

ENHANCED RECOVERY AFTER SURGERY (ERAS®) PROCESS AND CONTINUOUS IMPROVEMENT METHODOLOGY

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Background: Enhanced Recovery after Surgery is an international project noted for the implementation of key strategies to improve surgical patient outcomes. Many hospitals are developing ERAS® protocols to provide improved safe patient care. ERAS® efforts are focused on decreased length of stay, preoperative consultation to enhance patient understanding of their role in recovery, and multimodal pain and post op nausea and vomiting (PONV) management. Anesthesiologist, surgeons and nurses working together can make a difference.

Objective of the Project: A northeast Ohio level one trauma teaching medical center initiated ERAS® addressing: 1) a rigorous postoperative nausea and vomiting and 2) a defined multimodal pain management plan. The objective is to improve the patient's postoperative nausea and vomiting symptoms and decrease opioid use.

Process of Implementation: Initially a pilot was trialed that included specific surgery cases. Surgeons were approached by anesthesia about the plan of care to improve surgical patient outcomes. Anesthesia leadership developed the ERAS® physician orderset. This process improvement included changes in current practice in the Sameday Surgery Department, Operating Room and Post Anesthesia Care Unit (PACU). Medications included: aprepitant, acetaminophen and gabapentin, transverse abdominis plane (TAP) peripheral block, ketamine, lidocaine bolus/drip or Esmolol bolus/drip (depending on delivery of block). Nurses in all areas received education supported by anesthesiologist and CRNA leaders, Unit Director, RN Clinical Coordinator and the RN Educator.

Statement of Successful Practice: Currently, all patients are receiving ERAS® interventions. Collaborative care resulted in better PACU Phase I or Phase II PONV management a 6% reduction (pre 14% and post 8%) and a reduction of 37% in opioid use (pre 27.7mg and post 17.3mg). Third quarter all patient length of stay is 93 minutes PACU Phase I and 70 minutes PACU Phase II. Celecoxib and famotidine has recently been added to the patient medication regimen.

Implementation for Advancing the Practice of PeriAnesthesia Nursing: Changes in practices require an understanding of the perceived outcomes. Nurses and anesthesia providers communicate during handoff to identify patients and ERAS® interventions. PeriAnesthesia Nurses are partnering with patients, families and anesthesia providers to deliver pharmacological and nonpharmacological interventions through each phase of care. ERAS® processes continues to evolve based on evaluation of patient safety, throughput, patient response to treatment and outcomes, and efficiencies.