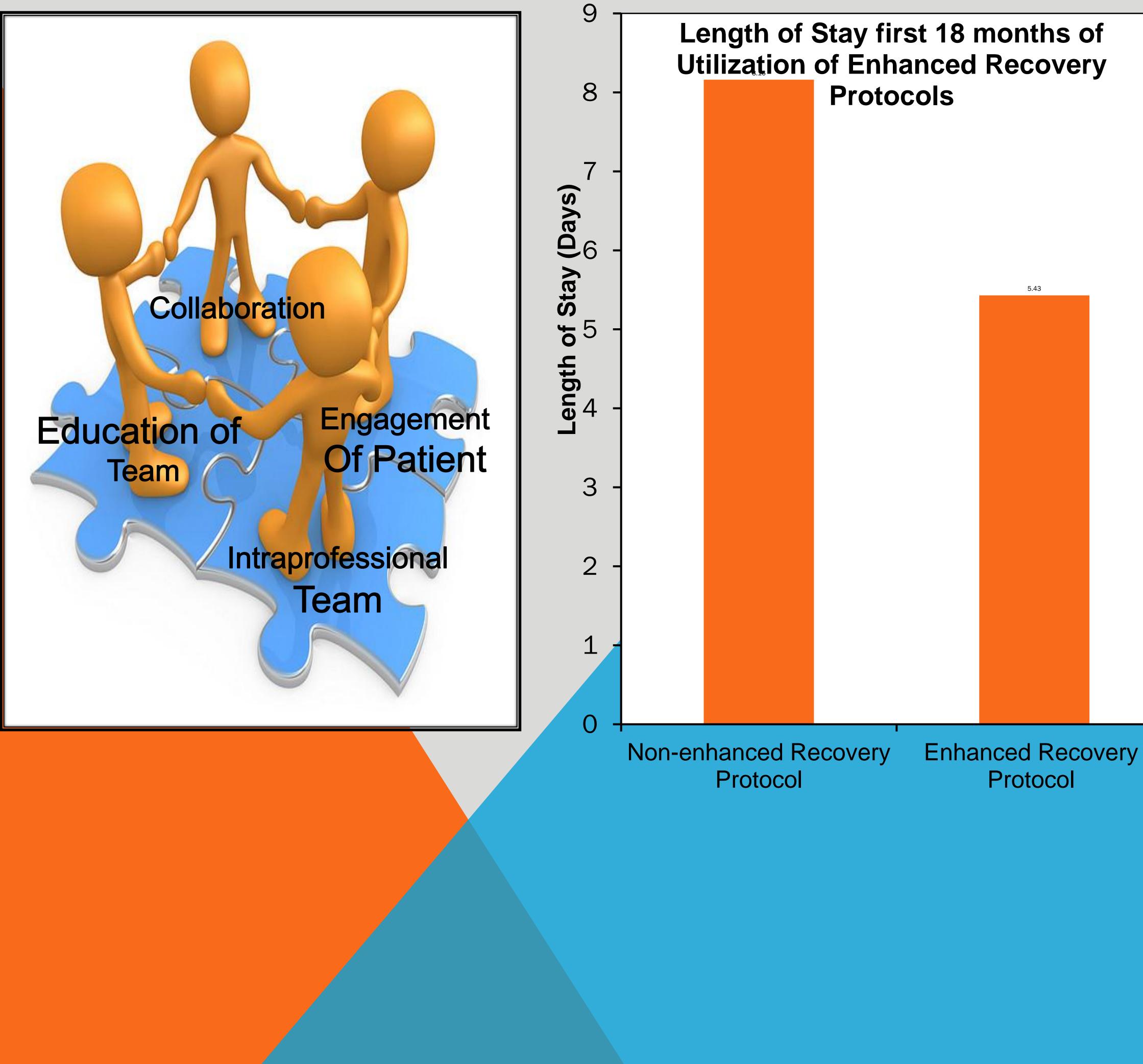
## Successful Implementation of an Intraprofessional Enhanced **Recovery Protocol** MAGNET Recognized **CARILION CLINIC**

## PATIENT ENGAGEMENT AND INTRAPROFESSIONAL **COLLABORATION PIVOTAL TO SUCCESSFUL IMPLEMENTATION OF ENHANCED RECOVERY PROTOCOL**

## **Statement of Significance**

NSQIP data supported opportunities to improve surgical morbidity. We sought to find the correct fit to positively impact outcomes for the surgical patient. Literature supports the use of enhanced recovery protocols; however few hospitals have been successful at implementation.

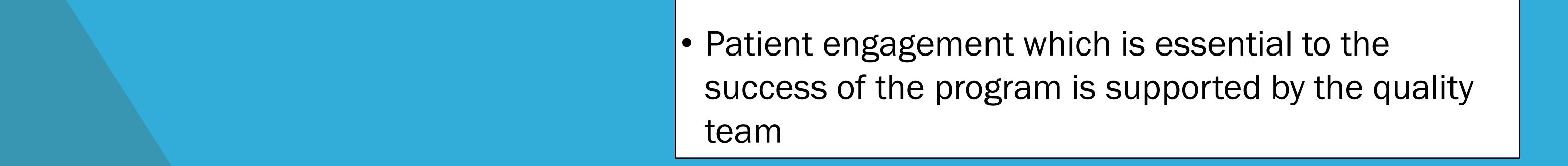


Length of Stay first 18 months of **Utilization of Enhanced Recovery**  Results

We identified patients who underwent colorectal surgery (n=559) during the first 18 of implementation of enhanced recovery protocols. 304 were assigned to the protocol, and 255 followed standard care. Patients who are educated regarding the protocol are also more engaged more motivated to improve their outcomes as noted in a post educational survey after the prehabilitation class. Protocol patients averaged a decrease of 2.73 days in their length of stay. Although the cost of approximately \$500 is incurred when using the protocol; a savings of \$343 for each day that the length of stay is reduced has been realized. The real opportunity is in extra beds being available for other admissions. Cost accounting has estimated a return on investment of a least 7:1

## Lessons Learned

- Breaking down the barriers to educate, reinforce and revise intraprofessional education is integral to the process.
- Intraprofessional collaboration is key to improving the complex elements of the enhanced recovery protocol



Patricia Shorner BSN, RN; Donna Goyer, BS, RN, CPAN, CAPA; Cindy Hodges, BSHS, RN-BC; Jessica Redden, BSN, RN, CEN; Margaret Perry, MSN, RN-BC; Deborah Copening, MSN, CNOR, RN; Sandy L. Fogel, MD, FACS **Carilion Clinic** 

Protocol