Enhanced Surgical Recovery: Building the Team

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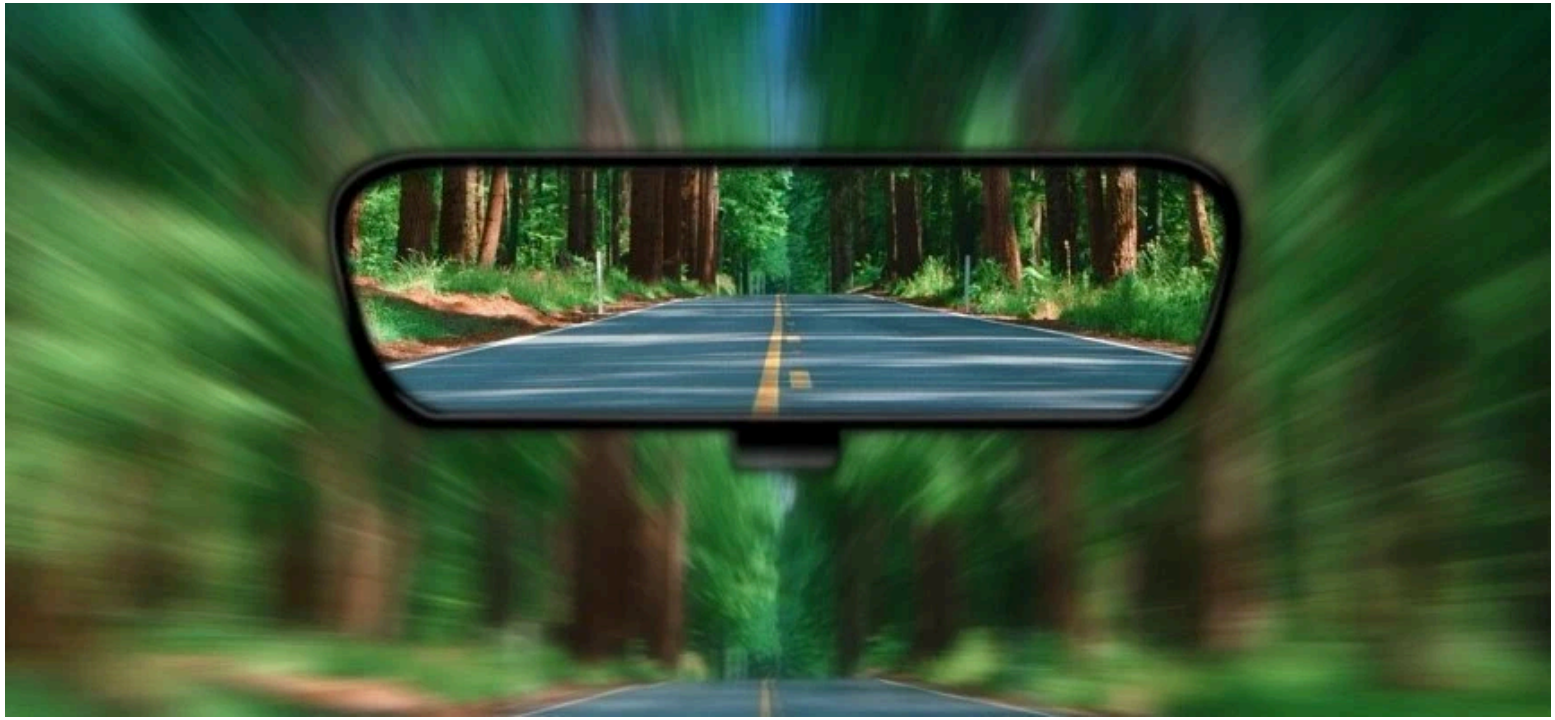
Disclosures

- Financial: None



Enhanced Recovery

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ER Team Set-up Plan

1. Determine the Why
2. Form the Team
   - Punch tickets
   - Meet weekly
3. Revise/Develop ordersets and pathways
4. Develop compliance metrics
   - Measure and Report
5. Develop outcome metrics (PRO)
   - Measure and Report

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Simon Sinek: Start with Why

"People do not buy WHAT you do, they buy WHY you do it."

