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Quality improvement

Nurse leaders play pivotal role in implementing enhanced recovery programs

Frequently OR leaders are at the forefront of implementing enhanced recovery after surgery (ERAS) protocols. They have the skills to facilitate implementation of ERAS and to dispel any misconceptions about it, says Donna Watson, MSN, RN, CNOR, FNP. Watson, director for Medtronic Health Systems Advantage in Boulder, Colorado, is an experienced OR leader who has been working with many different hospitals in implementing ERAS.

"It has often been my experience that it's the surgeon who is the champion and goes initially to the C-suite to present the concept of enhanced recovery; however, as nurse executives become more aware of enhanced recovery, they are also championing the support to improve patient outcomes," she notes.

"There are some misperceptions that it takes away the ability to customize patient care, and that is not the intent of an enhanced recovery protocol," Watson says. "It can be customized, but to have a protocol that is in place across the system allows for standardization and decreases the variance, which improves patient care and outcomes."

Watson recently shared her thoughts about ERAS with OR Manager.

Using evidence-based care

Watson says the positive effects of ERAS extend beyond improved clinical outcomes and potential cost savings. For instance, she finds that ERAS fits well with patient safety because the care provided is evidence-based and standardized along the continuum of care.

"Every person who has a touch point with the patient knows what the protocol is, and that protocol is based on best practices," she says.

Donna Watson, MSN, RN, CNOR, FNP

ERAS also fits well in a healthcare environment where patients expect to be more engaged in their care. "With enhanced recovery, patients know what the protocols are and what's expected, so they can monitor their own progress and be much more active participants," Watson says. "It can result in increased patient satisfaction."

Getting started

Watson says colorectal surgery is an ideal service line in which to start ERAS because much has been written about use of the program in this specialty. Other possibilities include thoracic, bariatric, and gynecologic service lines.

"I would look at those episodes of care with opportunities for improvement," Watson says. "The enhanced recovery principles can apply to any service line and any patient care episode."

She suggests analyzing data associated with the proposed service line from a local, regional, and national perspective. "Look at length of stay, complication rates, and readmission rates," she says.

Watson adds that some hospitals create a designated position for ERAS; that person is responsible for facilitating the multidisciplinary team and conducting audits. In other cases, existing staff are used (sidebar, p 13).

"The institution, the patient care needs, current staffing, and mapping out the current state of practice will determine opportunities for improvement based on evidence-based practice," she says.

Watson finds the following resources valuable:

- ERAS® Society (www.erassociety.org), which has a nurse group
- American Society for Enhanced Recovery (http://aserhq.org)
- Society of American Gastrointestinal and Endoscopic Surgeons (http://www.sages.org/healthy-sooner).

Financial effects

"Whenever you're developing a multidisciplinary protocol, you need to understand there is a financial investment," Watson says. That includes the time is takes for the team to evaluate the current state of practice, possible future practice as it relates to ERAS, and what is feasible to accomplish.

She advises establishing a time line and encouraging a sense of urgency for the project that starts at the first meeting. "Every time I kick off one of these protocol development projects, we start with when is our desired start date, and after that we have assignments and biweekly meetings."

Emphasizing attendance avoids the potential problem of having too few people involved in the development, which sets up the potential for failure.

Additional financial investment includes education of staff, nurses, surgeons, and others involved in the pathway, and the cost of conducting audits.

"You also need to look at whether you have a system in place in terms of your electronic medical record that you can easily audit, or if it needs to be hand audited in terms of some of the specific elements of the enhanced recovery protocols," Watson says. "These all play into that financial investment and also for sustainability."

Measuring impact

The ERAS team should establish appropriate metrics. Watson suggests tracking Hospital Consumer Assessment of Healthcare Providers and Systems results for patient satisfaction, along with length of stay, complications, and readmission rates. Other metrics that are helpful, but may require more support to collect, include outcomes of interest such as time to ambulation, postoperative nausea and vomiting, pain management, and nutritional intake.

Sustaining success

Ongoing monitoring of data is necessary to sustain a successful ERAS program. Watson recommends monitoring all aspects of care to determine if goals are being met.

"Unless you monitor the data and you communicate that on a frequent basis, your likelihood of sustainability and success can certainly diminish," she says. Individual data elements should be collected for each patient and reported at least monthly to all stakeholders.

Watson says the biggest misunderstanding about ERAS is that it can be successfully developed by one or two people. "In my experience, the multidisciplinary team is one of the key elements for success of implementation, number one, and sustainability, number two." ✣

Cynthia Saver, MS, RN, is president of CLS Development, Inc, Columbia, Maryland, which provides editorial services to healthcare publications.

Members of the enhanced recovery multidisciplinary team for colorectal surgery

Here is an example of the make-up of an enhanced recovery team:

- surgeon champion
- nurse champion
- anesthesia provider champion
- representatives (including staff) from surgery and the postanesthesia care unit
- pharmacist
- dietitian
- enterostomy nurse
- respiratory therapist
- librarian (to assist with research into best practices).

Typically the committee doesn't have a chair, so participants are encouraged to view themselves as equals. However, it's necessary to have a project manager who can coordinate meeting logistics and ensure that people are completing assigned tasks. Some hospitals choose to use an external project manager who has the authority to push participants to meet deadlines and attend meetings.