



OESOPHAGECTOMY ERAS

Austin Health

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HRT 1719 Surgical Journey Improvement Group

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Key Problem

- Oesophagectomy: surgically demanding oncologic procedure with high rates of complications, extended length of stay
- Prior to ERAS implementation
 - LOS 24.9 days
- **ANZGOSA Conference 2015: Donald E. Low**, MD, FACS, FRCS(C) FRCSI (Hon.) FRCS(Eng) (Hon.) presented ERAS for Oesophagectomy demonstrating significant reduction in LOS with (slight) improvements in rate of complication and readmission rates
- ERAS for Oesophagectomy at Austin Health proposed by Dr. Steve Hornby, Upper GI Fellow (2015) and development of a 'specialist team' approach began in Jan 2016

Aim of this innovation

- **Aim:**
 - Standardise patient journey
 - Optimise patient experience
 - Foster application of EBBP to current practice
 - Decrease length of stay
 - Improve rate of complications
 - Improve readmission to ICU rate

Baseline Data

- *Note: No formal role in place to collect and analyse pre-implementation data. Currently sitting with the Austin Health Business Intelligence Unit. No 'go-live' has occurred. Current protocol in 'trial phase' while these challenges overcome.*

Key Changes Implemented

- No formal ERAS for Oesophagectomy (ERAS Society – currently in development)
- Oesophagectomy at Austin Health managed by UGI and Thoracic Surgical Units (2 independent units)
- Low volume centre with only 10-12 cases per annum
- Large % of cases from country Victoria (100km + from AH) or Tasmania, presenting discharge destination challenges
- **Known Problem/s:**
 - Significant length of stay (24.9 days)
 - Delay in discharge linked with patient education and social supports
 - Clinical care varied across departments and units
 - ‘Teams of specialists’ vs ‘specialist teams’

Key Changes Implemented

Interventions to date:

- Process education and stakeholder engagement
 - Development of specialist team
 - Buy in from CSU and Executive
- Pre-education for patient's and their family and carers'
 - Health literacy training for clinicians
 - Health information and pre-surgery program
- Protocol 'package' of program and user guide developed

Outcomes so far

- **No formal review*. 'Pre-trial' data request placed with BIU.**
- Length of stay reduction by 4.5 days (averaged) from 24.9 to 20.4
- Readmission to ICU unchanged
- Full implementation internationally has found decreases in LOS, with no significant reduction in readmission rate or complication rates

*No role existing with capacity to formally review the project

References:

- Findlay, Gillies, Millo, Sgromo, Marshall, Maynard (2014)*
Findlay, Tustian, Millo, Klueniks, Sgromo, Marshall, Gillies, Middleton, Maynard (2015)
Ford, Adams, Dudnikov, Peyser, Rahamim, Wheatley, Berrisford, Sanders (2014)
Markar, Karthikesalingam, Low (2015)
Wang, Zhu, Ma, Shen, Li, Hu, Guo, Zhang, Li (2017)

Lessons Learnt

What is necessary to implement?

- Process engagement essential (prioritisation)
- Need for dedicated project role/s and financial support
- Support and guidance from Organisation experienced in the implementation of ERAS protocols

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