

When ERAS Meets DROP: A Preliminary Study of Bariatric Surgery Readmission at Metropolitan Hospital

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- *Nothing to disclose*

Study Aim

AIM

*Reducing
readmission
within 30 days
by 50% post
bariatric
surgery from
3% in 2023 to
1.5% by
December
2024.*

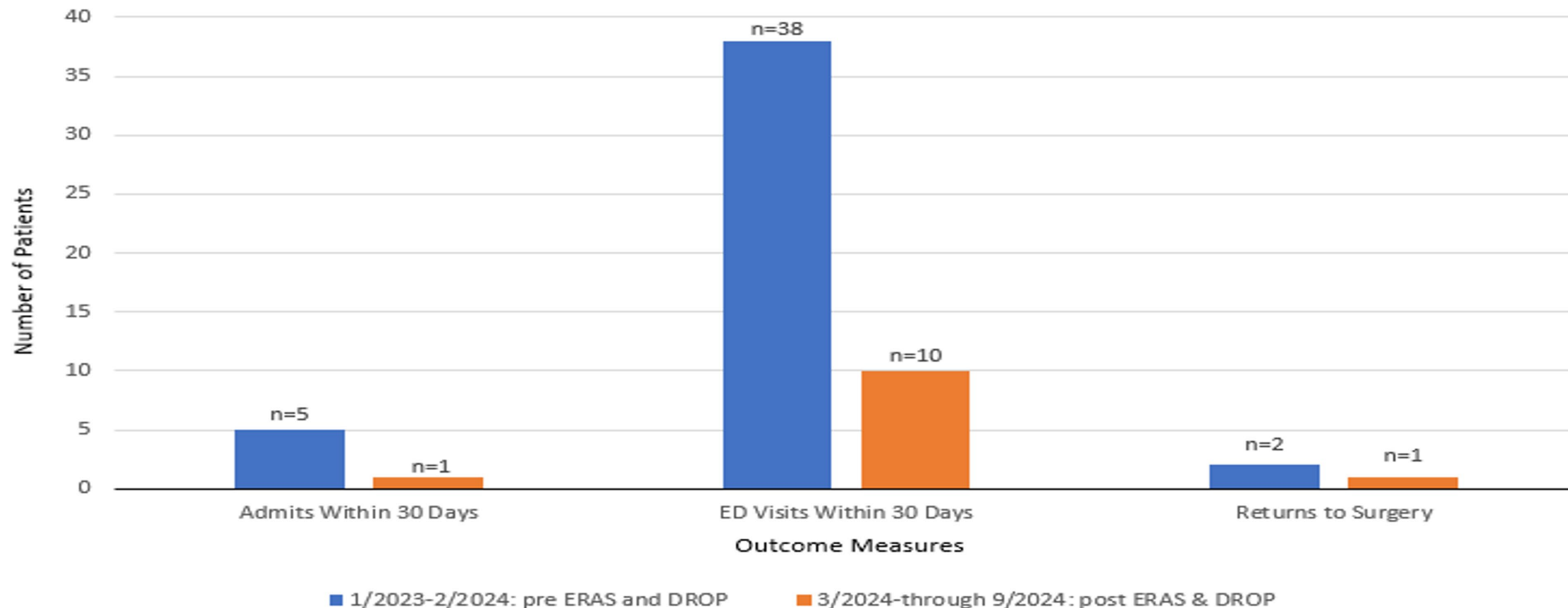
Action Plan

	PDSA / ACTION PLANS	PERSON RESPONSIBLE
1	<i>Reduce readmission within 30 days post Bariatric Surgery by developing comprehensive program and protocol pre and post operatively.</i>	Metabolic and Bariatric Surgery Team
2	Implement ERAS protocol to decrease ED visits and Readmission.	MBS Team
3	Decreasing Readmissions and ED visits through Opportunities Provided (D.R.O.P) discharge phone call.	Nurse Practitioners
4	Created dedicated Care Team and space to improve patient surgical care.	MBS Team
5	Monitor ED visits and readmission, assess data, analyze opportunities for improvement.	MBS Director and Coordinator
6.	Report data to the OR Committee Meeting and Hospital Wide QAPI.	MBS Director

