Demonstrate the impact of a multidisciplinary team in reducing length of stay for patients undergoing minimally invasive urologic surgery.

The benefits of interdisciplinary collaboration and shared governance are clearly stated in the literature. A shared governance structure was formed, co-chaired by a nurse/physician dyad. The interdisciplinary team included:

- Urologic surgery
- Nursing
- Physical therapy
- Dietary
- Social Work
- Case Management
- Anesthesia
- Pre-Admission Testing
- Surgical Services
- Marketing & Communications
- Quality

Lead by the urology institute’s nurse coordinator, the interdisciplinary team reviewed the care delivery for patients undergoing a robotic assisted laparoscopic radical prostatectomy and identified opportunities for redesign.

Post care pathway implementation, our organization experienced a reduction in the average [median] length of stay, from 2.1 days to 1.0 days.

The multidisciplinary team’s development of a evidence-based care pathway was successful in reducing the length of stay by half. Our organization’s structure and process could be replicated for other hospital service lines, procedures or diagnoses and has the potential for similar improvement in quality outcomes, cost savings, teamwork and collaboration among different departments.

The outcome of this project is a direct result of the contributions of each member of our interdisciplinary team. Thank you to the co-directors of the Minimally Invasive Urology Institute, Drs. Gyan Pareek, Joseph Renzulli and Dragan Golijanin for their leadership.

Correspondence: Christopher Tucci, MS, RN, BC, CURN, Program Coordinator, Minimally Invasive Urology Institute, The Miriam Hospital, Providence, Rhode Island ctucci@lifespan.org