



Making Change Become The Norm

Using Evidence-Based Practice to Reduce Length of Stay for
Bariatric Surgery Patients

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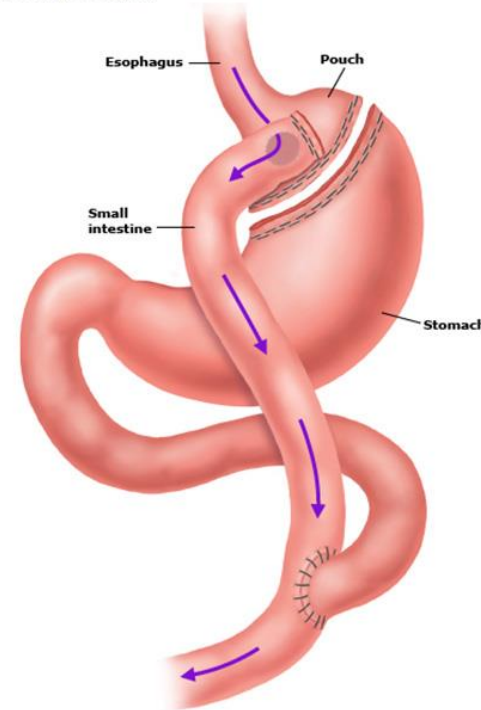
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Background

- Laparoscopic gastric bypass (LGB) is a safe and effective treatment for morbid obesity
- Medicare national average length of stay (LOS) is 1.5 days
- National American College of Surgeons (ACS) Bariatric database reports 47% of patients have 1 day LOS.
- National ACS Bariatric database shows no increase in readmissions or complications in 1 day LOS vs. 2 day LOS for LGB patients.

Gastric Bypass Surgery



Step 1 – Do I have a problem?											
Concern	All Lap RYGB patients at Salem Health are routinely discharged on hospital day 2. The Medicare average Lap RYGB length of stay (LOS) average has dropped to 1.53 days, with 47% of Lap RYGB patients being discharge on hospital day 1 per the Metabolic and Bariatric Surgery Accreditation Quality Improvement Program.										
What Should be Happening?	<p>All patients that meet criteria are discharged on hospital day 1. Overall 45% of patients should be discharged on hospital day 1. Our Medicare average LOS is 2.39 for Lap Bypass patients (Jan-June 2021 per finance report from Armando Fergoso)</p> <p>Supporting evidence examples include:</p> <ul style="list-style-type: none"> Benchmark (Best Practice) Data: Medicare Average length of stay data 1.53 days for January-June 2021, per Finance report from Armando Fergoso 2019 MBSAQIP Public Use File Lap RYGB LOS <p>The pie chart displays the distribution of hospital length of stay (LOS) for Lap RYGB patients. The largest segment is 1 day at 47%, followed by 2 days at 42%, 3 days at 8%, and 4 days at 3%. A legend below the chart identifies the segments by color: 1 (blue), 2 (red), 3 (green), and 4 (purple).</p> <table border="1"> <caption>Lap RYGB LOS Distribution</caption> <thead> <tr> <th>Length of Stay (LOS)</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>47%</td> </tr> <tr> <td>2</td> <td>42%</td> </tr> <tr> <td>3</td> <td>8%</td> </tr> <tr> <td>4</td> <td>3%</td> </tr> </tbody> </table>	Length of Stay (LOS)	Percentage	1	47%	2	42%	3	8%	4	3%
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What is Actually Happening?	All patients have a hospital length of stay for 2 days. Zero percent are discharged on hospital day 1.										
Measurable Gap	45%										
Impact	Patients will be able to go home earlier and hospital resources will be saved. Dollars saved: \$2000/patient/day										

Objectives

- Reduce baseline length of stay (LOS) from 2.39 days to at least 1.5 days (45% reduction)
- Reduce healthcare cost (\$2000/day)
- Reduce bed usage during record level census
- Improve patient experience with recovery from home

