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Allahdin S<sup>1</sup>, Lwin S<sup>1</sup>

1. NHS-Isle of Wight Primary Care Trust

# PATIENTS VIEW ON ENHANCED RECOVERY DISCHARGE PLAN AFTER PELVIC ORGAN PROLAPSE SURGERY-SERVICE DEVELOPMENT PATIENT SURVEY

## Hypothesis / aims of study

### Hypothesis

Hospitals are under increasing pressure to enhance the efficiency of hospital care and length of stay for inpatient care (1). These measures are designed to reduce medically unnecessary hospital stays, notably the lower intensity days at the end of the hospital stay, during which the patient could have been discharged on clinical grounds but was not (1). Protocols, clinical guidelines, and critical care pathways have been introduced in the belief that they have the potential to maintain the appropriateness of care offered while regulating inefficient hospital use (2).

### Aim

To assess the patients view of the enhanced recovery discharge from hospital after pelvic organ prolapse surgery. To compare their need to seek advice from the district nurse or general practitioner postoperatively, their use of postoperative antibiotics and their satisfaction with the service with patients from the control group who were discharged as per the previous protocol of discharge for pelvic organ prolapse surgery on the third post operative day.

## Study design, materials and methods

- Patient survey was sent to 47 consecutive women who had pelvic organ prolapse surgery in the preceding year. Group A women who were discharged as per our previous protocol on the third post operative day and group B women who were discharged 24-36 hours after surgery as part of our enhanced recovery discharge plan
- The period of study was 1.7.2008 to 31.8.2009
- The patient survey questionnaire was sent to the patients at a mean post period of 3 months.
- Place of study – District general hospital in the UK
- Proforma designed
- Survey sent through the Clinical governance department
- The Data was collected and analysed

## Results

-Response rate of survey questionnaires sent was 30/47 (64%)

-The need to seek advice from General Practitioner or district nurse was comparable for both groups (Group A - 46%) and (Group B- 47%)

-The reported use of antibiotics in the 2 groups - the patient with reduced hospital stay (group B) reported a significantly reduced use of antibiotics postoperatively compared to group A -Group A (46%) group B (24%)

- When asked about their view on timing of discharge i.e. how did you feel about going home after procedure? Both groups reported comparable results

	Group A	Group B
1. Too soon	(15%)	(18%)
2. Long enough	(85%)	(82%)
3. Would have like to leave earlier	0(0%)	0(0%)

- None of the patients required re admission

-When asked how they would rate the hospital care (service) the group B were more satisfied with the service they received

	Group A	Group B
1. Very good to Excellent	(69%)	(88%)
2. Good	(31%)	(6%)
4. Fair	(0%)	(6%)
5. Poor	(0%)	(0%)

## Interpretation of results

From the results of our survey we conclude that those patients that were discharged home according to the enhanced recovery discharge programme had less need for antibiotics and were more satisfied with the service they were delivered at the hospital. And they had to seek advice for post operative symptoms comparably to those in the control group. Their perception of the timing of the discharge was similar to the control group and 82% felt the inpatient stay was long enough

## Concluding message

From our survey we conclude the enhanced recovery discharge plan is well accepted by the patients undergoing pelvic organ prolapse surgery and is associated with lesser antibiotic use and more patient satisfaction

## References

1. Health Do (2002) NHS performance indicators. London: Department of health
2. Weingarten S, Riedinger MS, Sandhu M, Bowers C, Ellrodt AG, Nunn C, Hobson P, Greengold N (1998) Can practice guidelines safely reduce hospital length of stay? Results from a multicenter interventional study. Am J Med 105:33–40

<b><i>Specify source of funding or grant</i></b>	<b>No funding was acquired for this project</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>the survey was done through the clinical governance department as service development survey and also as an audit comparing the new practise against the existing practice</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>