



## Unit 4: Is health care production the same as any other occupation ?



### 5. Improving outpatient care in hospitals

- ➔ Hello. I am Catherine Uzan head of the Breast and Gynaecological Surgery Unit at Pitié-Salpêtrière hospital. Today I will talk to you about how to improve outpatient care in hospitals. We see outpatient care more and more often and have thus reached a new stage where the question is not should we do it – because we do – but how do we improve and how do we destroy the last roadblocks towards outpatient care in some cases. Step 1 to improve outpatient care: Training. This is crucial – we already learned how to provide inpatient care. A lot of time was spent working on this. We now need to learn how to improve outpatient care and that requires training. All care providers need training both in hospital, which I will cover, and out of it. As hospital staff, we need to communicate better with the outside to make that training possible. To give you an example we are designing training programs for non-hospital care providers to help them care for patients after a mastectomy which used to be inpatient surgery. During the training we explain the process and we show pictures to outpatient nurses. Then we listen to the feedback from outpatient care providers to understand their experiences and how to improve health information. This training stage is crucial. Step 2 to improve outpatient care: Dedicated spaces. The second thing we can do to improve in-hospital outpatient care is to consider dedicated areas. This is not necessary for dispensing care but it can make it easier. To give you an example we are opening such an area in my hospital in April 2018. This space was designed around the patient not around the surgeon like a conventional surgical unit. There is a whole floor for patient arrival and the space is designed to reduce waiting times – we considered throughput time at every stage and the whole space is organized around outpatient care. Designing new spaces is easier than adapting conventional units to outpatient care. Dedicated areas are not mandatory but they do allow more complicated cases and greater patient numbers to benefit from outpatient care. Step 3 to improve outpatient care: Before and after work. The third thing we need to do is more before and after work. Beforehand, we must give more information. Patients used to learn little by little while in hospital about the risks of their surgery and what to watch out for. We need them to have more information early on. That information cannot come from the doctor alone. We also need other care providers, including the coordination nurse and other health care professionals. Patients must receive information several times, in different forms: verbally, first – which remains crucial – but also through documentation designed for outpatient care. We also need to work more afterwards. That means giving information to the physician and other outpatient care providers about the patient's surgery and potential complications and the potential patient pathway if there are complications. Patients with complications should not go to the ER or their physician, especially without prior information. We need to think about the future, especially in case of complications. This before and after work is always essential for outpatient care but needs even more work in more complex cases. This after work can be organized by way of outpatient coordination services. With our mastectomy example we gradually realized that patients in these cases had a harder time getting suitable care if their nurses were not informed beforehand. Since we started using outpatient coordination services to contact nurses before the surgery patients are much happier overall and feel better taken care of. We must communicate with other external professionals. We also need to work afterwards especially for more fragile patients. We need to consider whether the patient will go home or need post-op care and rehabilitation or require help at home. We consider all these options.





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- We must not think that fragile patients cannot receive outpatient care. Outpatient care can be made possible thanks to after work though it will remain impossible in some cases, but in others, it may also be possible thanks to before work. Step 4 to improve outpatient care: Optimization of medical care. The fourth thing is that medical care must be optimized. Outpatient care does not make care itself better but it pushes us towards health care systematization in particular because we design clinical pathways for more complex interventions. Pitié-Salpêtrière hospital for example worked on the clinical pathway for hysterectomies in outpatient care. We needed to think about all the important aspects particularly relating to pain management. That requires working closely with anesthetists which requires the systematization of everything that lowers the amount of pain experienced after surgery. In some cases, this systematization will lead to improved medical care. We also need to think of ways to calm the fears of our patients. We already did this in inpatient care but, due to lower amounts of time spent in the hospital, outpatient care requires us to rethink our methods such as by considering the use of verbal hypnosis. We must also take into account all the things that help patients during their very brief hospital stay. Step 5 to improve outpatient care: Better communication. The fifth thing we need to do to improve outpatient care is better communication. Patients, before they are patients are users of a service. We need to learn and propagate that outpatient care is a conventional care practice. For that, our best teachers are the patients who themselves have had this type of care. We also need to communicate with other outpatient care providers who might think that outpatient care is a way for hospitals to pass on the responsibility to them and therefore think that more outpatient care means a heavier workload. We must show them what outpatient care is and what it is not emphasizing that patient information and care will always be properly provided but that there will be more cooperation between us and them. Step 6 to improve outpatient care: Knowing its limits. The sixth thing we need to do is understand the limits of outpatient care. The goal has never been to perform all surgery in outpatient care for all patients. There are no specific contraindications regarding patient age or comorbidities but there are cases where outpatient care is impossible which means we need to keep human capital and beds in hospitals so that good quality inpatient care remains an option for our patients. Improving outpatient care thus means understanding its limits and most importantly knowing when a patient requires inpatient care or when we have to bring the patients back into the hospital if they need it after an outpatient intervention. The more complex our outpatient interventions become the more we need to be ready for patients who cannot go home afterwards or who need to come back. These cases are harder to manage especially the patient pathway. But the hospital must face such challenges. Improving outpatient care organization thus means maintaining our inpatient care capacities and being able to organize, when necessary a smooth return to the hospital for the patients. To conclude, as I have endeavored to show you improving outpatient care in hospitals is not just about the hospital. It is also about our users – our patients – and outpatient care providers. We now have to improve training, communication and organization to make outpatient care a conventional hospitalization option as well as a habit for our patients. We need to learn how to deal with all contingencies due to the rise in outpatient surgery and we must be ready for our patients to return when they have complications. Remember that the definition of outpatient care is to treat our patients just as well, if not better while ensuring their safety.

