Enhanced Recovery After Surgery
A team story in 3 acts

Stephen Parker
Clinical Nurse Specialist
Meghan MacLeod
Quality Improvement Specialist

February 2014
Once Upon a Time...

Starved

Cold

Uncertain

Hungry

Surprised

Worried

Weak

Unprepared

NAUSEOUS

IN PAIN

INA PAIN
Enter ERAS

The Enhanced Recovery After Surgery Protocol is

Patient Centered & Evidence Based
Built to decrease stress & optimize recovery
Designed to decrease complications & length of stay

Pre-Op
• Targeted patient education
• Carbohydrate loading
• Less fasting time
• Warming
• Selective bowel prep

Intra-Op
• Epidural
• Warming
• No NG tubes or drains
• MIS surgery
• Short-acting anaesthetics

Post-Op
• Regular analgesia + Tylenol & NSAIDs
• Pre-emptive pain & nausea management
• Early feeding
• Nutrition supplements
• Early mobilization
• Discharge criteria
• Audits
Patients Now ....

- Prepared
- Warm
- Stronger
- Eating solid food
- Out of bed
- Hydrated
- Minimal pain
- Walking
- Little nausea
- Complaining about small things

How you want to be treated.
Act I: first year

- Project Leader: Clinical Nurse Specialist
- Literature review
- Evaluate current practices
- Develop protocol
- Develop supporting materials
- Educate
- Engage key stakeholders
Act II: second year

- Monthly meetings
- Weekly work cycles
- Employ Nurse Navigator
- Finalize & approve materials
- Staff teaching
- Staged implementation
  - PDSA cycles
- Troubleshooting
Act III: third year

- Monitoring & ongoing troubleshooting
- Implement at MSJ
- Expansion to other surgical services
### Act III: third year

#### Percentage compliance with ERAS protocol components

**December 18, 2012 to December 31, 2012**

<table>
<thead>
<tr>
<th>ERAS Elements</th>
<th>Components</th>
<th>Compliance Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-op</td>
<td>Pre-op Visit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Bowel Prep</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Carb Load</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NPO 2 hrs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warmer Pre-Op</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tylenol Pre-Op</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSAID Pre-Op</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Epi or PCA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warmer Intra-Op</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Technique</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tylenol Post-Op</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSAID Post-Op</td>
<td></td>
</tr>
<tr>
<td>Post-op</td>
<td>Antiemetic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foley</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mobilization</td>
<td></td>
</tr>
</tbody>
</table>

*Target ≥ 80%*
Celebrations

ERAS Surgical Length of Stay

SPH (Baseline)
Jan 1, 2012 - Sep 30, 2012
37% <= 5 days
13% 6 days
50% >= 7 days

SPH
Dec 18, 2012 - Dec 31, 2013
52% <= 5 days
9% 6 days
39% >= 7 days

Percentage of patients
Appreciation from the Audience

“Less pain & nausea than I anticipated (I mean way less) Never more than 2/10”

“Knowing exactly what to expect A-Z”

“Knowing what and how the surgery would be done and what to expect and do before, while in hospital, and after discharge was very helpful and gave peace of mind in reviewing this info.”
Behind the Scenes

OUTTAKES
Sequel

BC Collaborative
- Providence
- Vancouver
- Northern
- Island
- Interior
- Fraser
- Provincial (PHSA)
Credits

Cheryl Bishop, David Byres, Dr. Carl Brown, Christina Chu, Lona Cunningham, Cathy Delisle, Connie Deugau, Neal Dunwoody, Sandy Grimwood, Maude Henri-Bhargava, Shelley Henegan, Christine Jerrett, Dr. Ahmer Karimuddin, Nancy Khuu, Linda Lemke, Tanya Leung, Lisa Lui, Meghan MacLeod, Jo Moorhen, Janice Muir, Jacek Murawski, Dr. Jill Osborn, Alice O’Sullivan, Stephen Parker, Carolina Pettersson, Dr. Terry Phang, Lia Randell, Barry Schaffer, Jaki Thornhill, Dr. Victor Tsang, Thelma Velasco, Tamara Younger