

00064 **A Retrospective Study on the Effectiveness of Coordinated Clinical Pathways (CCPS) in Improving Clinical Outcomes of Patients' Post-bariatric Surgery in a Singapore Tertiary Hospital**

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Aims: Clinical pathways have been implemented as standardised guide for patients undergoing elective surgeries. The study aimed to determine the effectiveness of Coordinated Clinical Pathways (CCP) in improving clinical outcomes of patients' post-Bariatric surgery in Singapore General Hospital (SGH), a tertiary hospital. In particular, the clinical outcomes compared were patient discharged on 1st Post-Operative Day (POD), ability to tolerate feeds on 1st POD, admission to high dependency unit post-operatively and complication such as of wound infection.

Methodology: Retrospective case notes review with use of historical control was used to compare pre-and post-implementation of CCP. Natural sample of all patients who underwent bariatric surgery in SGH was reviewed from January 2011-February 2015 for the pre-implementation of CCP (n=84) and post-implementation (n=95). The study was conducted at SGH. Data was retrieved from the hospital's computerised clinical database, Sunrise Clinical Manager. Post-CCP implementation data was collected from March 2015 till December 2016. Demographics, BMI and types of bariatric surgery were details collected. Clinical outcomes determined were, Length of Stay (LOS), day of feeds tolerated and incidence of wound infections.

Result: Most patients (21%) were discharged on 1st POD compared to 6% in the pre-CCP group which was statistically significant ($P = 0.004$). Similar results in both cohorts (54%) were seen in high dependency unit admission post-operatively. Most patients were able to tolerate feeds on the 1st POD (98%, pre-CCP vs 100% Post-CCP). No signs of wound infections were presented during the hospitalization in both cohorts.

Conclusion: Our study demonstrates that although there was an increase in patients who were discharged on 1st POD which reduced LOS, comparison of the other clinical outcomes such as admission of patients to high dependency unit post-operatively, patient's ability to tolerate feeds on 1st POD and signs of wound infection of bariatric surgery patients had minimal effect on the implementation of CCP.