Enhanced Recovery Program – General Surgery Department

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BACKGROUND

- **What is it?** Evidence based, patient centered pathways for better patient outcomes designed to optimize patient recovery.
- **History:** Developed in 1999 by Kehlet and Mogensen to minimize patient surgical stress response, optimize physiologic function, and facilitate recovery.
- **Problem Statement:** The General Surgery Nursing Team seeks to understand the impact of the Enhanced Recovery Program (early ambulation, early introduction of oral nutrition, and multimodal pain control with minimal use of opioids) on post-operative complications, length of stay, and re-admissions with ileus’ for the general surgical patient population.

PURPOSE

- Reduced length of stay
- Reduced complications
- Improved patient outcomes
- Increased patient satisfaction
- Better use of hospital resources
- Reduced readmission rates

METHODS

- **Population:** Initially colorectal patients, morphed into general surgical patients
- **Method:** Meta-analysis of research studies
- **Interdisciplinary Team:** Surgeons, Pharmacy, Clinical Education, Rehabilitation, Nutrition, Quality Management, and the General Surgery Nursing Team
- **Target Interventions:** (1) early ambulation, (2) early introduction of oral nutrition, (3) multimodal pain control with minimal opioid use
- **Data collected from the Quality Department**

LIMITATIONS

- Risk of bias with study selection
- Initial focus of only colorectal patient population versus general surgical patient population
- Current data collection method for ambulation and diet

RESULTS & OUTCOMES

- Average length of stay decreased from 4 days to 3.6 days
- Readmission with ileus percentage decreased from 6% to 2.7%
- Average pain rating slightly reduced with no use of PCA compared to 2017 use of PCA
- 62% of patients were discharged on POD #3 in 2018 versus 51% in 2017

FURTHER RESEARCH & IMPLICATIONS FOR PRACTICE

- Recommendation of monthly audits in a 24hr time period versus 1 single calendar day for ambulation and diet
- Research into alternative methods of pain management aside from a multimodal approach

CONCLUSIONS & DISCUSSION

- Average pain level stayed about the same, however no PCAs were used in 2018, only use of multimodal pain medications
- Readmission rates for ileus’ decreased dramatically in 2018
- Focusing in the future on the impact of saline locking IV fluid as well

REFERENCES

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