Expanding Enhanced Recovery After Surgery (ERAS) Across the Intermountain Healthcare System ~lessons we are always learning~

Mark J. Ott, MD
Intermountain Healthcare
Surgical Services Clinical Program
Medical Director

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THE INTERMOUNTAIN HEALTHCARE SYSTEM

Challenges

- 22 Hospitals (quaternary care to small rural)
- >100,000 square miles
- ~3 million people
- 125 surgeons doing bowel resections with 1/3 of physicians employed, 1/3 highly aligned, 1/3 come only when forced to by insurance issues

Advantages

- Integrated healthcare system
- Incredible work ethic in our work force
- We have great data systems for measuring things
- I've never been told no when I had an idea I wanted to pursue

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INTERMOUNTAIN HEALTHCARE'S ERAS JOURNEY

- **Development Phase** - 2007 we decided we wanted to have an ERAS program for bowel resection patients
- Spent a year reviewing the literature discussing options with other surgeons and creating a template program to role out (A labor of love of one surgeon)
- Got input for nursing, dietary, physical therapy, administration, anesthesia, case managers, etc.
- Created an electronic dashboard to measure outcomes across the system.

- **Education Phase** - Created education materials for patients, surgeons, nursing, etc. and gave the education materials at no charge to staff and physician offices to give to patients.
- Rolled out mandatory on-line education to all staff involved from the initial office visit to discharge
- Educated the surgeons and anesthesiologists in meetings, email memos, postings above OR scrub sinks, and face to face (multiple communication avenues)

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INTERMOUNTAIN HEALTHCARE'S ERAS JOURNEY

- **Implementation Phase** – Rolled out to hospitals in a rolling fashion one or two at a time.
- Feed results back to staff and physicians

- **Maintenance and Improvement Phase** -Keep monitoring and educating, because you will always slide back to your old ways and you always have new people coming into the system

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WHICH OF THE FOLLOWING IS MOST CRITICAL TO THE SUCCESSFUL EXPANSION OF ERAS PROGRAMS ACROSS A MULTIPLE HOSPITAL SYSTEM?

A. Automated electronic data collection with regular pushing of the data to the participants
B. Universal acceptance by surgeons and staff
C. Electronic order sets
D. Financial incentives to encourage surgeons and staff to participate

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MEASURING WHAT WE DO IS HOW WE IMPROVE

- Dashboards with up to date data are essential
- Automation of data collection is time and resource consuming up front, but is the only long term solution
- If we fail to regularly evaluate and disseminate the results we track, we gradually loose the progress we have made

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WHAT ARE THE BENEFITS EXPANDING ERAS TO AN ENTIRE HOSPITAL SYSTEM?

A. The cost of care decreases across the entire hospital system with outcomes improving
B. Research protocols and additional studies can more easily be done, because data is automatically being collected and variation is decreased
C. The outcomes of patients not participating in ERAS are also improved
D. Individual hospital benefit is proportional to individual hospital by-in
E. All the above

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The race is in fact to the swift, the wise, and those with understanding to do it better…*Ecclesiastes 9:11 (sort of)*…Our job is to eliminate *time and chance!*

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