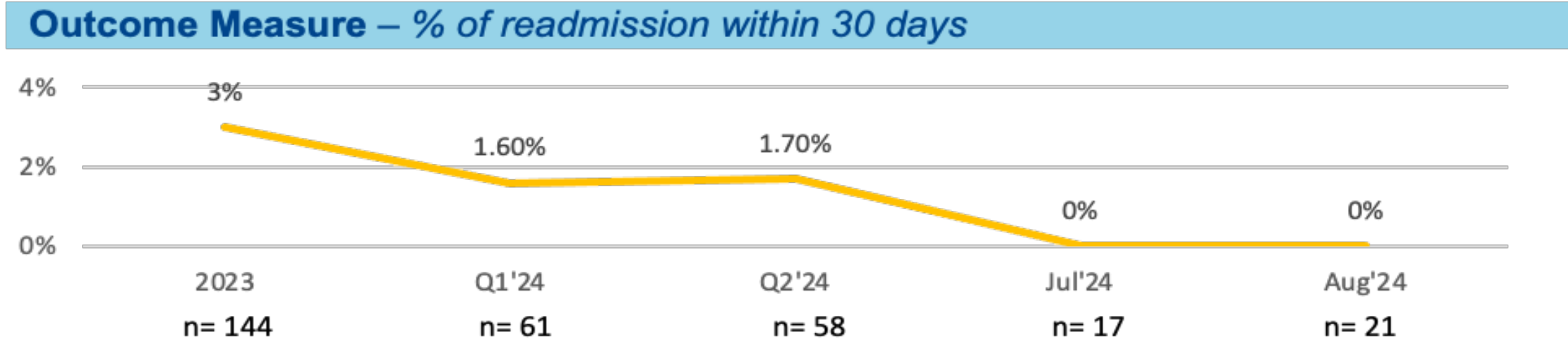
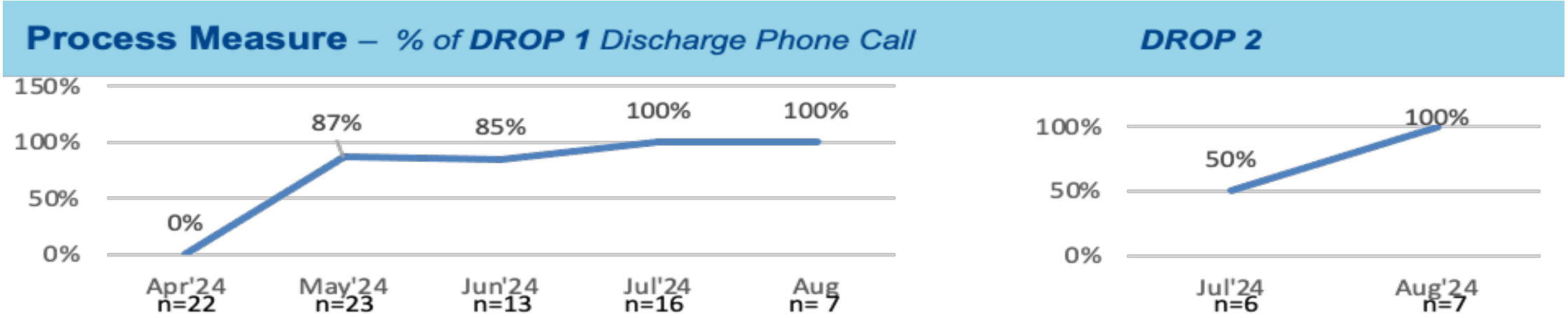
Ongoing training of staff on protocols, patient education and discharge planning.

