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Title (type in CAPITAL LETTERS)	REDUCTION IN COST AND LENGTH OF STAY AFTER IMPLEMENTATION OF A CLINICAL CARE PATHWAY FOR FASCIA LATA SLING CYSTOURETHROPEXY

Aims of Study: Pubovaginal sling cystourethropey continues to gain popularity as a surgical treatment option for women with stress urinary incontinence. In an effort to better manage hospital costs and improve overall efficiency, we developed a critical care pathway for patients undergoing this surgical procedure at our institution. This study examined the impact of pathway implementation on total and category specific hospital costs and postoperative length of stay.

Methods: Twenty-two consecutive patients who underwent fascia lata sling cystourethropey for treatment of urinary incontinence were reviewed. Beginning in November 1996, a clinical care pathway was implemented for all patients undergoing this procedure. The pathway guidelines were developed by a multidisciplinary team of urologists, urologic nurses, operating room personnel, and representatives from radiology, pharmacy, laboratory services. These guidelines standardize practice patterns for preoperative, intraoperative, and postoperative care. The first 11 patients to undergo the procedure after implementation of the guidelines were compared to last 11 patients treated just prior to guideline implementation. The total and category specific hospital costs and differences in length of stay between the two groups were compared using Student's t-test. Results were considered statistically significant at a confidence level of 95% ($p < 0.05$).

Results: The mean patient age in the pathway and non-pathway groups was 52 and 54 years respectively. After implementation of the clinical care pathway, the mean length of postoperative hospitalization was reduced from 2.3 to 1.8 days ($p < 0.05$). Total hospitalization costs were reduced by 14.4% ($p < 0.01$) and general service costs were reduced by 25.3% ($p < 0.05$). Cost reductions were also observed for all other category specific brackets although these did not reach statistical significance.

Conclusions: Implementation of a critical care pathway has resulted in significant reductions in total and category specific costs and length of stay for patients undergoing fascia lata sling cystourethropey.