

Reducing length of stay for pituitary resection patients by a comprehensive educational approach

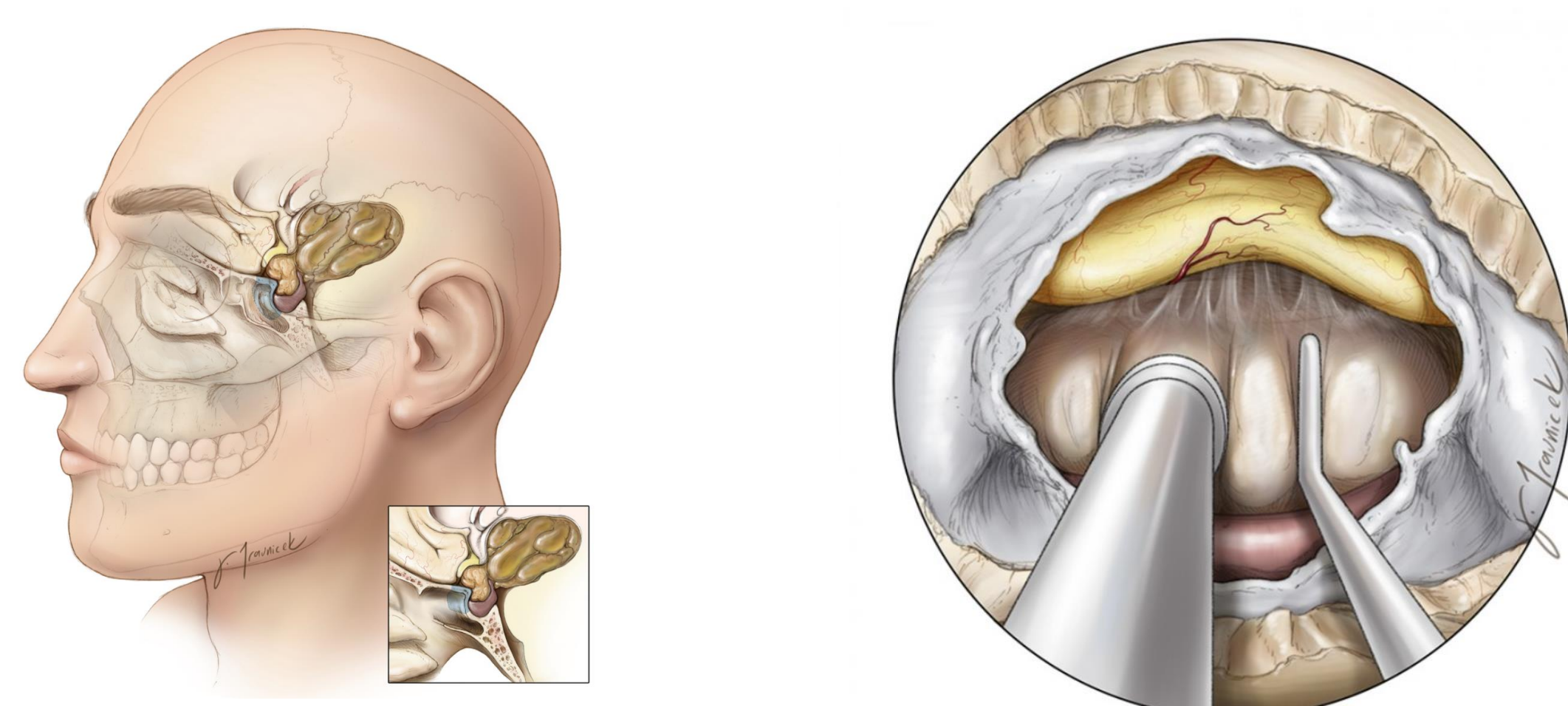
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BACKGROUND

