



## *Prostate Cancer Quality Indicators*

### **1. Surgical Options:**

Memorial Health Care System including Memorial North Park offers a range of surgical options for prostate cancer patients including:

- a. Laparoscopic Robotic-Assisted Radical Prostatectomy
- b. Open Retropubic Radical Prostatectomy
- c. Cryotherapy of the Prostate
- d. Transurethral Resection of the Prostate
- e. Brachytherapy of the Prostate

**2. Surgeons:** 100% of the surgeons at Memorial Health Care System who perform prostatectomy surgeries are board certified by The American Board of Urology.

### **3. Dedicated Services for Prostatectomy Patients:**

Memorial Health Care System offers the following services for prostatectomy patients:

- a. Dedicated unit for prostatectomy patients
- b. Standardized pathways (physician orders)
- c. Full service oncology program - Memorial Cancer Institute
- d. Support groups - Memorial Center for Cancer Support

- e. Dedicated operating rooms  
- da Vinci® robot
- f. Chaplaincy services
- g. Radiation therapy

**4. Correct Patient/Correct Procedure:** Memorial Health Care System uses the following measures to ensure correct-patient and correct-procedure for all prostatectomy patients:

- a. Review of relevant medical records prior to Pre-admission Testing
- b. Pre-operative verification checklist in Preoperative Area
- c. Patient armband verification
- d. Patient confirmation of correct procedure
- e. Time-out operative team review of patient and procedure

*The National Quality Forum safe practice statement - hospitals should "implement the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™ for all invasive procedures."*

**5. Antibiotic:** 100% of prostatectomy patients receive an antibiotic prior to the surgical incision being made in the operating room.

*The National Quality Forum safe practice statement - hospitals should “take actions to prevent surgical-site infections by implementing evidenced-based intervention practices.”*

**6. Blood Clot Prevention:** The surgeons at Memorial Health Care System routinely use one or more of the following types of in-hospital prophylaxis for deep vein thrombosis based on a formal risk assessment (elastic stockings, anticoagulants, intermittent pneumatic compression, early ambulation)

*The National Quality Forum safe practice statement - hospitals should “evaluate each patient upon admission, and regularly thereafter, for the risk of developing venous thromboembolism, Utilize clinically appropriate, evidence-based methods of thromboprophylaxis.”*

**7. Estimated Blood Loss:** The percentage of patients who need a blood transfusion after a laparoscopic robotic-assisted radical prostatectomy surgery at Memorial Health Care system is 1% during the prior 12 month time period (2 patients out of 167 cases) May 2008-May 2009

**8. Conversion Rate:** The conversion rate from a laparoscopic robotic-assisted radical prostatectomy surgery to an open (larger incision) prostatectomy surgery at Memorial Health Care System is 0%.

**9. Length of Stay:** The two traditional procedures for prostate cancer are either the radical retropubic or perineal prostatectomy surgery. The procedures have an average hospital stay of three days with a recovery time of three to five weeks. With advancements in technology, the surgical option of a laparoscopic robotic-assisted radical prostatectomy has become available for patients who qualify as a candidate for this operation. The procedure has an average hospital stay of 1 day with a recovery time of two to three weeks.



- a. The average length of hospital stay for open retropubic or perineal radical prostatectomy patients at Memorial Health Care System is 2.5.
- b. The average length of hospital stay for laparoscopic robotic-assisted radical prostatectomy at Memorial Health Care System is 1.

*A Study reported in the Journal of the National Cancer Institute showed that hospitals with a high volume of prostatectomy patients and hospitals with progressively increasing volumes of prostatectomy patients had a shorter postoperative length of stay than hospitals with a low volume of prostatectomy patients. The average length of stay in hospitals with lower volumes was 9% longer than higher volume hospitals. Journal of the National Cancer Institute (November 17, 1999: 91(22); 1950-1956).*

**10. Bladder Catheterization After Surgery:** The average number of days after laparoscopic robotic-assisted radical prostatectomy surgery patients typically wear bladder catheters is 6-8 days.

The average number of days after open retropubic or perineal radical prostatectomy surgery patients wear bladder catheters is 10-14 days.

*The National quality Forum safe practice statement - hospitals should “take actions to prevent catheter-associated urinary tract infections by implementing evidence-based intervention practices.”*

† CATHOLIC HEALTH  
INITIATIVES

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