

**The Society of Thoracic Surgeons
Data Managers' Electronic Abstract Submission Form**

(Electronic Deadline: August 15, 2003, Midnight CDT)

ID# __09_____ (for internal STS use only)

1. Authors' Information: Please provide full name and title for each participating author.

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2. Institution(s) Information: Please provide name of Institution(s).

Institution Name: Nebraska Methodist Hospital

City and State of Institution: Omaha, Nebraska 68114

Institution Name: _____

City and State of Institution: _____

Institution Name: _____

City and State of Institution: _____

For additional institutions please submit a second form.

3. Title of Abstract:

Title: Provide the title of the abstract. Please provide a short and specific title which indicates the nature of the study. Please use the following formatting guidelines; title case, no periods, no abbreviations. Example: This is a Properly Formatted Title

Coronary Artery Bypass Surgery Fast-Track Program Improves Outcomes

4. Abstracts are limited to 250 words and must be typed and electronically submitted. The 250 limit does not include the title of the abstract or the author(s) name or title(s).

- I. **Background:** A brief statement of the purpose of the study and the current state of research in the field.

Coronary artery bypass (CABG) surgery has undergone major changes that are leading to improved outcomes. These developments are the results of more advanced anesthetic techniques and improved postoperative care processes. Such developments have resulted in novel approaches designed to enhance the cost-effectiveness of health care, such as fast-track surgery. The purpose of this quality improvement study was to evaluate the impact of fast-track surgery on extubation, postoperative complications, and length of stay against 2002 averages established by the Society of Thoracic Surgeons (STS) database.

- II. **Methods or Study Population:** The methods of study or experimental approach clearly, but briefly, defined.

All patients that experienced CABG surgery from September 2002 through June 2003 were eligible for the study. Cardiopulmonary bypass and preoperative risk factors were not exclusionary criteria. All patients were placed on a rapid wean ventilator and activity protocol in the recovery room following surgery. Patients were transferred to the intermediate care unit when discharge criteria was met, bypassing intensive care.

- III. **Results:** A summary of the results of the study, including sufficient details to support the conclusions made. To summarize results you may include one table (not to exceed 10 columns, 10 rows), or one graph, or one illustration (jpg file not to exceed 4" x 3" at 300 dpi).

Ninety-five patients participated in the fast-track program. Mean intubation time was 2.1 hours for fast-track patients at Nebraska Methodist Hospital (NMH) compared to the STS mean of 21.9 hours nationally. No patients required reintubation 24 hours after surgery and no mortality was observed. Furthermore, the mean postoperative length of stay for fast-track patients at NMH was 4.9 days compared to the STS mean of 6.9 nationally. The mean readmission rate for the fast-track patients at NMH was 7.9 compared to the STS mean of 8.4 nationally.

- IV. **Conclusion:** A statement concerning the significance of the work and its implications for further research.

Fast-track CABG surgery enhanced continuity of care, decreased postoperative complication's, reduced postoperative length of stay, and improved outcomes. In addition, early extubation did not contribute to reintubation 24 hours after surgery. Readmission rate was not affected by early discharge..