

## **Three Es to Improving Outcomes: Education, Engagement and Enhanced Recovery**

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**Introduction:** Delnor Hospital participated in a collaborative along with other Northwestern Medicine hospitals expanding the elective colon bundle which included Enhanced Recovery elements to improve patient outcomes. Providing patients/families with a robust education plan preoperatively to engage patients in their care and improve their outcomes became a focal point for the Enhanced Recovery Program (ERP) at Delnor.

**Identification of the problem:** During the initial pilot the hospital could not justify creating a nurse navigator for this program. Additionally, the surgeons at Delnor lacked the resources to provide the extensive education during the office visits.

**QI question/Purpose of the study:** What impact does preoperative education have on engaging patients/families in the Enhanced Recovery Program to improve outcomes?

**Methods:** The Enhanced Recovery Nurse Coordinator (ERNC) was established within the Preadmission Testing (PAT) department to guide patients through the education and pre-surgical preparation. An education binder was created for the patients to learn about ERP, prepare them for surgery, and get them back to better health sooner. The education developed in the binder reflected evidence-based best practices for early ambulation, nutritional optimization, and pain management. Education began in the surgeon's office, and continued through multiple calls and a visit with the ERNC.

**Outcomes/Results:** The program was piloted with 4 surgeons until 20 patients completed the protocol. There are 47 specific data elements monitored by the team. Highlighted data from the pilot: 100% of the patients received the binder and education with the ERNCs which translated into a 53% reduction in Length of Stay and 30-day Readmission rates, along with 100% reduction of Venous Thromboembolism.

**Discussion:** The patients involved with the pilot study were engaged in the protocol and provided positive feedback to the preoperative education. It is believed that the patient/family buy-in supported improved outcomes and the program's success.

**Conclusion:** Success of this program has led to expansion of ERP to other surgical specialties and the comprehensive education delivery method will continue to expand to other service lines.

**Implications for perianesthesia nurses and future research:** Consideration of a retrospective study from the pilot population to identify if the education binders and ERNC role supported the improved outcomes. As ERP expands at Delnor, the team will continue to review the delivery method for the education.