

Timely Discharge After Gynecologic Surgery: A Quality Improvement Assessment (585)

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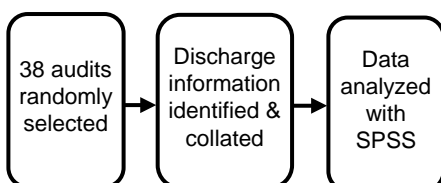
Background

- Our academic hospital is often at capacity
- Health system goal: actual discharge prior to noon for routine post-operative patients
- Specific aim: To identify common barriers to timely discharge of post-operative gynecology patients
- Ultimate Goal: To identify systems processes that may facilitate timely discharge for routine postoperative patients

Methods

- Quality improvement certification from IRB
- May - November 2017: post-operative gynecology patients randomly selected for discharge audit
- Information recorded by RN:
 - Discharge date & unit
 - Surgical details
 - Discharge criteria
 - Time of actual discharge
 - Reasons for delay discharge
- Descriptive analyses to: characterize sample; identify proportion meeting discharge goal, & identify common barriers to timely discharge using SPSS 24.0

Schema



Funding / Disclosures

- No relevant disclosures.
- No study funding.

Results

Table 1. Sample description, stratified by discharge timing

Descriptor	Total Sample (N=38) n (%)	D/C by noon (N=21) n (%)	D/C delayed (N=17) n (%)	p-value
Surgical Details				
Open	2 (5)	0 (0)	2 (100)	0.25
Vaginal	16 (42)	10 (63)	6 (38)	
Laparoscopic	21 (55)	11 (52)	10 (48)	
Hysterectomy	27 (71)	14 (52)	13 (48)	0.51
Hospital Unit				
Hospital Unit A	30 (79)	16 (53)	14 (47)	0.64
Hospital Unit B	8 (21)	5 (63)	3 (38)	

Findings:

- Most patients underwent minimally invasive hysterectomy
- Of 38 patients included in this audit, 17 (45%) did not meet goal of discharge prior to noon
- Given small sample size, no significant differences in those discharged by noon vs. those who experienced delayed discharge

Table 2. Reasons for delay

Reasons for delayed discharge	n (%)
Not physiologically ready	3 (18)
Voiding issues	3 (18)
Lab	2 (12)
Pharmacy	2 (12)
Ride	2 (12)
Patient refusal	1 (6)
Physician order	1 (6)

Most common reasons for discharge delay:

- 1) Not meeting milestones
 - Not yet ambulating
 - Not tolerating oral intake
 - Inadequate pain control
- 2) Voiding issues
 - Elevated post-void residual requiring repeat voiding trial or catheter teaching
- 3) No reason provided (3/17)

Conclusions

- Timely post-operative discharge is important at our institution and many others, especially as same-day discharge following hysterectomy becomes more common
- Patients who are not meeting post-operative milestones should not be discharged prematurely, but all other reasons identified are potentially preventable.
- We have implemented three practice changes as a result of these findings:
 1. Standardized 6 AM retrograde voiding trial if indicated
 2. Prioritized laboratory and pharmacy services for patients planned for discharge that day
 3. Preoperative counseling of patients: anticipated discharge prior to 10 AM, so arrange transportation accordingly.
- Follow up audit planned for this fall to determine if these interventions have improved the percentage of patients who are able to meet hospital discharge goal (before noon).