Results

Comparison of Outcome Measures Pre vs. Post ERAS and DROP

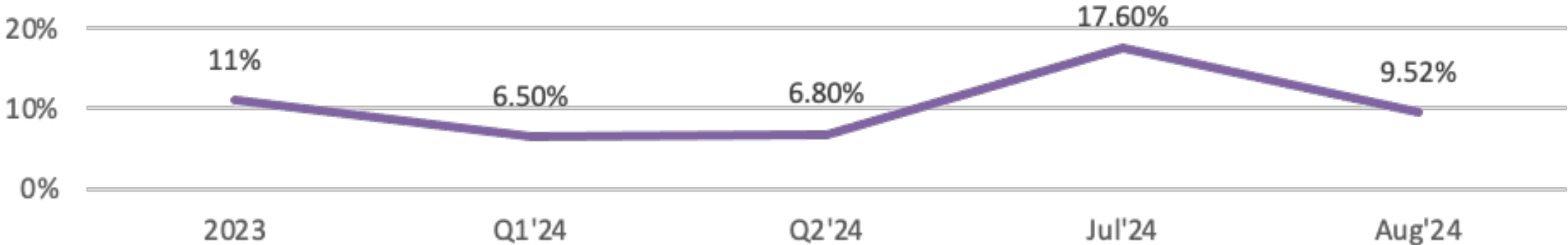


Results Cont'

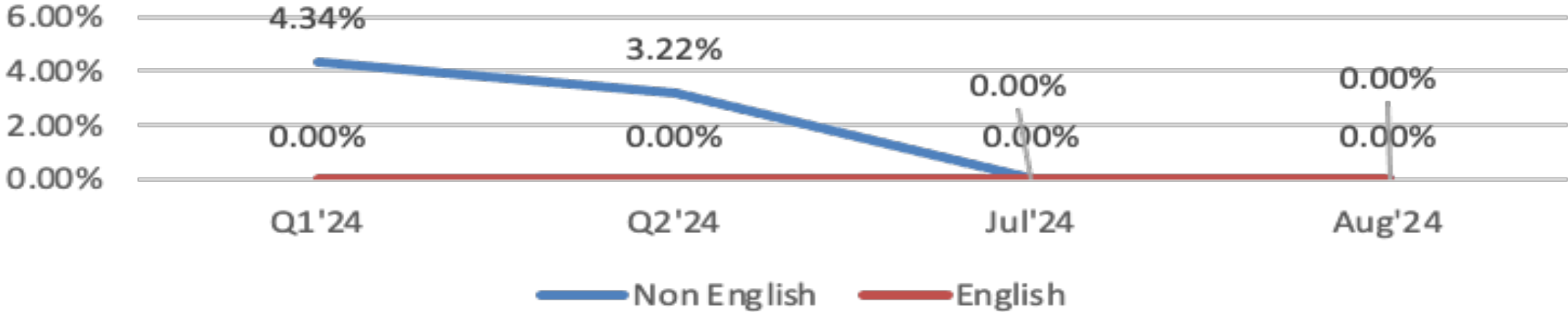


Results Cont'

Balancing Measure – % ED visits within 30 days of bariatric surgery



Equity Lens – Readmission within 30 days : Language: English vs. Non English



Successes & Challenges

Successes

- Downtrending readmission with **no readmissions** in July and August '24
- ER visits downtrended Q1 and Q2'24
- **DROP phone calls reduce ED visits** related to bariatric surgery within 30 days
- Infusion Center referrals for **IV hydration prevents ED visits** and is billable
- Dedicated care team improves patient safety, outcome, experience and overall satisfaction

Challenges

- Unanswered calls by patients impact DROP phone call follow up
- ED provider and bariatric team **communication**



Conclusion: Lessons Learned & Future Goals



ERAS and DROP protocols minimize ED visits and readmission 30 days postop



Insurance payment denials have improved



Infusion Center is a beneficial referral tool: cost-effect and ambulatory



Equity Lens: non-English-speaking patients have **more readmissions** than English speaking counterparts



Continue virtual support groups for new and postoperative patients in both English and Spanish



Continue training staff on verification of demographics and bariatric protocol on every patient visit



Improve team communication in managing patients with possible postoperative complications



Improve discharge planning

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Questions?