# • ERAS—Launching and monitoring a program

Kelly Mayson CAS Workshop June 16<sup>th</sup>, 2018



Putting patients first, improving patient safety.

## Disclosure

- Speakers bureau for 3M
- Passionate about ERAS



# Enhanced Recovery

#### **Active Patient Involvement**

Pre-operative	Intra-operative	Post-operative		
<ul> <li>Pre-admission education</li> </ul>	<ul> <li>Active warming</li> </ul>	<ul> <li>Early oral nutrition</li> </ul>		
<ul> <li>Early discharge planning</li> </ul>	<ul> <li>Opioid-sparing technique</li> </ul>	<ul> <li>Early ambulation</li> </ul>		
<ul> <li>Reduced fasting duration</li> </ul>	<ul> <li>Surgical techniques</li> </ul>	<ul> <li>Early catheter removal</li> </ul>		
<ul> <li>Carbohydrate loading</li> </ul>	<ul> <li>Avoidance of prophylactic</li> </ul>	<ul> <li>Use of chewing gum</li> </ul>		
<ul> <li>No/selective bowel prep</li> </ul>	NG tubes & drains	<ul> <li>Defined discharge criteria</li> </ul>		
<ul> <li>Venous</li> <li>thromboembolism</li> <li>prophylaxis</li> </ul>	•Pain & nausea management			
<ul> <li>Antibiotic prophylaxis</li> </ul>	<ul> <li>Goal directed peri-operative fluid management</li> </ul>			
<ul> <li>Pre-warming</li> </ul>				
Audit of compliance & outcomes				
Whole Team Involvement				

# Measurements

- Outcome measures
  - n LOS
  - Morbidity, mortality–30 days, 90 days, time to neoadjuvant Rx
  - Patient reported outcomes (PROMs & PREMs)
- O Process Measures
  - Compliance/adherence with the pre-operative, intraoperative and postoperative components of the pathway
  - Pre-operative Hb and iron deficiency anemia\*
  - Pre op HbA1c level and perioperative glycemic control\*
- Balancing Measures
  - Time to attend multidisciplinary meeting
  - Time to educate staff and patients
  - Costs–GDFT monitors, CHO drinks, data collection
  - Readmission rates



Putting patients first, improving patient safety

	12 Key ERAS Compone	ents
Pre-operative	<ul> <li>Pre-operative counselling</li> <li>Pre-operative anesthesia consultation</li> <li>Carbohydrate loading AM of surgery</li> </ul>	
Intra- operative	<ul> <li>Normothermia</li> <li>Timely antibiotics</li> <li>Use of multimodal analgesia</li> <li>Use of adequate PONV prophylaxis</li> <li>Use of goal directed fluid therapy with</li> </ul>	a monitor
Post-operative	<ul> <li>Full fluids started by POD 0</li> <li>Solids started by POD 2</li> <li>Mobilization once by POD 0</li> <li>Mobilization twice by POD 1</li> </ul>	
	NSQIP ERIN** ed Recovery Canada metrics	Enhanced RECOVERY Canada

- BC enhanced Recovery–excel spreadsheet\*\*
  - https://enhancedrecoverybc.ca/data-collection-reporting/

Putting patients first, improving patient safety.

#### Results: Adherence to 12 Key ERAS Components Oct 2013-Dec 2016 (n=439)

**Pre-operative Counselling** 

Pre-operative Anesthesia Counsultation

Carbohydrate Loading AM of Surgery

Normothermia

Use of Multimodal Analgesia

Use of Goal Directed Fluid Therapy using a Monitor

**Timely Antibiotics** 

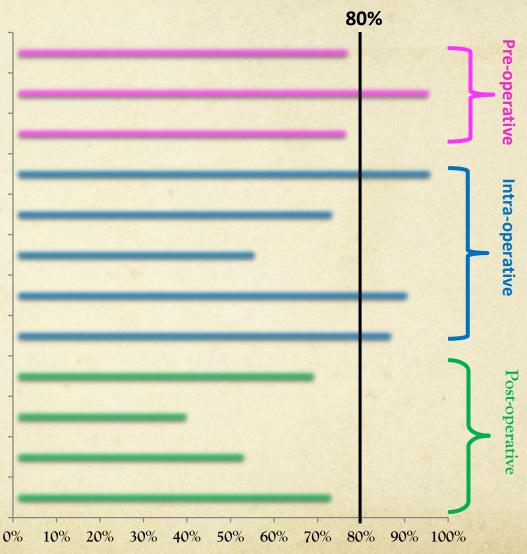
Adequate Post-operative Nausea/Vomiting Prophylaxis

Full Fluids started by POD 0

Solids started by POD 1

Mobilization Once by POD 0

Mobilization Twice on POD 1



# Results: Patient Outcomes

Colorectal Surgery	Pre ERAS n=99	Post ERAS n=497	<75% Adherence n=179	≥75 Adherence n=260
All complication	28.2%	15.3% 45.7% ↓ from Pre-ERAS	18.2%	12.8% 54.6%♥ from Pre-ERAS
Pneumonia	5.1%	3.2%	<b>5.9</b> %	1.5% 70.5%♥
Vent > 48 hrs	4.0%	2.5%	4.1%	0.8%
Intubation	5.1%	2.8%	5.0%	0.8%
Pooled SSI	20%	11.4% 43%♥	14%	8.8% 56%♥
Sup SSI	11.1%	7%	10.5%	4.2%

#### Methods: 12 Key ERAS Components for Radical Cystectomy

	ERAS Components		
Pre-operative	<ul> <li>Pre-operative counselling</li> <li>Pre-operative anesthesia consultation</li> <li>Carbohydrate loading AM of surgery</li> </ul>		
Intra-operative	<ul> <li>Normothermia</li> <li>Timely antibiotics</li> <li>Use of multimodal analgesia</li> <li>Use of adequate PONV prophylaxis</li> <li>Use of goal directed fluid therapy with a monitor</li> </ul>		
Post-operative	<ul> <li>Full fluids started by POD 1 **</li> <li>Solids started by POD 4**</li> <li>Mobilization once by POD 0</li> <li>Mobilization twice by POD 1</li> </ul>		

#### Results: Adherence to 12 Key ERAS Components Oct 2014-Sep 2016 (n=152)

**Pre-operative Counselling** 

Pre-operative Anesthesia Counsultation

Carbohydrate Loading AM of Surgery

Normothermia

Use of Multimodal Analgesia

Adequate Post-operative Nausea/Vomiting Prophylaxis

**Timely Antibiotics** 

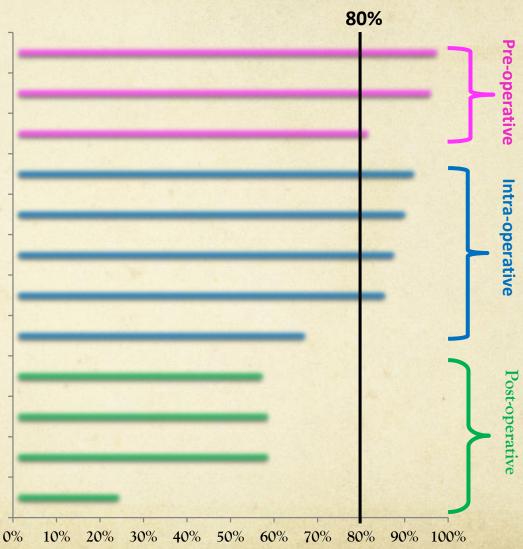
Use of Goal Directed Fluid Therapy using a Monitor

