Improving Discharge of Post-Operative Gynecology/Oncology Patients
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Problem:
The post-operative abdominal gynecology/oncology patients receive their discharge instructions the day of discharge causing an increase in 30 day readmissions rate.

Evidence:
The evidence-based practice research recommends initiation of the discharge process on the first day of admission. Re-Engineered Discharge (RED) is a supported research project led by Boston University School of Medicine under the guidance of Jack Brian (2009). This project provides twelve components to follow to improve discharges and decrease thirty (30) days readmission. It is endorsed by Agency for Health Research and Quality (AHRQ) and National Heart, Lung and Blood Institute (NIH-NHLBI).

Strategy:
Define and prepare the discharge process for the unit. Provide clinical care map for nurses. Review available patients’ educational materials and update as needed. Educate nursing staff on the process, as well as, current discharge information.

Practice Change:
Initiate discharge on post-operative day one (1) by providing handout instructions to patients. Assess and anticipate any support services that will be necessary after discharge. Continue on-going education throughout their hospitalization until they meet criteria for discharge.

Evaluation:
Readmission rate within thirty days of the gynecology/oncology post-operative unit of 45 cases for 13.33% was compared to another of 91 cases for 10.99% in the same facility. The result reveals a higher percentage rate of readmission of the post-operative gynecology/oncology unit.

Results:
The expectation of this project is to: 1) Improve the discharge process by following the ten components of project RED. 2) Decrease thirty (30) days readmission rate by 10 % in a three months period.

Recommendations:
The program was initiated upon the recommendation of the Nurse Manager to improve the outcome of post-operative patients.

Lessons Learned:
The discharge process of RED is a quality improvement project that will decrease the thirty (30) days readmission rate. CMS has ended extra payments for “Never Events” in order for hospitals to increase patient’s safety.
Bibliography: