

Title: SUCCESSES OF AN APRN-LED ENHANCED RECOVERY PROGRAM FOR COLORECTAL SURGERY PATIENTS

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Background/Introduction:

Enhanced recovery programs are frequently led by anesthesia staff or other perioperative disciplines. Nursing is often included as a member of the interprofessional team to implement enhanced recovery programs but there is little information in the literature as to how effective a nurse-led enhanced recovery team may be. In 2015, Bon Secours St. Mary's Hospital leadership noted an opportunity to standardize and improve the care of colorectal surgery patients utilizing an enhanced recovery framework. Two advanced practice registered nurses (APRNs) were asked to lead the interprofessional team with the goal of developing a sustainable practice change. St. Mary's Hospital is a 400-bed, non-profit community hospital which provides tertiary care within the Bon Secours Richmond, Virginia healthcare network.

Methods:

In early 2015, the APRNs identified a team to support the initiative. Members of the team included champions from all perioperative areas, surgeons, clinical nurses, pharmacists, dietitians, and informatics liaisons. The Associates for Process Improvement's quality improvement model, *Model for Improvement*, and the most current evidence was utilized to develop the program. The APRNs provided expert guidance and facilitated collaboration amongst the members of the team. The enhanced recovery program for colorectal surgery patients began in August 2016.

Since inception of the program, the APRNs maintain leadership oversight of the program and make daily rounds on enhanced recovery patients. These visits include a review of pathway goals with both the clinical nurse and the patient. The APRNs also reinforce discharge teaching with patients, and partner with providers and other members of the team to promote smooth transitions of care. In addition to daily patient rounds, the APRNs monitor program compliance and analyze outcome data to identify opportunities and celebrate successes.

Results:

To date, 168 patients have been included in the enhanced recovery program. The average length of stay for this cohort of patients has decreased from 6.4 days to 4.3 days which has resulted in an average cost savings of \$3,800 per patient. There has been a 78% reduction in average post-operative opioid use per patient from 80.4 morphine equivalents to 17.4 morphine equivalents. In addition, the surgical site infection rate has decreased from 6.56 to 0.02 and the incidence of ileus has been reduced from 20% to 5%. Additional successes include increases in patient satisfaction scores in the domains of communication with nurses (78.4% to 81.3%), communication with providers (83.1% to 89.8%), discharge information (90.7 to 92.2%) and pain management (70.5% to 76%).

Conclusion:

Advanced practice nurses are in the unique position to design and implement interventions, and assess and evaluate those to improve health care delivery and practice changes. As transformational leaders, the APRNs developed a vision for the program and inspired the team members to adopt a shared goal for program development. This unique, blended role of the APRN has allowed for enculturation of practice changes and full continuity of care for colorectal surgery patients. Based on preliminary observations, this data suggests APRNs may possess the professional knowledge and leadership characteristics to effectively lead enhanced recovery programs and achieve similar outcomes when led by other disciplines.