Poster #20 | Implementation of a standard same day discharge protocol for minimally invasive hysterectomies in the division of gynecologic oncology: A quality improvement project

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Topic: Quality & Healthcare systems

Objectives
To determine the safety and feasibility of a same-day discharge (SDD) protocol for minimally invasive hysterectomies (MIH) within the oncologic patient population.

Methods
This was a retrospective cohort study of all MIH between December 1, 2019-February 28, 2020 (pre-intervention cohort “PRE”) and November 23, 2020-February 18, 2021 (post-intervention cohort “POST”) at the University of Oklahoma. We educated staff on standard operating procedure (SOP) in November 2020. Measures of patient safety included phone calls, emergency room (ER) visits, and 30 day re-admissions. Quality was measured by adherence rates to the SOP. The POST group ranked their satisfaction on a scale of 1-100 on several parameters using an electronic survey. Data was collected in REDCap. Descriptive statistics were used to summarize data, and t-tests were used to compare cohorts (α=0.05).

Results
97 patients were eligible in the PRE cohort and 59 in the POST cohort. Zero patients in PRE cohort underwent SDD compared to 34 (59.7%) in the POST cohort. By SOP-specified criteria, 54.6% of the PRE cohort were eligible for SDD. Average stay in hospital midnights per patient was 1.09 and 0.51 in the PRE and POST cohorts, respectively (p< 0.0001).
SDD patients from the POST cohort were observed for a mean of 346 minutes in the post-anesthesia care unit (PACU). Compliance rates with SOP were: observed >4 hours in PACU (91.2%), documented pre-op counseling (0.06%), narcotics prescribed prior to surgery (0.03%), receipt of enhanced recovery medications (79%), documented provider assessment prior to SDD (58.8%), and phone note on post-op day #1 (29.4%).
Mean number of patient-initiated calls and 30 day ER presentations for PRE and POST cohorts were 0.62 vs 0.52 (p=0.783) and 0.11 vs 0.049 (p=0.40). There were five and zero 30-day re-admissions in the PRE and POST cohorts, respectively.
Patient survey response rate was 40.3% (17/42). Median satisfaction scores: 89% pre-operative counseling, 92% quality of care in PACU, 50% duration time in PACU, 80% pain control in PACU, and 90% overall satisfaction with SDD.

Conclusions
Same day discharge for minimally invasive hysterectomies resulted in significant reduction in hospital stays and was safe and feasible in an oncologic patient population. Additional provider education is required to improve adherence to standard operating procedure and improve patient satisfaction.

Abstract Table or Graph
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