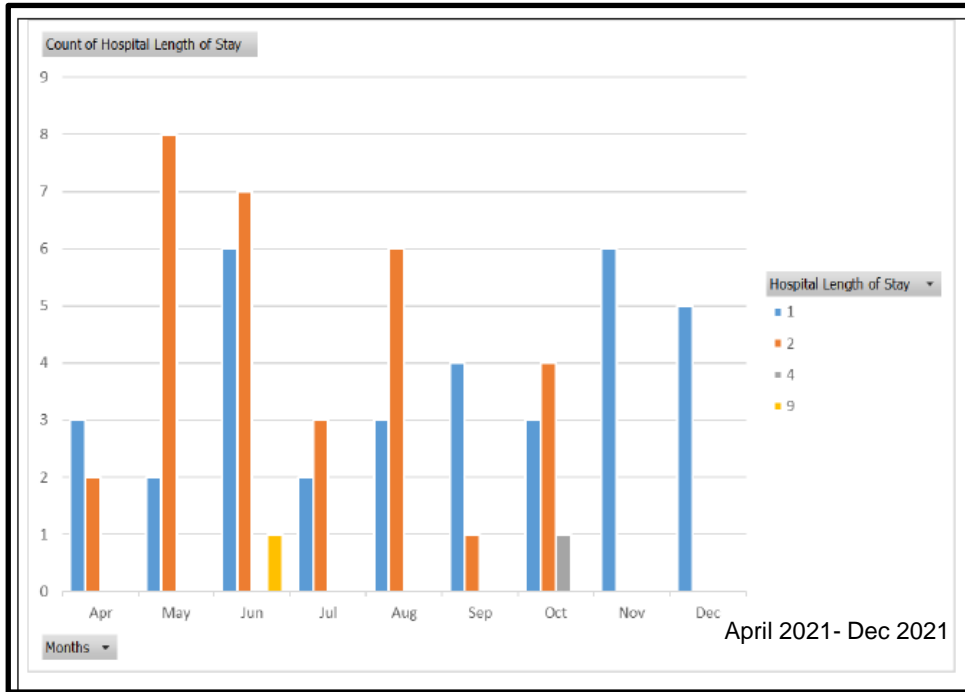
Gap: 45% of patients should be discharged on hospital day 1

Hypothesis: If we use the Sleeve short-stay care pathway and order sets for lap bypass procedures, we will safely discharge appropriate patients home on hospital day 1.

Methods

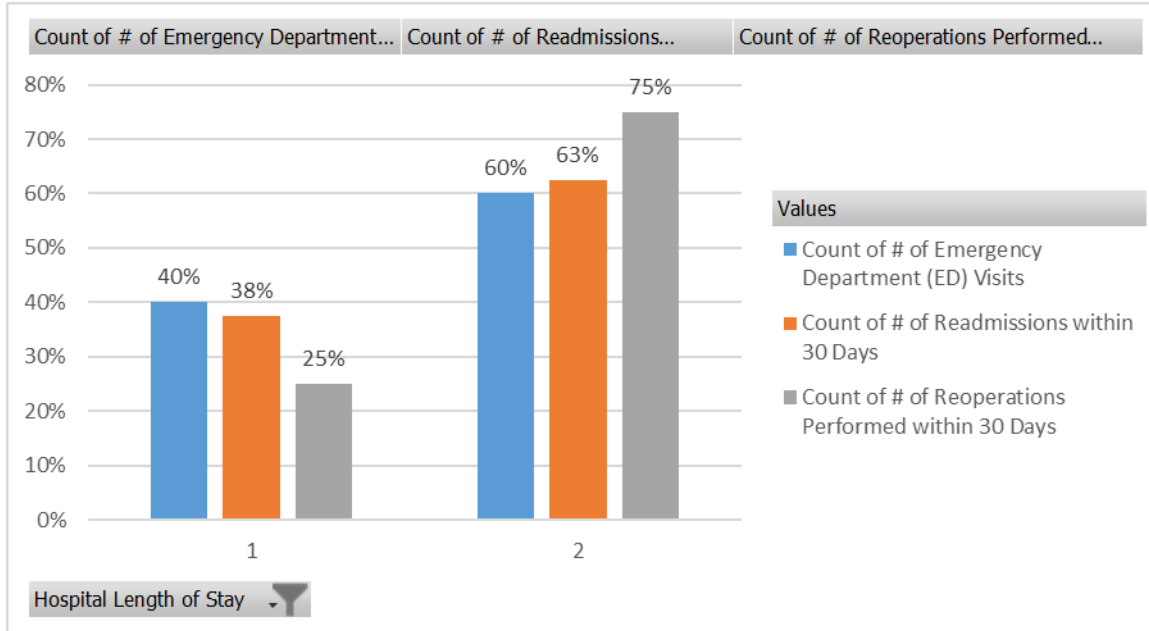
1. Collected data about patient demographics, ED visits, readmissions and reoperations from ACS Bariatric database.
2. Analyzed office records and determined most post-op complications occurred after post op day (POD) 2, so discharge on POD 1 is safe for most SH patients.
3. Reviewed evidence and determined fast track Laporoscopic Sleeve care pathway and order set could be replicated for Lap Gastric Bypass surgeries.
4. Stopped using bladder catheters, implemented pain and nausea “Early Recovery After Surgery” ERAS protocol, started diet evening after surgery, adapted order sets accordingly.

