Post-Operative Follow-Up Appointments
Gerald Kangelaris, Matthew Russell
Department of Otolaryngology – Head & Neck Surgery

The Problem
Appropriate and timely post-operative follow-up is central to high-quality patient care. Based on data collected 12/2010 – 2/2011, 63% of elective OHNS surgeries are scheduled with planned follow-up care. We estimate that 85-90% of elective surgical patients are eligible to have a follow-up appointment scheduled at the time of surgery scheduling to help ensure accurate and timely follow-up appointments and to ensure streamlined and efficient clinic scheduling.

Project Goal
To ensure that 75% of patients undergoing elective surgery within the Department of Otolaryngology-Head & Neck Surgery (OHNS) have the initial post-operative appointment made prior to surgery and hospitalization.

Project Plan
Planned interventions took a variety of forms:
- Standardizing Departmental O.R. booking forms to allow attending physicians to specify a post-operative follow-up date or timeframe.
- Encouragement of surgery schedulers to confirm follow-up appointment time by attending surgeon at time of surgical booking.
- Frequent reminders at faculty meetings and via email communications to enact behavioral and cultural change.

Results / Progress to Date
For academic year Quarters 1, 2 and 3, the percentage of elective surgery patients with follow-up appointments made preoperatively was 67%, 63% and 66%, respectively.

Lessons Learned
The outcome of this project resulted from a confluence of factors outside the direct control of resident house staff. Despite the support of major parties in the beginning of the academic year, changes in clinic administration led to personnel discontinuity and a lessened importance for this project. Additionally, major changes brought about by Apex rollout led to active resistance against additional and temporary process flow changes. When designing future proposals, resident Q.I. champions should consider the implications of projects that require support and intervention on the part of non-resident and non-physician individuals.

Moving Forward
There remains support for this project on the part of the house staff, Departmental QI Champion, and the interim Department Chair. Our Department will not be fully phased into Apex until September 2012 and is still awaiting a permanent practice manager replacement. Apex does allow functionality for attending physicians to specify and request post-operative follow-up appointments at the time of surgery. Once Apex roll-out is complete, we will revisit implementing these proposed changes in O.R. booking process flows.

While attending physicians were amenable to the program concept and process flow changes, primary hurdles prevented the achievement of the target goal included the following:
- Resistance by practice managers to alterations in process flow due to planned 2012 O.R. booking process flow changes from Apex rollout.
- Desire to minimize Departmental changes due to turnover in the Department practice manager, multiple administrative staff, and Department Chairman throughout the academic year.

Despite this, one change implemented as part of this process is resident tracking of follow-up appointments. This documentation has allowed for early identification of patients without scheduled follow-up appointments and improved pre-discharge scheduling. This patient care improvement is not reflected in the study data.

While attending physicians were amenable to the program concept and process flow changes, primary hurdles prevented the achievement of the target goal included the following:
- Resistance by practice managers to alterations in process flow due to planned 2012 O.R. booking process flow changes from Apex rollout.
- Desire to minimize Departmental changes due to turnover in the Department practice manager, multiple administrative staff, and Department Chairman throughout the academic year.

Despite this, one change implemented as part of this process is resident tracking of follow-up appointments. This documentation has allowed for early identification of patients without scheduled follow-up appointments and improved pre-discharge scheduling. This patient care improvement is not reflected in the study data.