Evaluating the implementation of an enhanced recovery after surgery protocol: a consensus building approach

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Background

Enhanced Recovery After Surgery (ERAS) programs have been adopted to improve a number of outcomes following colorectal surgery, including decreased length of hospital stay, increased patient satisfaction, fewer complications, and decreased costs. These programs utilize multiple modalities and practices such as reduced narcotic usage and preoperative nerve blocking for pain control as well as early PO nutrition and preoperative patient education to achieve these improved outcomes. The implementation of these programs however, requires a cultural and systematic shift in caregiver perceptions and many customary practices. This study attempted to identify opportunities for more effective implementation of our ERAS protocol via feedback from those involved with the different components of the program. The results from the caregivers were used to modify the program for more efficient patient management.

Methods

An anonymous survey was sent out to the members of the departments responsible for developing and implementing our ERAS program. The survey was sent to preadmission testing, the presurgical unit, PACU, surgical floor, anesthesia, and the members of the general surgery department. The survey consisted of multiple choice and ranking questions, which assess staff perception of the program's success and its efficacy for patients and to determine opportunities to facilitate adoption of the program.

Results

Forty-three surveys were completed for analysis. Respondents' view of the purpose of the ERAS program ranged from very specific goals to more global thoughts on improving the patient experience and length of stay via numerous interventions. Adequate pain control viewed as the most important aspect of the ERAS program while some of the other features of an ERAS program such as limiting IV fluids and beginning early PO intake were not viewed as contributing as much. Poor patient education was felt to be the most significant social factor impeding patient recovery and thus was seen as a significant opportunity for caregiver impact.

Many respondents indicated that the most important role of an ERAS program nursing coordinator would be to provide education to all staff about the different components of the ERAS program. The majority of respondents felt that there would be little resistance to successful ERAS program implementation and but that a standardized order set would facilitate compliance with the program. Respondents felt that patients were approximately 50% prepared for surgery with the current educational resources provided.

Conclusions

Enhanced recovery after surgery protocols have been demonstrated to be effective in reducing patient length of stay, costs and complications while improving overall patient satisfaction; however, their implementation can be more difficult to accomplish with many pitfalls. Analysis of the responses from our surveys revealed several opportunities for improvement regarding many aspects including patient and staff education, pain management, anesthesia, and nutrition. Several educational opportunities facilitated refinement of our ERAS program and successful implementation. One such refinement was the creation of a standardized order set for patients in the ERAS program, which has been met with positive reception. Our preliminary results indicated that our ERAS program resulted in dramatic improvement in patient satisfaction scores (HCAHPS), decreased average length of stay to 2.5 days, and over $3500 per average patient in cost savings.