Results



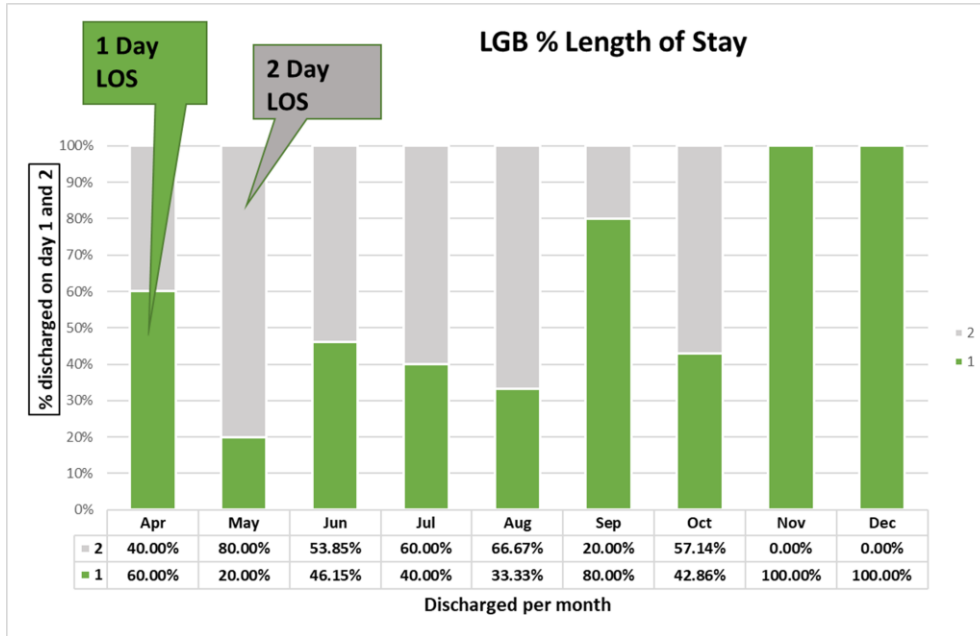
- 51% of patients discharged on day 1 starting April 2021
- 100% of our patients have discharged on day 1 since November 2021
- Increased patient satisfaction

Results



- Shorter length of stay has not affected ED visits or readmissions
- Created a new order set for “Short Stay Lap Gastric Bypass/Sleeve”

Conclusions



- ❑ Reduced overall LOS to 1.5 days
- ❑ Saved \$68,000 healthcare dollars
- ❑ Saved 34 hospital admission stays
- ❑ Utilization of fast track sleeve pathway allowed reduction in LOS for LGB patients without increase in post operative complications.
- ❑ Evidence based practice can help guide a safe and high quality outcomes for select patient surgical procedures.

Implications for Clinical Practice

Changing order sets to align with current evidence for early discharge results in consistent practice for both surgeons and nurses.

Interprofessional team collaboration and practice surveillance can result in significant improvements in patient and hospital outcomes.

Acknowledgement

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- Thomas VaVerka, RN, Clinical Informatics
- General Surgery Unit and OR nursing staff for taking great care of our patients!
- Michelle Mcgee, BSN, RN, CNOR, CBN

References

- Medicare Average Length of Stay data 1.53 days for January-June 2021, per Finance report from Armando Fergoso.
- 2019 MBSAQIP Public Use File Lap RYGB surgery data.