

IMPLEMENTATION AND USE OF A STANDARDIZED DECISION TREE FOR DECREASING ABDOMINAL HYSTERECTOMY RATES IN A LARGE HOSPITAL SYSTEM

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BACKGROUND

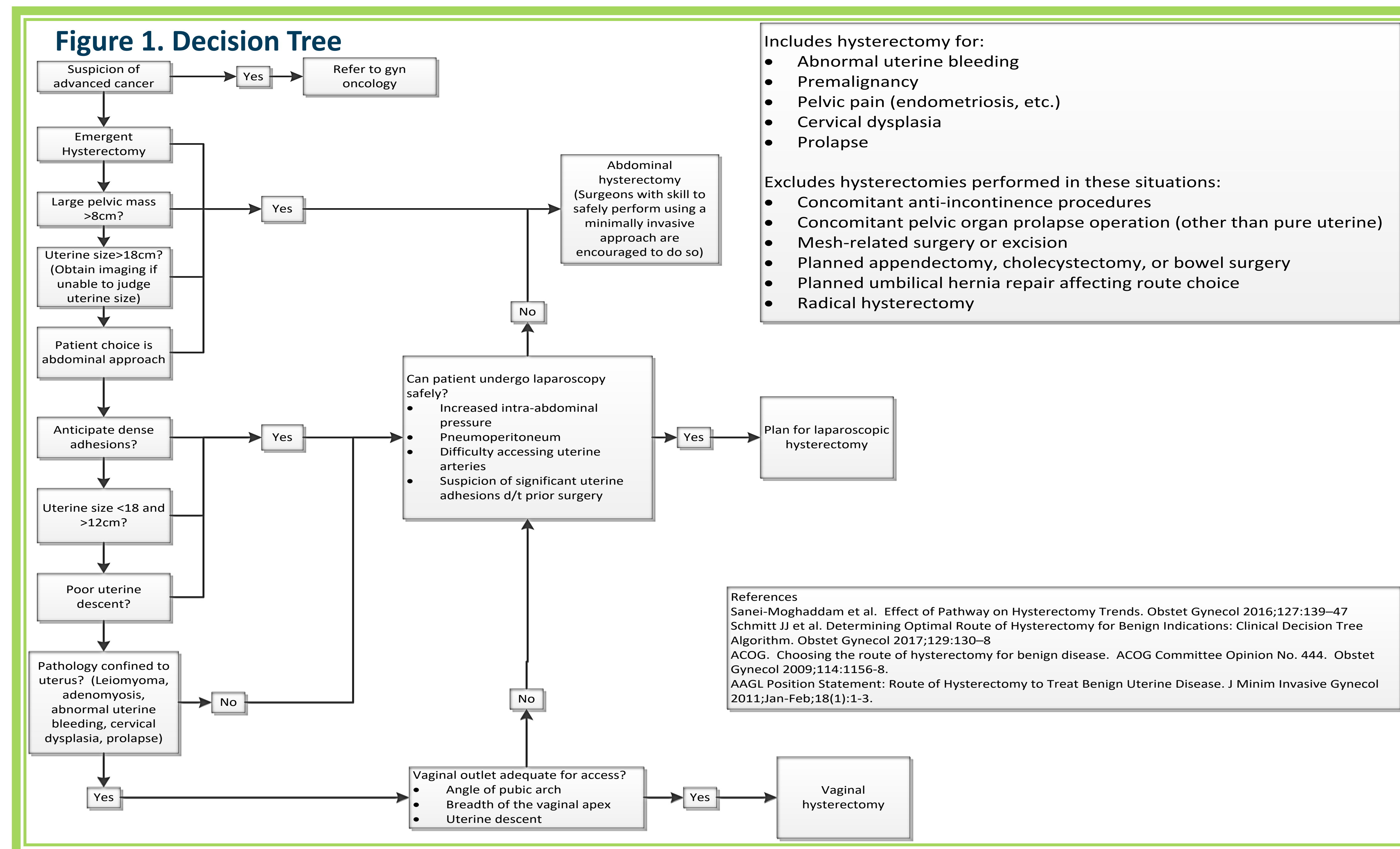
- Minimally invasive hysterectomies (e.g. vaginal/laparoscopic) reduce length of stay and postoperative recovery time when compared to abdominal hysterectomies.^{1,2}
- In 2017, a decision tree was disseminated among all gynecologic surgeons in Aurora Health Care to guide route decision for benign disease in hopes of decreasing abdominal hysterectomies (**Figure 1**).
- By 2018, system rates were reduced from 16.4% in 2016 to 7.9%.

OBJECTIVE

This study aims to characterize the relative knowledge and utilization of the decision tree by providers for route of hysterectomy decision.

METHODS

- All gynecologic providers (N=100) were asked to complete an anonymous 5-question survey.
- Respondents were excluded if they did not work within the system at the time of decision tree implementation or perform a hysterectomy between 6/1/2017-12/31/2019.
- Survey responses were summarized using frequency statistics.



