Enhanced Recovery After Surgery: A New Paradigm of Surgical Care

Facilitating exemplary care across the continuum to the surgical patients of Kaiser Permanente

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ACS NSQIP Kaiser Permanente NCAL Collaborative

Introduction

The Kaiser Permanente (KP) Northern California (NCAL) Region consists of 21 medical centers, 12 ambulatory surgery units and 67 medical office buildings. We serve 3.4 million members and their communities. Annually we have over 230,000 hospital discharges, 215,00 surgeries, 32,000 deliveries, dispense 25.5 million prescriptions, process 30 million lab orders and have 17 million office visits.

Northern California Kaiser Permanente

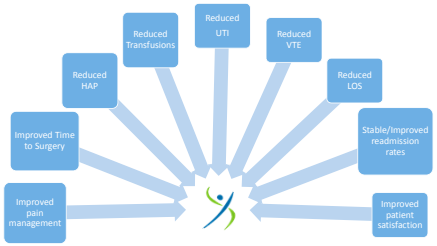
Over the past year as we looked at our surgical outcomes data we realized surgical harm needed to be addressed. But what would provide the best outcomes for our patients and still provide quality care? After careful research we thought Enhanced Recovery After Surgery(ERAS) made the most sense for our patients. We knew from out data that our colorectal and hip fracture patients has the most harm, so we placed out focus on these patient populations.

ERAS is….

Minimize Narcotics + **Walk Early** + **Feed Early**

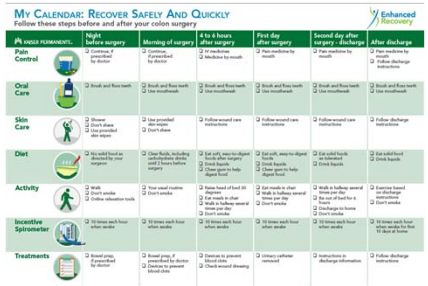
Standardization

Expected Benefits of ERAS



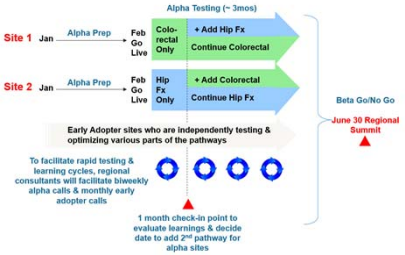
The expected benefits from ERAS are many, but most of all this has provided not only positive surgical outcomes but an increase in patient and staff satisfaction. The staff has created a team that crosses the continuum.
Standardized patient education has also provided a clear message for the staff and the patient. The patient knows what to expect prior to arriving at the hospital and hears the same messaging from the staff throughout their surgical stay.

Patient Education



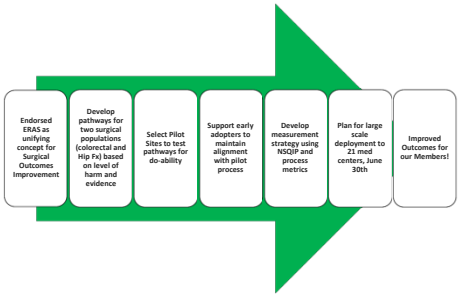
Methods

ERAS Implementation Overview



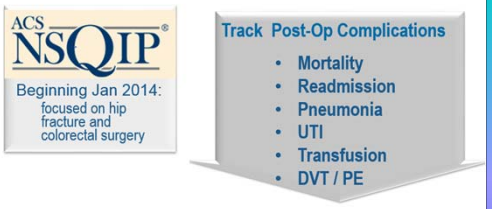
Planning for our two pilot sites with our two very different patient populations was challenging. Each pilot site began with one patient population, and then added in the other one 30 days later. There was so much enthusiasm around this project everyone wanted to be the pilot site. We chose two sites for the pilots but allowed seven other sites to become early adopters. We than began planning a regional summit to spread to the rest of the region which was held June 30, 2014. We anticipate all 21 medical centers to have both pathways up and running by the end of October 2014.

Activities to Date

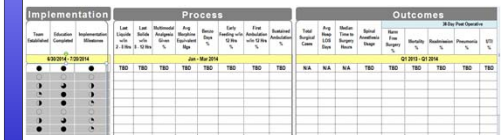


Measurement

In January 2014 we standardized out participation model to reflect the work we were embarking with ERAS to have a solid platform to measure our outcomes. We targeted colorectal and hip fracture patients with a multispecialty foundation. We have created dashboards in which to report both process and outcome measures.



Dashboards



References

Li P, Fang F, Cai JX, Li QG, Wang DR (2013) Fast-track rehabilitation vs conventions care in laparoscopic colorectal resection for colorectal malignancy: a meta-analysis. *World Journal of Gastroenterology*. 19(47):9119-9126.

Vlug MS, Wind J, Hollmann MW, Ubbink DT, Cense HA, Engel AF, Gerhards MF, van Wagenveld BA, van der Zaag ES, van Geloven AA, Sprangers MA, Cuesta MA, Bemelman WA (2011) Laparoscopy in combination with fast track multimodal management is the best perioperative strategy in patients undergoing colonic surgery: a randomized clinical trial (LAFA-study). *Annals of Surgery*. 254(6):868-875.

Varadhan, KK et al. (2010) The enhanced recover after surgery (ERAS) pathway for patients undergoing major elective open colorectal surgery: a meta-analysis of randomized trials. *Clinical Nutrition*.

ERAS Society (2013). Welcome to the official ERAS website. Retrieved from http://www.erassociety.org

Rashiq S, Vandermeer B, Abou-Setta AM, Beaupre LA, Jones CA, Dryden DM (2013) Efficacy of supplemental peripheral nerve blockade for hip fracture surgery: multiple treatment comparison. *Canadian Journal of Anaesthesiology* 60(3):230-243

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