

EARLY HOSPITAL DISCHARGE AND HOME CARE

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In recent years, across Canada and beyond, surgeons and physicians have been under increasing pressure to cut costs and reduce hospital beds while increasing the quality of care with the use of more sophisticated and expensive equipment and supplies. It sounds like an impossible equation. Our predecessors would have treated this as a life-threatening situation and would have stopped hospital administrators in their tracks.

However, times are different, and the administrators have been adamant. Out came the surgeon's ingenuity and ability to adapt, with the help of their partners in the field of medicine. Health administrators, health economists, nurses, social workers and physicians worked together to formulate concepts of health care that share the same objectives of high-quality care, focusing on the patient's quality of life, lack of morbidity and ultimate return to full function, while cutting costs.

Care maps were born, or possibly reborn, with emphasis on early hospital discharge and home care. Suddenly, surgical services found their bed occupancy greatly reduced, so that with a smaller number of beds the same number of patients or more could be treated. Caremap management requires a close association be-

tween the treating physician, outpatient personnel, inpatient teams on the nursing units and in the operating room, the anesthetist, recovery-room personnel and most importantly the home-care team. With use of the care map, patients follow a standard path (except for complicated cases): they should leave the hospital as early as possible and receive home care immediately. This protocol reduces stress at home and deals with minor problems that are the cause of many readmissions (e.g., minor catheter blockage in cases of prostatic surgery) and can usually be managed at home.

The paper in this issue (pages 39 to 43) by Wilson and colleagues, describing the management of patients at home after prostatectomy, is an excellent example in which patients who received caremap management had the same outcome and frequency of readmission as those discharged from hospital 2 or 3 days later.

We can easily conclude that caremap management is here to stay. We have no choice. However, I predict that long-term outcomes will confirm that even if we had the choice, this new era of early hospital discharge and management of patients at home is a better option than longer hospitalization. No

doubt there will be reports of rehospitalization and serious complications such as pulmonary embolism or wound infection, but we must look at the whole picture and consider that such complications can still happen when the patient stays an extra 2 or 3 days in hospital.

Nevertheless we must prepare ourselves because the caremap process requires extensive homework by the treating physician, outpatient and inpatient nurses and the home caregiver. The home-care component is crucial for the success of the whole process. If it is not in place at the appropriate time, its acceptance by the public could be negatively affected, with catastrophic results. The delivery of home care should be closely monitored, and there should be proper liaison with the hospital team to ensure continuity of care and effective feedback to the treating physician. Patient education is of prime importance in the implementation of a caremap program. Patients should be well informed and share in the choice of their treatment. A recent study by the Canadian Prostate Health Council¹ demonstrated that patients participating in a shared decision for choices of treatment were better informed and had a better rap-

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port with their physicians than those who did not.

Patients should know that they are not being abandoned by the hospital or discharged prematurely but that at a certain stage their management is better given by the home-care team in close association with the hospital

team. They should be reassured constantly that this protocol is better for them, that they will be more comfortable and that the hospital team is always available. It is only with such a new contractual agreement that the whole process of caremap management can achieve its required goals.

Reference

1. Piercy GB, Deber R, Kraetschmer N, Trachtenberg J, Ramsey E, Goldenberg L, et al. Shared decision making and patient trust and satisfaction. Results at one year follow-up [abstract]. *Can J Urol* 1996;3:A33.

Notices

Avis

Asian Surgical Association

The 11th Biennial Congress of the Asian Surgical Association will be held at the Hong Kong Convention & Exhibition Centre from Mar. 2 to 5, 1997. For further information contact: ASA Hong Kong, Congress Secretariat, Department of Surgery, The University of Hong Kong, Queen Mary Hospital, Hong Kong. Tel.: 852 2855 4235; fax: 852 2818 1186; e-mail: Mededcon@hkucc.hku.hk

Trauma and critical care — 1997

The American College of Surgeons Western States Committees on Trauma are sponsoring their annual medical education program entitled "Trauma and critical care — 1997," which will be held at Caesars Palace, Las Vegas, from Mar. 17 to 19, 1997. Advance registration is suggested because of limited enrolment. For information contact: Ms. Carol Williams, American College of Surgeons, Trauma Department, 55 East Erie St., Chicago IL 60611. Tel.: 312 664-4050, ext 342; e-mail: cwilliams@facs.org

Pediatric orthopedic review course

Sponsored by the Université de Montréal and the Canadian Orthopaedic Association, the 10th Sainte-Justine Pediatric Orthopedic Review Course (SPORC) will be held at the Complexe Desjardins Hotel, Montreal, from Apr. 9 to 11, 1997. The guest faculty comprises only Canadian or Canadian-trained orthopedic surgeons. For further information contact: Dr. Marc

Isler, Secretary, SPORC 97, Hôpital Sainte-Justine, 3175, Côte Sainte-Catherine, Montréal QC H3T 1C5. Tel.: 514 345-4876; fax: 514 345-4755.

Congress on ambulatory surgery

The 2nd International and 4th European Congress on Ambulatory Surgery will be held in at the Queen Elizabeth II Conference Centre, Westminster, London, England, from Apr. 15 to 18, 1997. Under the patronage of the European Commission, the Council of Europe, the World Health Organization and the United Kingdom Department of Health, the congress will run in conjunction with the 8th annual scientific meeting of the British Association of Day Surgery. The working language will be English, with simultaneous translation in French, German and Spanish. For further information contact: Kite Communications, The Silk Milk House, 196 Huddersfield Rd., Meltham, W Yorks HD7 3AP, England. Tel.: 44 1484 854575; fax: 44 1484 854576.

Update in general surgery 1997

The Faculty of Medicine, University of Toronto will hold its course "Update in general surgery 1997" at the Sutton Place Hotel, Toronto, from Apr. 24 to 26, 1997. Credits: MOCOMP and AMA Category I. For further information contact: Continuing Education, Faculty of Medicine, University of Toronto, 150 College St., Room 121, Toronto ON M5S 3E2. Tel.: 416 978-2719; fax: 416 971-2200.

Trauma update 1997

The Faculty of Medicine, University of Toronto will hold a course entitled "Trauma update 1997" at the Mount Sinai Hospital Auditorium, Toronto, on May 10 and 11, 1997. Credits: MOCOMP and AMA Category I. For further information contact: Continuing Education, Faculty of Medicine, University of Toronto, 150 College St., Room 121, Toronto ON M5S 3E2. Tel.: 416 978-2719; fax: 416 971-2200.

Conference on melanoma

The 4th World Conference on Melanoma will be held in Sydney, Australia, from June 10 to 14, 1997. It will include a surgical workshop, from June 11 to 13, covering key issues in melanoma surgery. For further information contact: 4th World Conference on Melanoma, PO Box M123, Camperdown, NSW 2050, Australia. Tel.: 61 2 9515 7299; fax: 61 2 9550 6316; e-mail: melfound@mel.rpa.cs.nsw.gov.au

Fourth Congress of F.E.S.S.H

The 4th Congress of the Federation of the European Societies for Surgery of the Hand (FESSH) will be held in Bologna, Italy, from June 15 to 18, 1997. Included will be an instructional course on stiffness of the joints of the upper limb. For further information contact: Mrs. Silvia Batani, CSR Congressi, PO Box 1769, I 40100 Bologna BO, Italy. Tel.: 39 51 76 53 57; fax: 39 51 76 51 95.