

Appendix A: Fraser Health Virtual Care

November 4, 2021

Top Success Stories

A referral was received last month to complete a post discharge call for a woman who had a knee replacement. At the time of the call, she was recovering well. Five days later she phoned into FHVC reporting serious signs and symptoms of infection. She was directed to go into the ED. She required a second surgical procedure to clean out the surgical site. A second referral came through to FHVC to complete a post discharge call. Coincidentally, the same nurse completed all three calls which **promoted continuity of care and patient satisfaction**.

A post-surgical discharge call was completed for a gentleman who had a biopsy of the neck. He was doing well at the time and was provided the contact for FHVC for future health concerns. He phoned back a month later, in the late evening reporting high blood sugars after his chemotherapy treatment. He was also reporting signs and symptoms of infection to his biopsy site. He was unsure of his plan of care and unable to contact the cancer agency as it was closed. The FHVC nurse completed an assessment, was able to **connect with the on-call oncologist and provide a warm handover**.

A post discharge call was attempted for a woman who was admitted to hospital for wrist surgery. She did not answer the call, so a voicemail was left for her to phone FHVC if she had any questions/concerns. She phoned back the next day as she was instructed by her surgeon to change her bandage, but she did not know how to change it and did not have the supplies to change it. The FHVC nurse did a Zoom call to assess the appearance of the bandage. The nurse was able to **book the patient in for a bandage change** later the same day at the Whalley UPCC.

A woman phoned into FHVC as she did not receive follow up after a cat bite. She was attacked by the family cat four days prior and went to Fraser Canyon Hospital emergency department. She was told that a medical health officer would connect with her. Two days had passed, and she had not heard back. She was quite anxious about the situation and had contacted multiple vet offices with no luck. She called FHVC, the nurse was able to **connect patient with the medical health officer** who was able to arrange the rabies vaccine for the client the same day at Chilliwack Hospital emergency department.

Patient was discharged home and was expecting a home support worker at her home when she arrived. When she arrived home, there was no support worker. She was very anxious and phoned FHVC. **FHVC nurse connected with home health** and was directed to the home support scheduler. The nurse was informed that a home support worker was there earlier but left because the patient was not home. She was informed that a home support worker would be at the patients house the next morning. The **patient was also provided with the Fraser Health Crisis Line for support with her anxiety**.

Types of Discharge Calls

Some patients require and/or benefit from more time on discharge follow-up calls, examples include:

1. Older client has cognitive deficits (hard of hearing) and have high LACE score, requiring more time for understanding and or consulting a caregiver.
2. Client was provided a prescription on discharge, did not know what it was for, and therefore, did not fill the prescription. Client spent some time on the phone looking for the prescription while on phone with nurse to review. The discharge summary was incomplete, without medications for discharge.
3. Language barrier requiring interpreter services.