

SUCCESSFUL IMPLEMENTATION OF AN INTRAPROFESSIONAL ENHANCED RECOVERY PROTOCOL

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Background Information: Data from the NSQIP (National Surgical Quality Improvement Program) continues to fuel the drive to improve surgical morbidity. The literature supports the use of enhanced recovery protocols (ERP) to improve surgical outcomes. However, few hospitals have successfully implemented these protocols.

Objectives of Project: In a Level 1 trauma and teaching hospital; a team of dedicated perioperative quality nurses has been integral to the success of an enhanced recovery protocol program. The nurse's role is essential for providing education and following the pathway successfully. With proper planning and education of patients and health care team members, the benefits of ERPs can outweigh the costs of implementation and dramatically improve patient and financial outcomes.

Process of Implementation: Prehabilitation classes were held for the patient and families preoperatively which includes: instruction on diet, exercise, smoking cessation, hygiene, mobilization, blood clot prevention, and mouth care. Patients are provided with dietary supplements and a carbohydrate loading drink to consume pre-operatively. The quality nursing team coordinated surgeon and anesthesia provider collaboration to provide goal directed therapy optimizing intravenous fluids and providing multimodal pain control to minimize opioid usage. A pilot unit was robustly educated by a nursing clinical educator on the care of these patients. In addition, unit staff members are empowered by participating on a quality team to assure accountability, competency, and validation of the processes. The perioperative quality nurse visits the patient pre-operatively and again on post-operative day one working in partnership with the unit nurse to ensure consistent application of the protocol. Maintaining optimal adherence remains an ongoing challenge that requires repeated training and dedicated personnel.

Statement of Successful Practice: The success of enhanced recovery programs is dependent upon interdisciplinary relationships. The education of surgeons, residents, anesthesia and nursing staff was key for successful implementation. A 2.73 day reduction in length of stay was demonstrated during the initial 18 months post implementation.

Implications for Advancing the Practice of Perianesthesia Nursing: The enhanced recovery program has been expanded from colorectal surgery to other specialties. Vigilance is necessary to ensure compliance with the success of the program. Improved outcomes, decreased length of stay and patient feedback have encouraged participation in the enhanced recovery pathway.