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[Home](#) > [Vol 96, No 10](#) > [Tantini Korn](#)

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The Improved Quality Process after Implementation of the Hemithyroidectomy Care Map

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Abstract

Objective: To report the improved quality process in service care of the patients undergoing hemithyroidectomy and the results of the care map implementation.

Material and Method: Descriptive analysis and retrospective chart reviews were performed in the patients who underwent hemithyroidectomy in the Department of Otorhinolaryngology, Faculty of Medicine Siriraj Hospital before and after the care map implementation between January 2004 and December 2006.

Results: Hemithyroidectomy care map has been created with good cooperation of all members of our department in January 2005. Two hundred seventy nine patients, including 246 females (88%) and 33 males (12%) participated in this study. The care map was used in all patients. Hospital stay was reduced from five to eight days to less than four days in 93% of the patients. The estimated expenses of 97% of the patients differed from the true expense at less than 20%. Complications were minimized to the acceptable level by close supervision of the attending staffs. Incidence of vocal cord paralysis was reduced from 8.7% before the care map implementation to 2.4% and 2.3% in the first and second years. Hematoma was observed in three cases within 24 hours postoperatively and could not be prevented by drain insertion. Only minimal content was found in the drain after 48 hours.

Conclusion: The improved quality process in hemithyroidectomy care received good cooperation from all members in our department. Effective resource utilization was achieved with maximal patients' benefit and satisfaction. Close supervision by attending staffs, meticulous surgical techniques, and adequate bleeding control are the keys of effective clinical care. Hospital stay is possibly reduced to one to two days by good pre-anesthetic care before admission and by avoiding or using drain only in selected cases for six to 48 hours.

Keywords: Hemithyroidectomy, Care map, Complication, Drain, Hospital stay, Expenses

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