

SUCCESSFUL LAVH AND DISCECTOMY SAME DAY DISCHARGES

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Background Information:

- In 2016, capacity constraints at Sanford Medical Center Fargo resulted in increased patient diversions.
- Attempts were made to improve capacity with limited results.

Objectives of Project:

- A strategic initiative to safely discharge Laparoscopic Assisted Vaginal Hysterectomy (LAVH) and Discectomy patients on the same day started August 30, 2016.
- Open bed capacity to decrease hospital diversions.

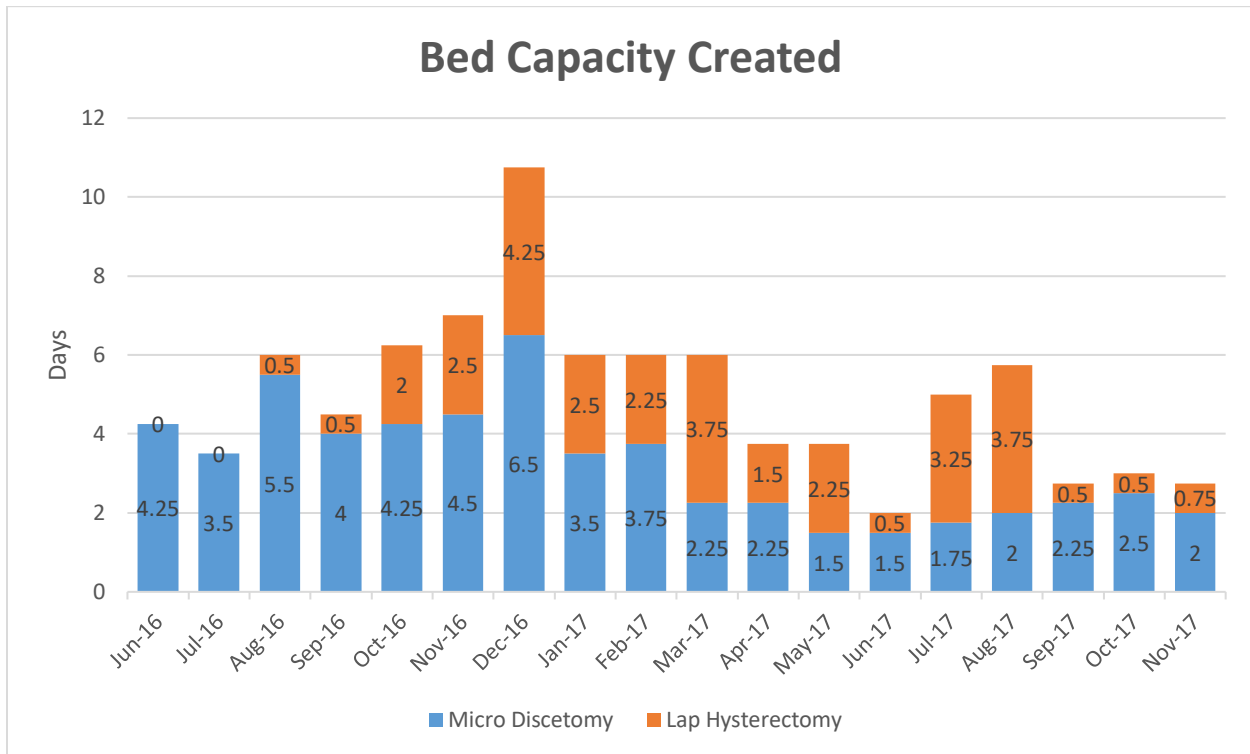
Process of Implementation:

- **Partnership:** Interdepartmental collaboration was key to success.
- **Evidence Based Practice:** Research supported same day discharges for LAVH and Discectomy patients.
- **Standardization:** Standardization of perioperative care for Enhanced Recovery after Surgery (ERAS).
- **Education:** Staff and patient education.
- **Scripting:** Staff scripting to convey consistent message of same day discharge to patients.
- **Discharge Criteria:** Measurable standardized discharge criteria to assess home readiness.

Statement of Successful Practice:

- Initial six months of discharging patients on the same day opened an inpatient bed capacity of 10.75 beds per month.
- Implementation of safe patient same day discharges.
- Reduced hospital diversions due to added inpatient bed availability.
- Enhanced staff learning to care for additional populations of patients.
- Due to successful outcomes of this project other network hospitals will be starting same day discharge projects.
- Average Length of Stay (LOS) in the inpatient unit is 39.1 hours as compared to 9.9 hours on the Day Unit.
- From August 30, 2016 to December 31, 2017 one documented readmissions.

Implications for Advancing the Practice of Perianesthesia Nursing:



Best Practice:

- Since implementation additional procedures have been moved to same day discharge which created a reduction of approximately forty-eight overnight stays per month.
- Additional same day discharge populations include: vaginal hysterectomy, vaginal hysterectomy with anterior/posterior repair, pacemaker implantation, and pulmonary vein isolation.

Key steps:

- Open communication and focused teamwork towards a common goal.
- Interdisciplinary collaboration, including physician champions, supported identification of additional patient populations for consideration of same day discharge.
- Standardization of processes.
- Celebrate and share successes.
- Data supports change.
- Extended typical LOS on the day surgery unit.
- Increased IV fluids and hydration was key to decreased post op nausea/vomiting and urinary retention.
- Initially urinary retention was identified as a post-op barrier. Resolution included:
 - Education on how to perform urinary self-catheterization.
 - If patient unable/refuses, reinsert continuous bladder drainage with urinary catheter with removal the following day.