

Goal Statement

Develop and implement a standardized, patient centered protocol at Howard County General Hospital (HCGH) to facilitate optimal recovery of patients undergoing surgery or procedure which integrates the pre operative, intra operative, post operative, and post discharge phases of care to reduce hospital length of stay (LOS); and improve patient/family experience and satisfaction by getting the patient back to normal preoperative function.



Background Information

In the traditional model, patient care in the hospital is delivered in silos by different care providers. This needs to be eradicated to deliver optimal patient care. Enhanced Recovery After Surgery (ERAS) pathway is a new standardized, multidisciplinary and collaborative, quality initiative that is evidence-based associated with better outcomes for surgical patients.

With the continuous challenge posed by reimbursements, HCGH has a considerable interest in implementing efficient and cost effective initiative that improves patient care, patient and family satisfaction, and patient experience to support the Johns Hopkins Medicine Innovation 2023 strategic plan – Improve the quality and affordability of health care; hence the birth of ERAS at HCGH: a multidisciplinary and collaborative initiative.

Enhanced Recovery After Surgery at Howard County General Hospital: A Multidisciplinary and Collaborative Initiative

Team Leaders: Hadley Wesson, MD, MPH and Mary Christina Joy Lazo, MSN, RN, CPAN Howard County General Hospital, Columbia, Maryland

Yee-Wen Shyu, BSN, RN; Cindy You, BSN, RN; and Ellen Yutuc, BSN, RN

Process of Implementation

On January 2016, a multidisciplinary ERAS Steering Committee headed by a colorectal surgeon was developed. The committee was tasked to create ERAS pre-op orderset and protocol, and ERAS resource booklet for patients and their family. The committee also worked to get the buy in, disseminate information, and educate the different stakeholders about ERAS. On April 2016, ERAS was piloted with colorectal cases and later expanded to GYN and Orthopedic cases. On February 2019, ERAS was expanded to all surgical patients to promote and support "ERAS for ALL." The NPO Guidelines for care providers were revised; the Adult Fasting Instructions Before Surgery was created to promote carb loading 2 hours prior to surgery; and the Surgical posting sheet was revised.



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Statement of Successful Practice

The success of the initiative is dependent upon the proactive participation of highly committed and collaborative multidisciplinary teams. HCGH colorectal cases data from NSQIP between 2015 to February 2017 has shown 1.3 days reduction in hospital length of stay (LOS) and 1 day earlier transition into oral pain medication due to more tolerable post operative pain (Diagram 1).

HCGH is enrolled in the AHRQ Safety Program for Improving Surgical Care and Recovery (ISCR), a collaborative program launched by American College of Surgeons (ACS) and Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality to enhance the recovery of patients using the principles and methods from Comprehensive Unit-basaed Safety Program (CUSP). HCGH colorectal data from ISCR between 2018 to 2020 has shown >80% adherence in Multi-modal Pain Management, First Postop VTE Chemoprophylaxis Dose, and Foley Removal. First Postop Mobilization has >80% adherence while First Postop Intake of Liquids has 70-80% adherence in 2020 (Diagram 2). Since the ERAS best practices and the CUSP principles were ingrained, improvements were sustained despite the COVID 19 pandemic. The team is mindful about the work that needs to be done to impact the metrics that are <70% adherence.



Implication for Perianesthesia Nursing Practice

ERAS at HCGH strongly promotes multidisciplinary collaboration and the use of evidence-based practices to deliver optimal care to surgical patients. Education of care providers and patients; continuous monitoring of compliance with the protocol, including barriers; and collection of outcomes data are imperative to the success of the initiative. Improved outcomes, decreased LOS, and improved patient/family satisfaction have strongly encouraged perianesthesia nurses' commitment and participation.

References

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