Postop Virtual Care Reduces Drug Errors and Pain

Postoperative patients often require use of acute services like acute hospital care, brief acute hospital care, and emergency department visits. Unfortunately, the COVID-19 pandemic has left a backlog of people waiting for non-elective surgeries. One way that hospitals cope with this demand and ensure hospital capacity is by reducing the demand for acute services with virtual postoperative care.

Researchers at McMaster University and the Population Health Research Institute in Hamilton, Ontario, recently published in the British Medical Journal analysing virtual postoperative care outcomes. Specifically, they compared the outcomes of about 900 postoperative patients seen across eight Canadian acute care hospitals that received virtual care with remote automated monitoring (RAM) technology and standard care. Virtual care for 30 days after leaving the hospital consisted of remote clinician access, and using RAM devices to measure vital signs. The study also examined the impact that virtual care and automated monitoring had on reducing hospital burden.

The study's authors found that more medication errors were detected and corrected for virtual care patients than the standard care patients (detected: 30% vs. 6%; corrected: 28% vs. 4%). Fewer patients in the virtual care group needed to return to the hospital for care (22% versus 27% with standard care). Fewer (14% less) virtual care patients reported pain versus the standard care group.

The study's co-principal investigator, Dr. Michael McGillion added: 'The pandemic is just the tip of the iceberg, in terms of virtual care's potential, and how healthcare can be transformed… Frontline nurses have the opportunity to lead the charge in terms of virtual care from hospital to home, in collaboration with physicians and allied health colleagues.'

They concluded that virtual care with RAM significantly improved detection and correction of drug errors and decreased pain. Analyses of centres with high escalation of care, virtual care with RAM lowered the risk of needing emergency care including additional acute hospital care, brief acute hospital care, and emergency department visits.

Further studies will concentrate on improving efficiency (not all patients need to interact with a nurse at the same frequency as during this trial), and the cost-effectiveness of virtual care with RAM.

Published on : Mon, 18 Oct 2021