Enhanced Recovery After Surgery (ERAS)

MidCentral District Health Board

New Zealand

Presenter: Chris Simpson & David Sapsford
HRT 1719 Surgical Journey Improvement Group

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Brisbane

Key Problem

Patients who undergo colorectal surgery have been accustomed to high levels of fear, anxiety, physiological stress and lengthy Hospital stays.

Aim of this innovation

To establish a multi-disciplinary Enhanced Recovery After Surgery Pathway for patients undergoing elective colorectal surgery at Palmerston North Hospital - improving patient satisfaction reduce complications and average length of stay

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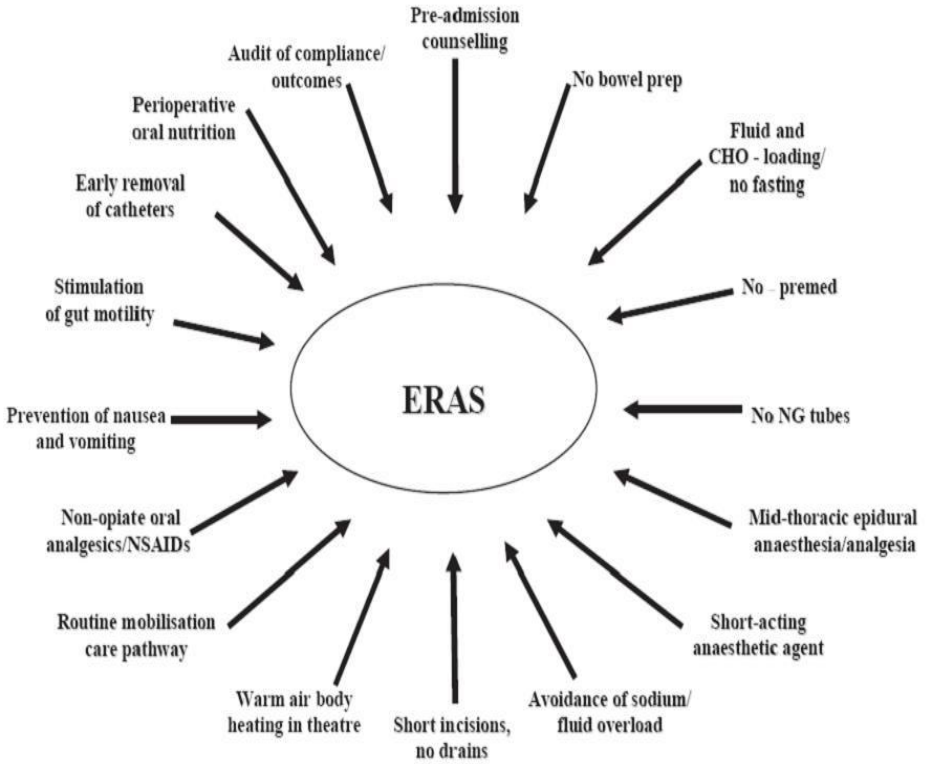


Data

- Pre ERAS ALOS = 11 days
- Post ERAS ALOS = <8 days (4)

Post Operative Complication	ERAS Patients (n=13)	Comment
Patient re admitted with 28 days	1	Constipation
Recatherised	0	
Post op anastomic leak	0	
Infection	1	Wound Infection
Reported complication from clinic	1	Wound infection (same as above)
>48hrsover defined ERAS time	3	1. Abdominal discomfort (readmitted above constipation) 2. Post op ileus & LL pneumonia 3. Re operation exploration laparotomy

Bundle	Component	Average % Achieved	Comments
Pre op	Nutritional tool completed	61.9%	
	Patient information booklets given	73%	
	Patient given pre-op drinks	73.9%	
	Bowel preparation avoided	81%	
Post Operative Care	Patient sat out for 2hrs on day 0	19.7%	
	Patient sat out of chair for 6hrs from day 1	100%	
	Post operative nausea monitored & treated	100%	Scale <2 = 72%
	PCA or Epidural discontinued before or at day2	95.3%	Pain < 5 = 66%
	Urinary catheter removal achieved 24hrs post operative	71.4%	
	IV fluids removed 24hrs post operative	81%	
	3x200mls protein drinks charted	66%	
Discharge/follow up	Follow up phone call with patient	44%	
	MDT involvement	100%	

Key Performance Indicators
• Number of patients on ERAS protocols
• Increasing rates of patient satisfaction
• Reduced average length of stay
• Decreased rates of post-operative clinical complications
• Staff compliance of standarised protocol
• No increase of readmission rate

Key Changes Implemented

Pre operative changes:

Creation of patient booklet "Admission & Care booklet"

Pre-Operative patient Care & Education

Malnutrition Screening Tool (MST)

Preoperative oral Carbohydrate drink

Development of the colorectal Preadmission Process form

Intra operative changes:

Standard anaesthetic protocol

PONV prophylaxis

Fluid Management

Laparoscopy and modifications of surgical access

Postoperative changes:

Patient pathway tracked via trendcare

Increased the menu options for patients following surgery and working with patients to achieve earlier mobilisation.

Discharge pamphlet and follow up phone call post discharge (48-72 hours post discharge)

Outcomes so far

Reduced average length of stay

A number of successes have been achieved and there is still more to be achieved. Data confirms a reduced average length of stay for our patients by 3 days without increased complication or patients returning to hospital.

Greater patient experience and satisfaction

Our patient experience survey indicates patients feel more informed about their surgery and diagnosis.

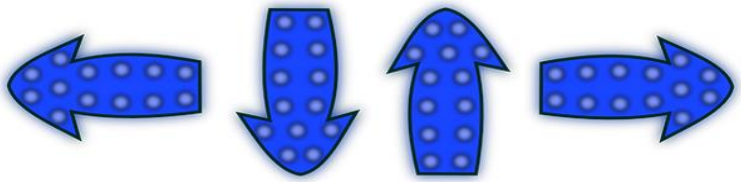
"I understand the idea behind mobilizing patients as quickly as possible but in reality it was not that easy to do. It was a mission just to get to the toilet and back. Perhaps sitting the chair more often but short bursts might work better?"

Less variability of care between patients.

A guideline for staff was published and pathways were developed to reduce variations in care and reduce any post surgery complications. The pathways are audited to assess how we are doing in achieving our aim for our patients

Lessons Learnt

- Having everyone on the same page and committed to the principles is key.
- Staging the change needs to be right, creating a scene of urgency, **this takes time**….. Be patient!
- You need someone to continually to drive the ERAS principles to embed the change.



Where do we go next?


us
first
ask


The Health Roundtable