

Prior Telephone Confirmation to Reduce Absenteeism in Oncological Surgeries: A Phone Call That Saves Lives

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Introduction

In assessing the quality of health services, the use of quality and resolution indicators used in the operating room stands out. The cancellation fee for operating procedures is one of the most important. Cancellations interfere with the outcome of care and increase hospital costs. In the case of cancer patients, the consequences are severe, since early surgical intervention directly influences prognosis, reducing morbidity, and mortality. Considering that surgical suspensions should be prevented, pre-anesthetic consultation and telephone confirmation days before the procedure configure strategies that can be adopted to minimize the problem. A descriptive observational study with a quantitative approach was conducted on the impact of previous telephone confirmation on the reduction of cancellation of oncologic surgeries due to absenteeism. The research was carried out at Professor Alberto Antunes University Hospital, Federal University of Alagoas (HUPAA/UFAL), city of Maceió, State of Alagoas, Northeastern Brazil. The sample consisted of 205 patients with scheduled cancer surgery from January to June 2019, after approval by the Institutional Ethics Committee. Data analysis was performed descriptively. The effectiveness of previous telephone confirmation was verified, with a 50% reduction in cancellation of elective oncologic surgeries due to absenteeism. The implementation of a call center to confirm the presence of the user consisted of an impact strategy in reducing the cancellation of previously scheduled cancer surgeries.

Keywords: Operating rooms • Surgery • Surgical oncology • Operative surgical procedure • Operative procedures • Absenteeism.

Background of the Research

Quality management in health services is becoming increasingly important to offer better care, combined with scientific and technological advances. In the evaluation of

health care, the use of indicators stands out, among them, the cancellation rate of operative procedures that measures the quality and resolution of the operating room [1, 2]. Surgical cancellation is defined as an operation that has been scheduled but not performed. This involves medical, hospital, or patient-related reasons [3]. Cancellations cause harm to the patient, interfere with the outcome of care, and increase hospital costs [4, 5]. Regarding the cancer patient, the consequences are severe, since early surgical intervention directly influences prognosis, increases survival, and reduces morbidity and mortality. Law No. 12.732, of November 2012, of the Brazilian Ministry of Health, ratifies the importance of this intervention, guaranteeing the cancer patient the right to start treatment within 60 (sixty) days after confirmation of the diagnosis [6]. Thus, the analysis of the surgical suspension rate in a health unit aims to improve the quality of care and efficiency of the service offered to the population of the Unified Health System (SUS/Brazil) associated with the rationalization of human and financial resources [2]. The costs of surgical procedures represent about 40% of total hospital expenses. Inadequate management promotes a negative impact on the care of patients with surgical pathologies, in particular, cancer patients who require surgery [7]. According to the Australian Department of Health, the surgical suspension rate should be less than 2% for any reason, less than 1% due to medical reasons, and less than 0.5% due to patient absenteeism [8]. According to the idea that surgical suspensions should be prevented, Santos et al. demonstrated that pre-anesthetic consultation and prior telephone confirmation two days before surgery were strategies that could be adopted to minimize cancellation due to absenteeism surgical suspension rate in a health unit aims to improve the quality of care and efficiency of the service offered to the population of the Unified Health System (SUS/Brazil) associated with the rationalization of human and financial resources [2]. The costs of surgical procedures represent about 40% of total hospital expenses. Inadequate management

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