Mobilization Once by POD 0

Mobilization Twice on POD 1

Full Fluids started by POD 1

Solids started by POD 4



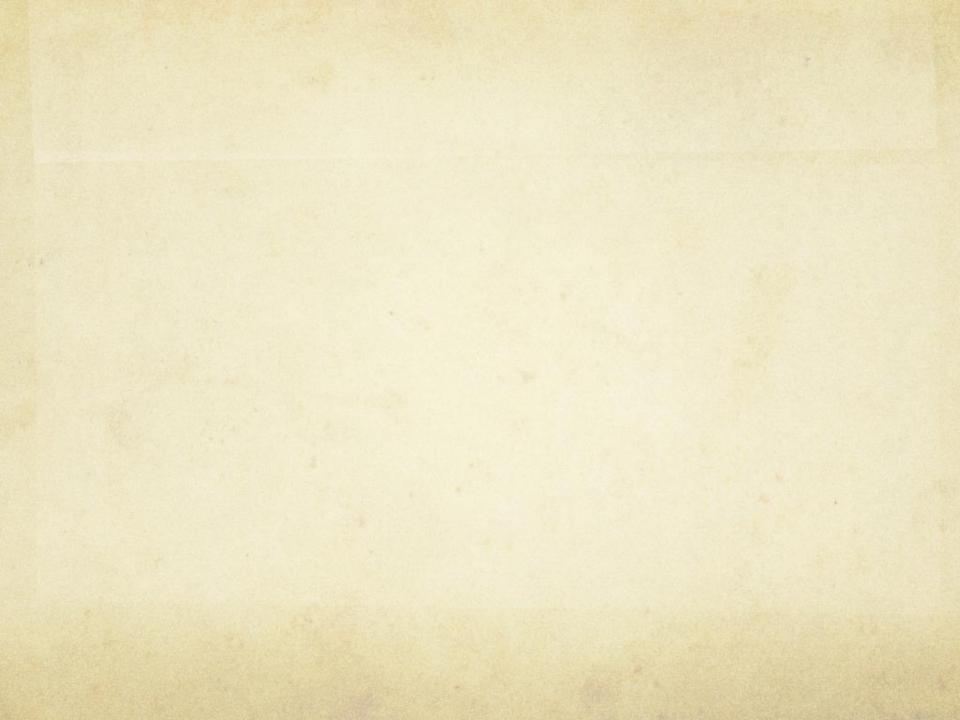
#### **Results: Patient Outcomes**

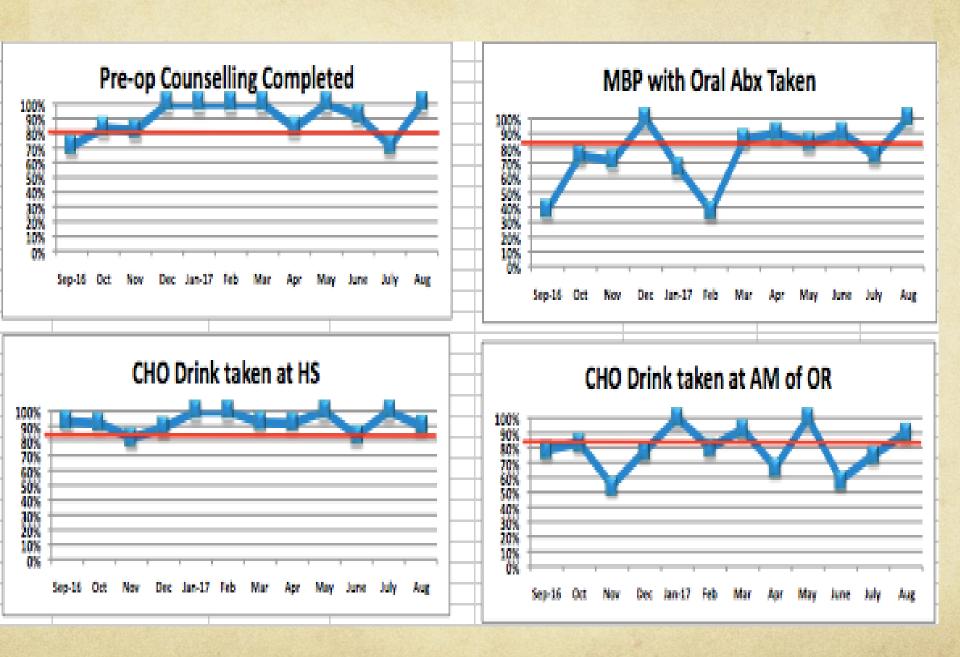
Radical Cystectomy	Pre ERAS n=90	Post ERAS n=152	<75% Adherence n=73	≥75% Adherence n=79
NSQIP Overall Morbidity	31.1%	21.1% 32% ↓ from Pre ERAS	27.4%	15.2% 51 % ♥ from Pre ERAS
Superficial SSI	12.2%	5.9%	9.6%	2.5%
Organ Space SSI	3.3%	5.3%	8.2%	2.5%
Urinary Tract Infection	10%	5.5%	5.1%	5.3%
Sepsis/Septic Shock	14.4%	6.6%	9.6%	3.8%
Transfusions within 72 hr of OR start time	43.3%	25.7%	27.4%	24.1%
Ileus	10%	10.5%	13.7%	5.1%
Readmission	16.7%	13.2%	13.7%	12.7%
Mean LOS (SD)	10.0 (8.5)	9.5 (6.7)	11.1 (8.7)	7.9 (3.3)
Median LOS (IQR)	8 (7-9)	7 (6-10)	8 (7-12)	7 (6-8)

# Lessons Learnt-Keys to success

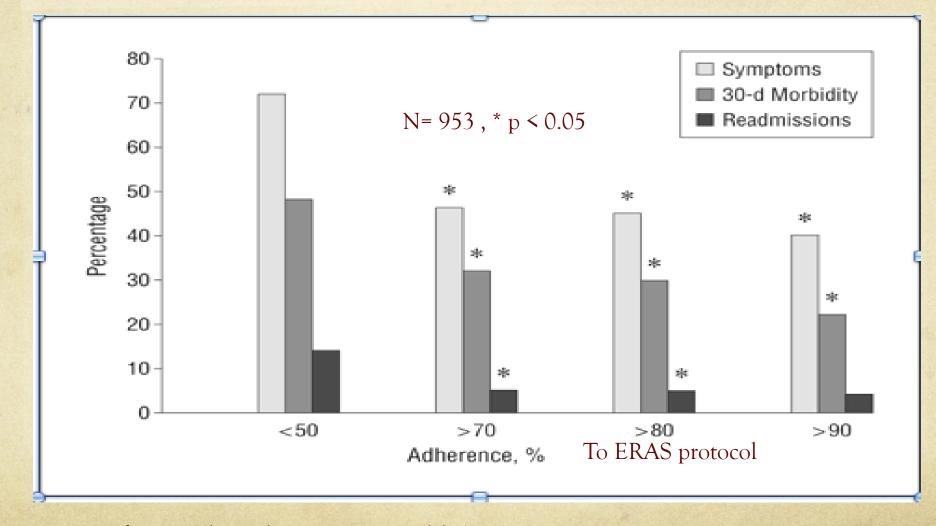
- Involve key stakeholders at the planning phase to facilitate commitment, engagement and ownership
- Have clear and robust definition of the ERAS components and outcome measures
- Conduct real-time audits and share results with frontline team on a regular basis to foster engagement and seek feedback from the team—motivates changes and highlights problem areas
- Patient engagement in their own care and also in the co-creation of new resources
- It takes time to change culture so tenacity is vital.







#### "Dose" response relationship



Gustafsson et al. Arch Surg 2011: 146(5) 571-577