

K. Lauren Barnes, M.D.
Resident Research Day
April 28, 2017

ABSTRACT

Introduction: The Female Pelvic Medicine and Reconstructive Surgery Division at a large teaching institution performs over 60 vaginal hysterectomies (VH) for pelvic organ prolapse annually. These patients routinely remain in the hospital overnight, though this is not typically based on medical indications. Longer length of stay (LOS) after hysterectomy correlates with increased cost and decreases hospital throughput. Two decades of safety data confirms that outpatient VH is safe in many populations, but the concept has never been evaluated in the setting of pelvic reconstructive surgery.

Objective: To increase the value of care, we aimed to provide same-day discharge for patients undergoing VH for pelvic organ prolapse (POP) using Plan-Do-Study-Act (PDSA) cycles. Initial cycles aimed to decrease LOS by 1 hour in patients undergoing VH for prolapse, with the subsequent goal of increasing same-day discharges by 15%.

Methods: Baseline LOS data was collected on all patients undergoing VH for POP with faculty Female Pelvic Medicine and Reconstructive surgeons from August 2011 to October. Three improvement cycles were implemented; first an anesthesia protocol was considered, followed by a protocol allowing discharge based on criteria rather than pre-determined discharge date, then pre-operative counseling was improved to ensure availability of rides home.

Results: No changes were noted after the first improvement cycle, but the second improvement cycle resulted in a 9.5 hour decreased in overall LOS and a 20% same day discharge rate. The third improvement cycle resulted in a 12.5 hour decreased LOS and 32% same day discharge rate. Mean length of stay decreased from 35.5 hours to 23.7 hours ($p < 0.05$) during the study period and same day discharge increased from 0% to 29% overall. No increase in emergency visits, urgent postoperative appointments or readmissions was noted.

Conclusion: Same-day discharge is safe and feasible in the urogynecology population by changing discharge orders, patient expectations, and preoperative instructions.