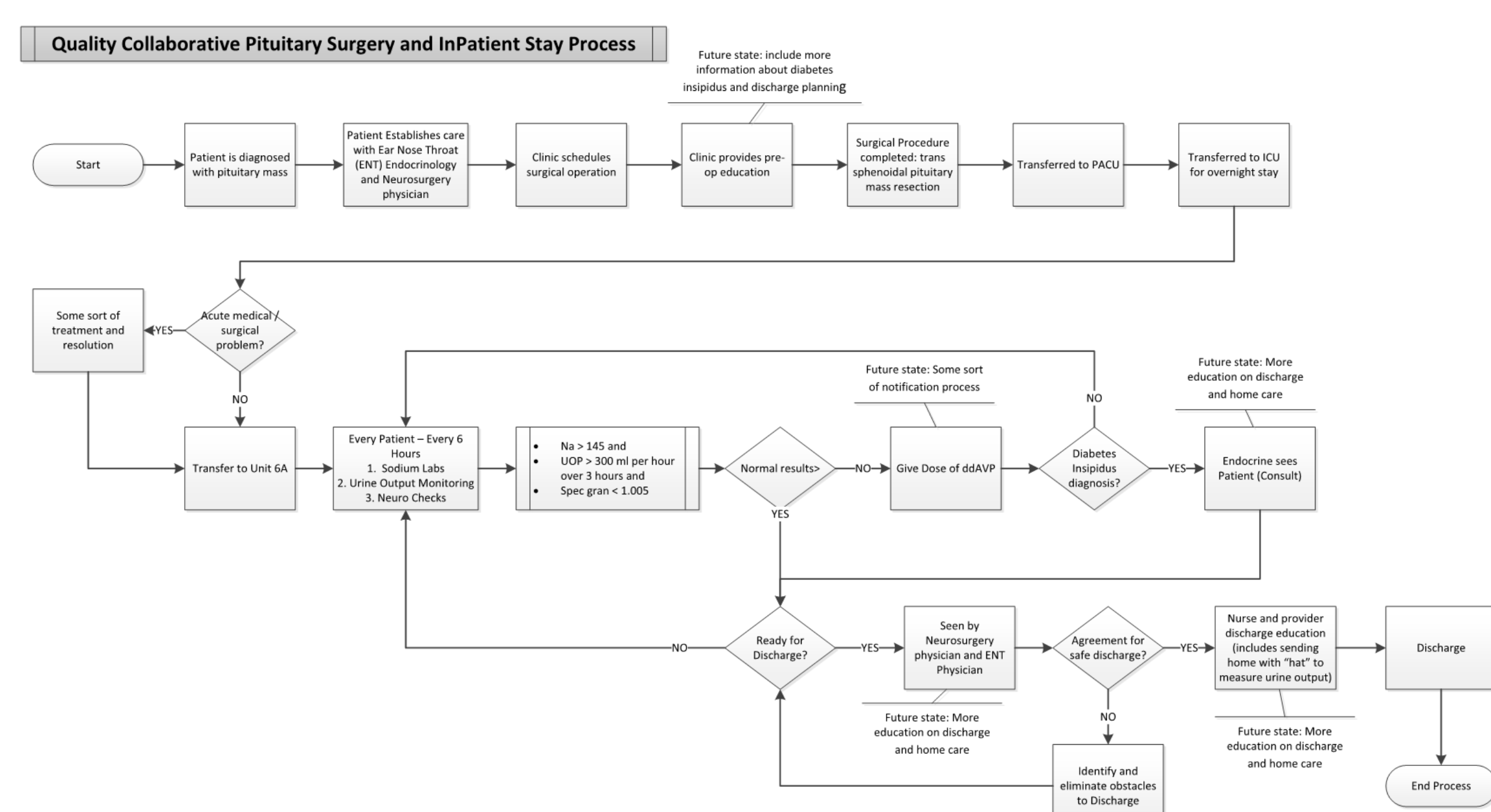
- Average length of stay for patients undergoing pituitary surgery is **4.88** days
- Others have reported discharge as early as **post-operative day #1**
- Re-admissions rate prior to intervention: **5.6%**
- Mutli-disciplinary disease process involving 3 departments
- Goal: promote earlier, safe patient discharge without increasing re-admissions rate

PROCEDURAL BACKGROUND



To the left is the surgical target, which can present with varying pathologies including prolactinoma, acromegaly, Cushing’s disease and others. The image on the right illustrates the intra-operative view and the nearby operative anatomy which may include the optic chiasm and internal carotid arteries.

