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

Results

Table 1. Sample description, stratified by discharge timing

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

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

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)

Funding / Disclosures

• No relevant disclosures.
• No study funding.

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).