

Patient-Reported Non-Routine Events for Same-Day Discharge After Mastectomy

Introduction

- Quality and safety efforts traditionally focus on preventing adverse events.
- However, additional insights for system improvements can be gleaned from understanding non-routine events (NREs): deviations from expected medical care.¹
- Previous work has primarily focused on clinician-reported rather than patient-reported NREs.¹⁻³
- Breast surgery standards are shifting from overnight observation to same-day discharge, but patient perspectives on this transition have not been studied.⁴

Aim

- To explore NREs reported by mastectomy patients after implementing a same-day discharge protocol

Methods

- Participants:** Recruited breast cancer patients discharged the same day as their mastectomy from an academic medical center
- Surveys:** Administered the validated Patient Comprehensive Open-Ended Non-Routine Event Survey (PCONES)¹ on post-operative days 2 and 14 over the phone and asked patients with a positive PCONES to further describe the NRE, its perceived preventability and severity, and if the NRE affected their condition/treatment
- Thematic Analysis:** Two coders created a codebook, independently annotated PCONES responses, and discussed discrepancies. Codes were grouped into themes to identify patterns in NREs and patient responses to the NREs.

Results

Table 1. Patient Characteristics of Participants Reporting Non-Routine Events

Patient Characteristic	Count (Percentage)
Non-Hispanic White	5 (100%)
English First Language	5 (100%)
Education	
High School	3 (60%)
College (4 years)	1 (20%)
Graduate / Professional school	1 (20%)
Employment Status	
Employed (part-time, full-time, self-employed)	3 (60%)
Retired / Not Working	2 (40%)
Annual Household Income	
\$50,000–\$74,999	2 (40%)
\$75,000–\$99,999	2 (40%)
\$200,000+	1 (20%)
Confidence Completing Medical Forms (5 being the most)	
4	2 (40%)
5	3 (60%)

Table 2. Answers and Themes from Patient Comprehensive Open-Ended Non-Routine Event Survey

NRE Theme (Subtheme)	Patient Response to NRE	Was NRE Preventable?	NRE Severity	Did NRE change condition/treatment?
Communication (Emotional)	Communicated with care team	Definitely Yes	Mild	No
Communication (Interdepartmental)	Communicated with care team, called operator	Definitely Yes	Moderate	No
Communication (Post-op)	None	Probably Yes	Mild	No
Hospital Navigation	Patient solved issue, information desk	Definitely Yes	Mild	No
Post-Surgical Discomfort (Bandages)	Waited for follow-up appointment, adjusted bandage	Probably No	Mild	No
Post-Surgical Discomfort (Support bra and drain line)	Waited for follow-up appointment	Not Sure	Serious	Yes
Post-Surgical Discomfort (Support bra and drain line)	Communicated with care team, seen by care team	Not Sure	Not severe at all	No

- Participants were non-Hispanic white women with high confidence in completing medical forms.
- NRE Themes: Communication, hospital navigation, and post-surgical discomfort
- The two most common patient responses to an NRE were to communicate with their care team and wait for their follow-up appointment.
- One NRE was reported by the patient as serious and condition-altering.

Discussion

- While most NREs were not severe, small factors outside of direct medical care influenced patient perceptions of their care.
- Same-day discharge patients might face unique challenges due to less direct access to care teams.
- Improvements include addressing uncertainties and establishing a reliable line of communication before discharge.
- Limitations:**
 - Small sample size
 - Findings from one academic hospital may not generalize to other settings.
- Future Work:** Compare NREs between overnight stays and same-day discharge

Conclusion

- Patient-reported NREs revealed three key themes impacting mastectomy patient experiences: communication, hospital navigation, and post-surgical discomfort.
- This pilot study demonstrates the value of collecting NRE data from patients to guide quality improvement strategies.

References

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