Implementing Enhanced Surgical Recovery Across Service Lines: The Future is Yesterday

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Introduction: Variability in care leads to decreased quality and poor surgical outcomes. As the landscape of healthcare shifts from fee-for-service to value-based care, patient outcomes have come under the microscope in effort to provide better quality of care for the patients we serve. Enhanced Recovery After Surgery (ERAS) pathways are shown to decrease variability and improve outcomes by delivering quality care.

Identification of the Problem: A lack of standardization was noted amongst surgical and anesthesia providers. This was not only confusing to perioperative staff, it also lent to delayed case starts and negative impacts on surgical outcomes and length of stay.

QI Question: Can the implementation of an evidence-based, quality improvement program across specific surgical lines decrease variations in care, length of stay (LOS), and cost in a community hospital?

Methods: Through retrospective chart review of colorectal and bariatric surgical cases, significant variations in care were noted amongst providers within the same groups and also individual providers performing like procedures. In effort to improve care and outcomes, an ERAS pathway was implemented in colorectal and bariatric surgery. May 2016 through October 2018, 1,674 total patients were included in the ERAS group with matched retrospective controls.

Results: Reductions in LOS: colorectal 4.5 to 2.05 days and bariatric 2.15 to .95 days, cost per case: decreased by 20% and 10% in colorectal and bariatric respectively. In addition, both groups showed significant reductions in postoperative opioid.

Discussion: The collaboration between providers, nursing, hospital administration, and ancillary staff to plan and implement an Enhanced Recovery program proved to reduce variability in care, thereby improving outcomes. Due to the success of the colorectal and bariatric ERAS programs, it was decided to replicate the programs in 5 other system hospitals and expand service lines.

Conclusion: The ERAS program provides the “quadruple aim”: improved patient experience, better outcomes, lower cost, and improved clinician experience

Implications for perianesthesia nurses and future research: Collaboration between perianesthesia nursing and providers is essential to the success of any ERAS program. As the program continues to grow, not only across service lines, but across hospitals within the system, the program leaders will continue to work with perianesthesia nursing for process and protocol development to ensure success of the program.