PLAN

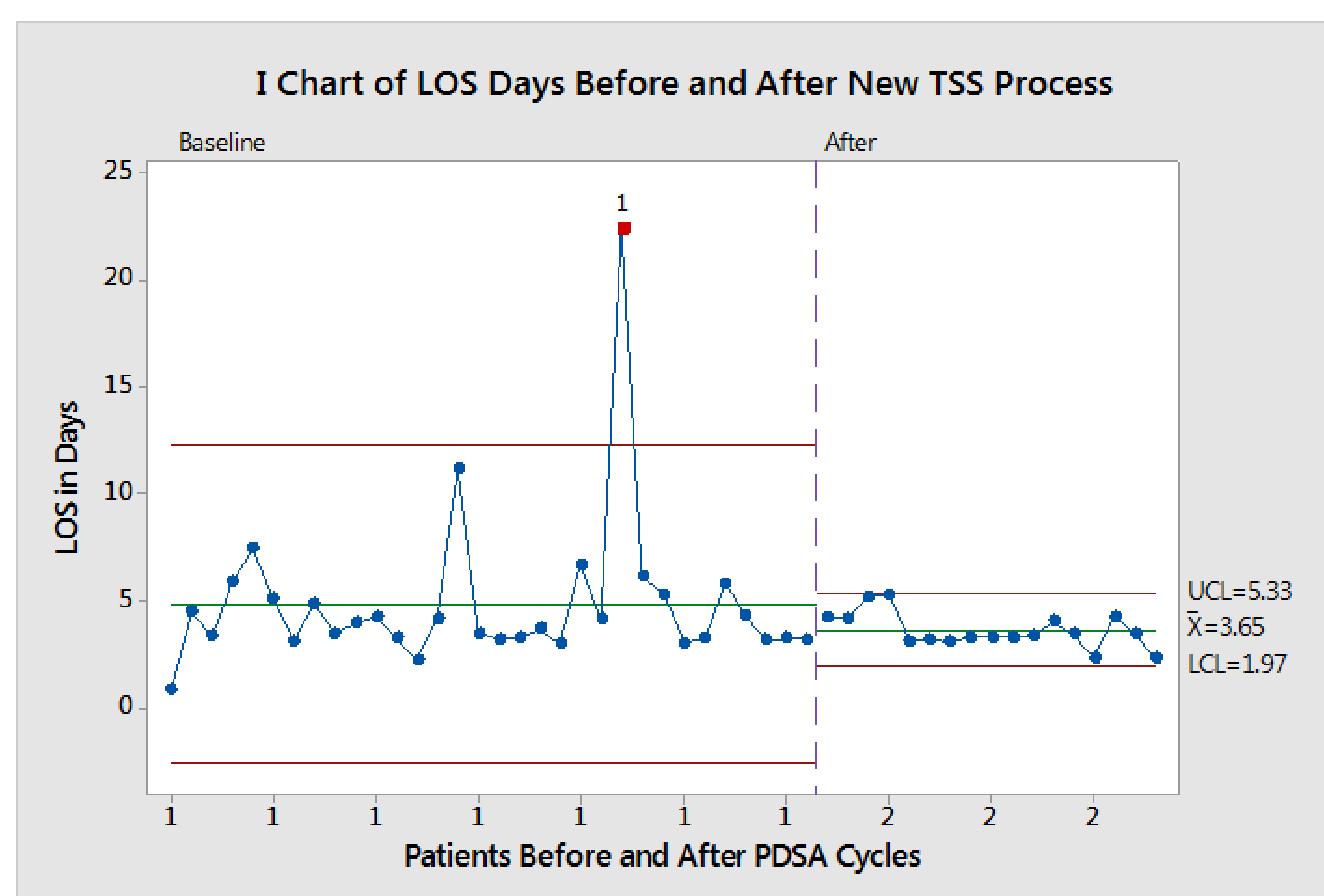


From the time of diagnosis to discharging a patient who is status post pituitary resection comes many encounters with medical providers and staff. We identified multiple points of possible medical and surgical complications that can lead to prolonged length of stay. Ultimately, we identified that setting patient’s expectations about what to expect post-operatively would be key to an early discharge.

DO

- Bypassing post-operative admission to the intensive care unit
- Revised order set for post-operative management
- Education of RNs with video
- Revised pre and post-operative patient education materials
- Protocolized management of possible post-operative complications such as diabetes insipidus
- Minimizing narcotics for post-operative pain management
- Ongoing meetings between mutli-disciplinary team of RNs and MDs from Endocrinology, ENT, Neurosurgery
- Communication of reduction of length of stay goal to all members involved in care of post-operative pituitary patients

STUDY



ACT

1. Effective inter-specialty communication regarding readiness of patient discharge
2. Consistent communication to patients by members of all teams
3. Clear delineation of specialty roles in management of post-operative medical and surgical complications
4. Developing a system for community based patient follow-up for patients who live distantly
5. Developing a hospital to hotel discharge plan
6. Developing consistent execution of patient management in spite of treating a relatively small patient population
7. Reducing patient load for nurses to ensure timely identification of patient issues

CONCLUSIONS

- The midwestern practice environment for pituitary patients remains unique and distinct from previously reported centers that are able to discharge on post-operative day 1
- Communication between and within teams is central and will continue to be an area demanding improvement

ACKNOWLEDGMENTS

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