

# Institution-Wide “Fast Track Pathway” for Colectomy Unites Surgeons to Decrease Postoperative Length of Stay

## The Problem

“Fast track” surgery has been shown to improve efficiency and outcomes for patients undergoing colectomy. Previously, initiation of a fast track protocol by a dedicated group of surgeons has been shown to improve morbidity and length of stay (LOS). The feasibility of an institution-wide protocol, encompassing all members of the department independent of their peri-operative practice patterns has never been assessed.

## Aim/Goal

Previously, initiation of a fast track protocol by a dedicated group of surgeons has been shown to improve morbidity and length of stay (LOS). The feasibility of an institution-wide protocol, encompassing all members of the department independent of their peri-operative practice patterns has never been assessed.

## The Team

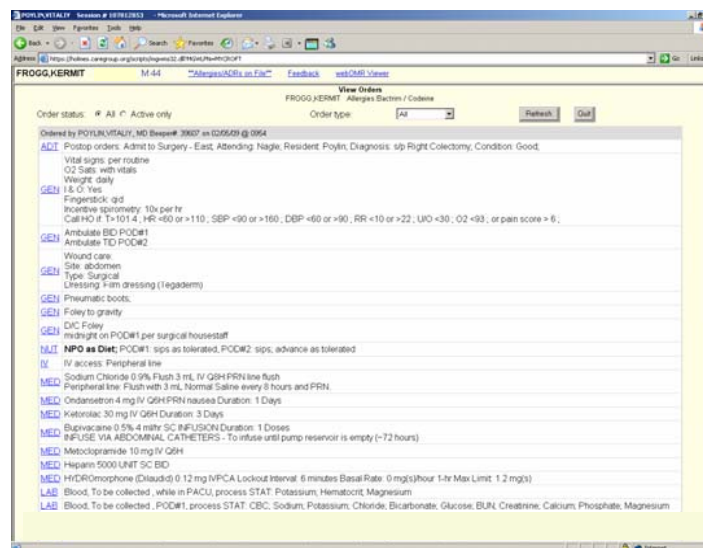
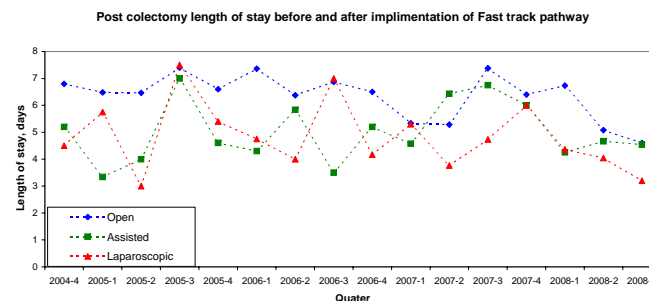
- Drs. Deborah Nagle, Vitaliy Poylin, Don Moorman, Department of Surgery
- Elizabeth Wood, BIDMC Decision Support
- Lynn Darrah I don't know what her current title is
- Rachel Hutchinson, RN, Manager of Stoneman 5
- Christine Saba, RN, Educator, Stoneman 5
- Lisa Viveiros, NP, East Surgery team
- Stoneman 5 nursing staff
- Dr. Nick Nace, Case Management

## The Interventions

We created an institutional common clinical pathway for management of all colectomy patients at BIDMC: open, laparoscopic or hybrid. Pathway principles include multi-modality pain management, early ambulation and early feeding. Evidence-based management was used to guide patient care choices. Pathway tools included a template, electronic order set and patient handouts to be applied to all elective colectomies. All completed pathways were collected and reviewed for variance by a multi-specialty team. Bi-weekly team meetings review for variance and obstacles to implementation. Outcomes were compared between surgeries performed prior to and after initiation of the pathway (September 2007).



## The Results/Progress to Date



## Lessons Learned

Cross-cultural collaboration increases institution-wide adoption. Personal bias/practice patterns are often not evidence-based and present opportunities for education.

## Next Steps/What Should Happen Next:

Enhancing care patterns to facilitate coordinated patient progression through hospitalization. Linking the pathway to SCIP outcome measures.



Beth Israel Deaconess Medical Center



A teaching hospital of Harvard Medical School

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For More Information Contact  
Deborah Nagle, MD  
dnagle@bidmc.harvard.edu