CONCLUSIONS

While widely distributed to gynecologic providers, only a quarter utilized the decision tree for route decision.

Further examination on whether the tree truly was the driver for decreased abdominal hysterectomies or if there were other contributing factors (e.g., retrospective quality reviews with surgeon) is warranted.

We plan to retrospectively apply the decision tree to all abdominal hysterectomies to determine expected vs. actual rates during the study period.

ACKNOWLEDGEMENTS

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REFERENCES

- AAGL Position Statement: Route of Hysterectomy to Treat Benign Uterine Disease. *Journal of Minimally Invasive Gynecology*. 2011;18(1):1-3. doi:10.1016/.jmig.2010.10.001.
- Matteson KA, Butts SF. Choosing the Route of Hysterectomy for Benign Disease, Committee Opinion Number 701. *American College of Obstetricians and Gynecologists, Committee on Gynecologic Practice*. 2017;(701).

RESULTS

Figure 2. Survey Respondents

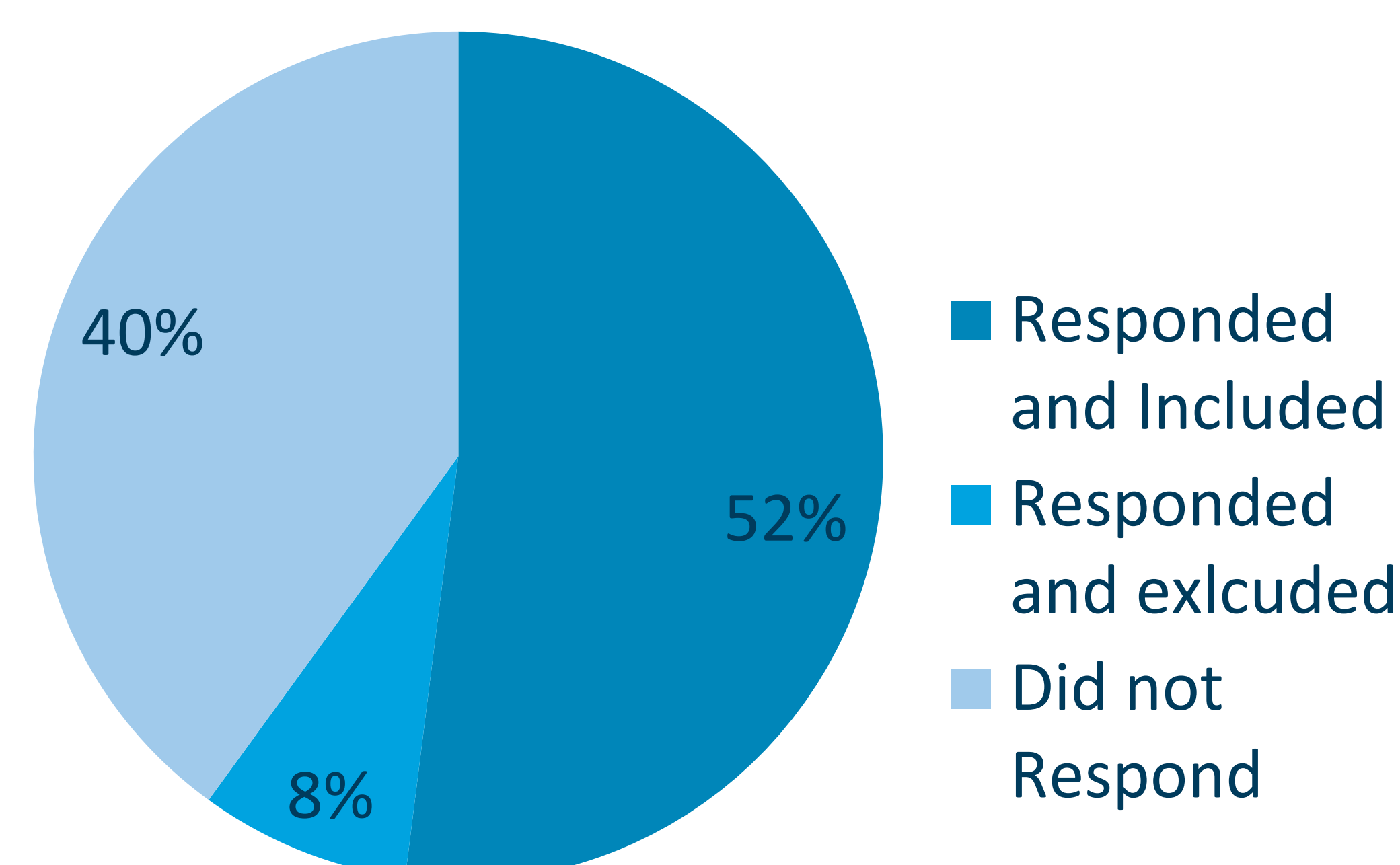


Figure 3. Survey Responses

