Programmatic challenges in eras compliance reduce stress

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Background

Change based healthcare that utilizes evidence-based medicine as a foundation continues to meet resistance. The ERAS programmatic development at our institution overcame several hurdles and required repeated attempts with phoenix-like rebirth to finally become an accepted practice in our hospital system.

Methods

Educational effort by change leaders in a department is manageable but requires traction in other departments to become adopted. Moving from the anesthesiology department to surgery required evidence based discussions and more importantly a scheme and strategy to implement easily the changes for surgeons. Busy practitioners cannot easily undergo major disruptions in their practices without assistance from a transition team with a plan. Plan in hand the practitioner will adopt the positive change. Once these two key players were on board the proof or projection for a reasonable return on investment (ROI) for management without data from our institution was a major hurdle. Securing financial and staff support from management for a program that was new to the C suite hinged upon a composite presentation of the ROI, potential competitive advantages and finally improved patient outcomes demonstrated in the literature.

Positive team based presentations to the hospital management, nursing and surgical staffs solidified a change environment. Like being cheerleaders the team set about creating a story for the late adopters and skeptics that encouraged participation. Welcome to the change, move to better care, and revitalize yourself with better patient outcomes were themes for the participants. These themes were implied in all interaction by the development team. Adoption became the idea of the individual, who underwent the change with information (evidence based) and peer (team based) interaction, learning a new care pattern. This switch from the theme of “change” to learning something new was an epiphany for the ERAS team. We all did change, however, that change became learning something new, which was far less threatening.

Results

Results in the initial year were impressive for the entire team. As time passed adherence to the care path declined, as has been reported from multiple programs. Excuses based upon anecdotal events further impacted compliance. Messaging and reinvigorating team leadership are also obstacles in the midpoint of adoption. An example of the length of stay change and variable cost change for one service are presented in the graphic.

Clinical Effectiveness ERAS Report - ERAS patients and patients with a DRG in 653-661

Improvement Period : Jan 1, 2016 - Oct 31, 2016

	Baseline				Improvement			
Measure	**Average**	**Std dev**	**% Outliers**	**# Discharges**	**Average**	**Std dev**	**% Outliers**	**# Discharges**
Variable direct cost	$6,400	$6,291	0.0%	47	$6,656	$5,566	5.9%	34

Measure	**Average**	**Std dev**	**% Outliers**	**# Discharges**	**Average**	**Std dev**	**% Outliers**	**# Discharges**
Length of stay	6.32	6.21	0.0%	47	5.44	5.84	0.0%	34

	Baseline			Improvement		
Measure	**Rate**	**# Readmits**	**# Discharges**	**Rate**	**# Readmits**	**# Discharges**
Any ED visit in 7 days	13.3%	6	45	0.0%	0	30
Any reason 7 day readmission	4.4%	2	45	6.7%	2	30
Any reason 30 day readmission	22.2%	10	45	26.7%	8	30

Improvement Period : Jun 1, 2015 - Dec 31, 2015

	Baseline				Improvement			
Measure	**Average**	**Std dev**	**% Outliers**	**# Discharges**	**Average**	**Std dev**	**% Outliers**	**# Discharges**
Variable direct cost	$6,464	$3,039	0.0%	27	$4,850	$1,580	7.1%	14

Measure	**Average**	**Std dev**	**% Outliers**	**# Discharges**	**Average**	**Std dev**	**% Outliers**	**# Discharges**
Length of stay	6.37	4.37	0.0%	27	3.00	0.55	0.0%	14

	Baseline			Improvement		
Measure	**Rate**	**# Readmits**	**# Discharges**	**Rate**	**# Readmits**	**# Discharges**
Any ED visit in 7 days	0.0%	0	21	28.6%	4	14
Any reason 7 day readmission	0.0%	0	21	21.4%	3	14
Any reason 30 day readmission	23.8%	5	21	21.4%	3	14