

Innovation, One Step at a Time: Same-Day Ileostomy Closure

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In this issue of the *Journal*, Dr. Moran reports his experience with same-day ileostomy closure.¹ This article is somewhat different than many of the articles the *Journal* publishes in that it is primarily a clinical article of a surgical technique. But this is why it is important—it is an example of a practitioner's ground-level innovation to enhance patient care, reduce hospitalization, and reduce cost without investments in new technologies or systems. Such innovations need to be encouraged within the managed care community.

Innovation is defined by *Webster's Collegiate Dictionary* as an introduction of something new.² Clearly, this definition is inadequate for the purposes of accepting medical innovations. For not only do medical innovations need to be something new, they also need to be better than the old way of doing something. In the case of Moran's innovation, he has basically converted a procedure that traditionally has required a laparotomy to one that can be done locally. Patients go home the same day, are put on a diet as tolerated, and there have been no complications to date. Granted that his series is small, and will require further reports of larger patient numbers for confirmation, but conceptually I do not see why his technique wouldn't work. In addition to the lessons Dr. Moran teaches about ileostomy closure, his more important lesson is that incremental benefits can be obtained through the creative use of existing technologies.

This, however, does not mean that every new notion should be accepted uncritically. Suggestions for innovations need to have some reasonable chance of success. On the other hand, medical professionals need to keep an open mind that a new way of doing something may in fact work. I am reminded of the introduction of laparoscopic cholecystectomy. Although academic surgeons dismissed this innovation as sheer nonsense, the procedure went on to become the gold standard within a few years. Therefore, some

judgment is required before subjecting patients to new medical/surgical procedures or treatments. Some treatments may require formal clinical trials to determine efficacy, such as chemotherapy for cancer.

On a larger scale, innovations and creativity need not be limited to surgical or medical treatments. The actual treatment that a patient receives is just one aspect (albeit the most important aspect) of his/her entire medical care experience. Innovations to improve waiting times, access, parking at a facility, or the patient experience while in the hospital can increase patient satisfaction and improve outcome.

There are two aphorisms that I teach my surgical residents: (1) patients don't care how much you know, they want to know how much you care; and (2) what patients really want from their physicians is their time. These statements imply that innovations to enhance or increase physician contact with patients will improve satisfaction. For example, making sure that all exam rooms have a chair for physicians to sit in while talking with patients can give patients a favorable impression of their healthcare experience. No matter how much time the physician actually spends with the patient, if the physician sits, rather than stands by the door, while talking with the patient, the patient perceives that the physician has spent more time with him/her. Other small innovations in areas not traditionally viewed in the realm of patient care can also incrementally improve patient satisfaction.

Dr. Moran should be congratulated for looking at a common surgical problem in a new, creative way and making an incremental improvement. Such incremental improvements in aggregate will enhance outcomes, decrease costs, and increase patient satisfaction in between the major breakthroughs of "big" medical science.

... REFERENCES ...

1. Moran MR. Same-day surgery ileostomy closure? *Am J Man Care* 1997;3:1003-1007.
2. Mish FC, ed. *Merriam-Webster's Collegiate Dictionary*. 10th ed. Springfield, MA: Merriam-Webster, Inc.; 1995.

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