within a week of hospital discharge, and one of the main reasons was for follow-up care.[2]

➜ CONSIDER THIS…

While visiting family out-of-town in a rural area, a woman falls and fractures her left wrist. She attends the local hospital, where the attending surgeon performs a closed reduction. The post-operative X-ray shows the reduction is adequate. When the patient is being discharged, the surgeon instructs her to follow up with her family physician (FP) back home so she can have it X-rayed within 7 to 10 days. The patient has an X-ray taken 6 days after the surgery. The report, which indicates no significant displacement, is sent to the FP. At a follow-up appointment one month after the surgery, the FP orders another X-ray, which at this time shows marked displacement. The patient is urgently referred to an orthopaedic surgeon and undergoes an open reduction and internal fixation with bone grafting. She later requires additional surgeries.

The patient initiates a legal action. At trial, the judge states that the surgeon should have ensured that someone was available, experienced, and agreeable to take over the patient's care, and that he should have advised her that she required weekly X-rays to monitor for potential displacement. The judge finds in favour of the patient and the CMPA pays an award on behalf of the member surgeon.

➜ WHAT DOES THIS MEAN FOR CMPA MEMBERS?

Communication with the patient is an important aspect of surgical care. In the post-operative period, information provided to patients should include instructions on appropriate care, and the frequency and nature of follow-up visits. In addition, patients should be given instructions on predictable complications, any symptoms or signs that would indicate the need for immediate medical care, and where to seek such care depending on the urgency.

Nearly two-thirds of CMPA cases regarding inadequate discharge instructions had unfavourable outcomes for members. Because of deficiencies in the discharge planning and instructions provided in the post-operative period, many patients in the cases reviewed required repeat emergency department visits, readmissions, and subsequent surgeries.

Continued

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➜ ISSUES TO CONSIDER

Based on the opinions provided by peer experts in the cases reviewed, the following are the 3 most common problems with post-operative discharge planning and communication:

1. Communication problems between patients and healthcare providers relating to:
   - symptoms and signs that require medical attention
   - discharge instructions that are clear and relevant
   - follow up on results (e.g. pathology, tests)
   - issues encountered during surgery, including adverse events
2. Inadequate follow-up arrangements when the surgeon should have done the following:
   - scheduled appropriate follow-up treatment, including investigations and office visits, particularly after the patient experienced a complication
   - relayed relevant information to the patient's family physician or other care providers
3. Premature discharge from hospital when the patient showed the following:
   - a need for increased monitoring after an intra-operative event
   - symptoms and signs that required further investigation
   - a need for a longer period of observation after the surgery

In a legal action, it is difficult to defend the physician's care when there is a lack of documentation of discussions with the patient on follow-up arrangements, pathology or test results, surgical events, or discharge instructions.

➜ RISK REDUCTION REMINDERS

Communication is key when discharging a patient following surgery. The following points can assist surgeons in managing the risks:

1. Provide clear written or verbal discharge instructions to your patient or their caregiver.
2. Tailor the information to each patient and each clinical situation.
3. Advise your patient or caregiver of symptoms and signs that should alert them when to seek further medical attention.
4. Ensure follow-up care is arranged and advise your patient of who will be providing this care.
5. Inform your patient about who to contact after discharge, if required.
6. Document your discharge instructions.
7. Disclose unanticipated outcomes and patient safety incidents to your patient in a timely manner.

➜ LEARN MORE BY ACCESSING THESE RESOURCES

Action risk fact sheets

Informed consent

Articles

Co-morbidities – Have you considered all health conditions?

Beyond the OR: The significance of total operative care

CMPA Good Practices Guide

Reducing risk in surgery

Informed discharge

Disclosure

eLearning activity

Informed discharge

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1. Canadian Institute for Health Information. *All-Cause Readmission to Acute Care and Return to the Emergency Department* (Ottawa, Ont.: CIHI, 2012).
3. Ibid