

## Implementing an eras protocol: our journey toward excellence

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### Background

The Medical University of South Carolina is a level 1 trauma center and comprehensive academic medical center that provides care to a large population within the southeast. The mission of MUSC is to improve health and maximize quality of life through education, research and patient care. A pilot project using Enhanced Recovery After Surgery principles was undertaken with pancreatobiliary surgery in 2014 and 2015, with impressive results. Hospital leadership made the decision to hire a nurse navigator and pursue implementation of ERAS throughout most elective surgical specialties, beginning with colorectal surgery.

### Methods

My poster will outline the process that was taken to develop and create all the elements and infrastructure needed before implementing an ERAS protocol. Our journey began with a review of the literature and evidence-based best practice. An interdisciplinary ERAS Oversight Committee was brought together which included a range of clinicians interested in this project. Executive and clinical leadership and support were crucial to start the program. A committee charter and guiding principles for the committee were developed and approved. A summary of the committee charter will be presented on the poster.

One of the initial steps was to create a detailed process map so that our medical record IT team understood the patient flow and could develop tools that needed to be built into the medical record to track compliance with the protocol and patient outcomes. Poster will show part of the process map.

Baseline data were compiled to assess current outcomes, including length of stay, complications and readmissions in the first 30 days post operatively. Poster will show baseline data summary.

Order sets for the initial surgery consult, day of surgery admission and for inpatient post-operative stay were written and reviewed by the Oversight Committee.

Patient education tools were written and incorporated into the medical record based on orders placed. All staff involved in the care of the patient from surgical consult visit in clinic through discharge was educated on ERAS principles, with focus on the particular part of the protocol that their patient interaction takes place. This involved clinic staff, pre-op day of surgery staff, OR and PACU staff, and inpatient unit staff. Residents and PAs were educated on order sets as well as attending surgeons.

### Results

Protocols began in early February, and preliminary results are favorable. Consistent real-time monitoring will be needed, especially early in the project. Outcomes at 30 days will be reviewed by the Oversight Committee on a monthly basis.

**Conclusion:** With many infrastructure elements now in place, a similar process will be followed with other surgery specialties, beginning with gynecologic surgery.