Team members don't buy-in to the product or change they are working on, they buy-in to why the team is making the product or change.

I can't tell you how to build an ER program unless you tell me why you want to do ER

What Is Your ER Goal?

A. Reduce complications
   - Enhanced Safety Program

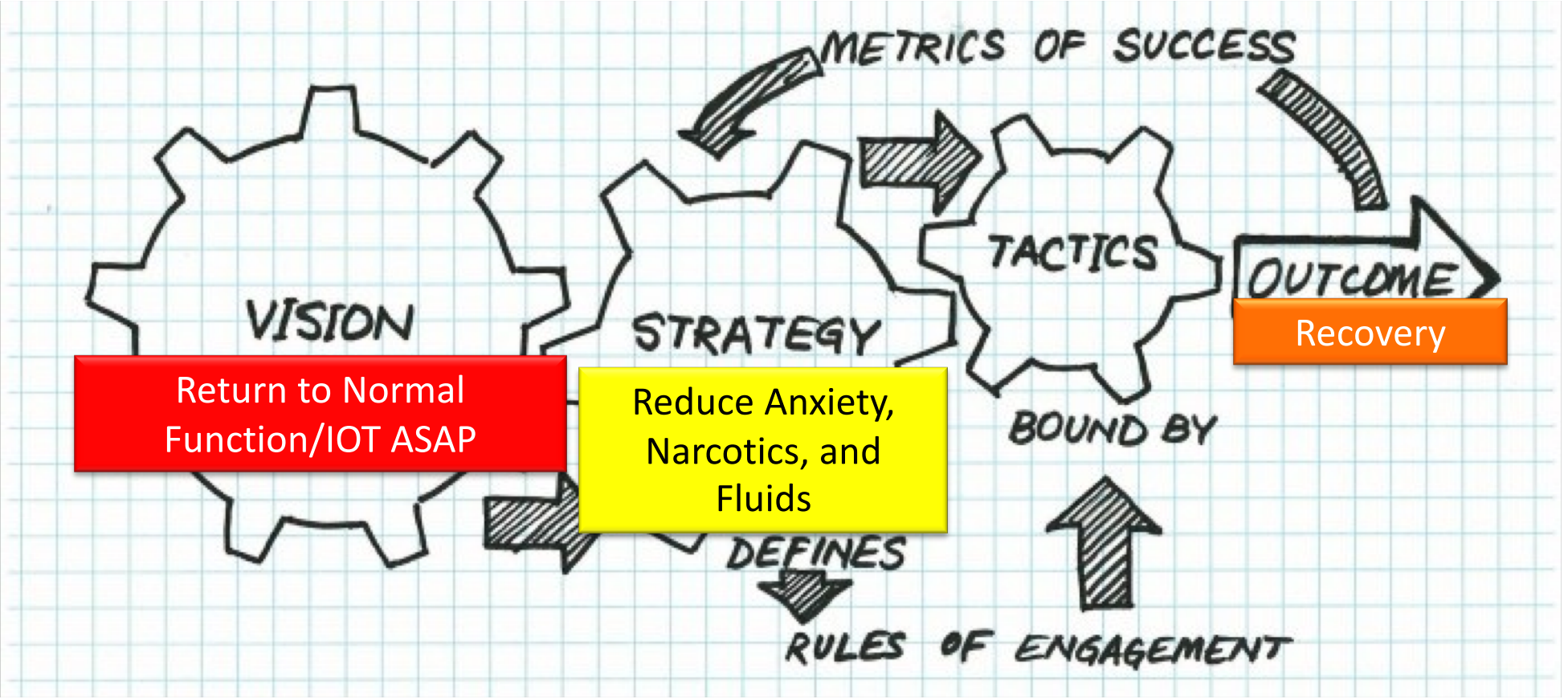
B. Save the hospital money
   - Enhanced Finance Program

C. Lower length of stay
   - Enhanced Discharge Program

D. Make them to poop faster (see answer C.)
   - Enhanced BM Program

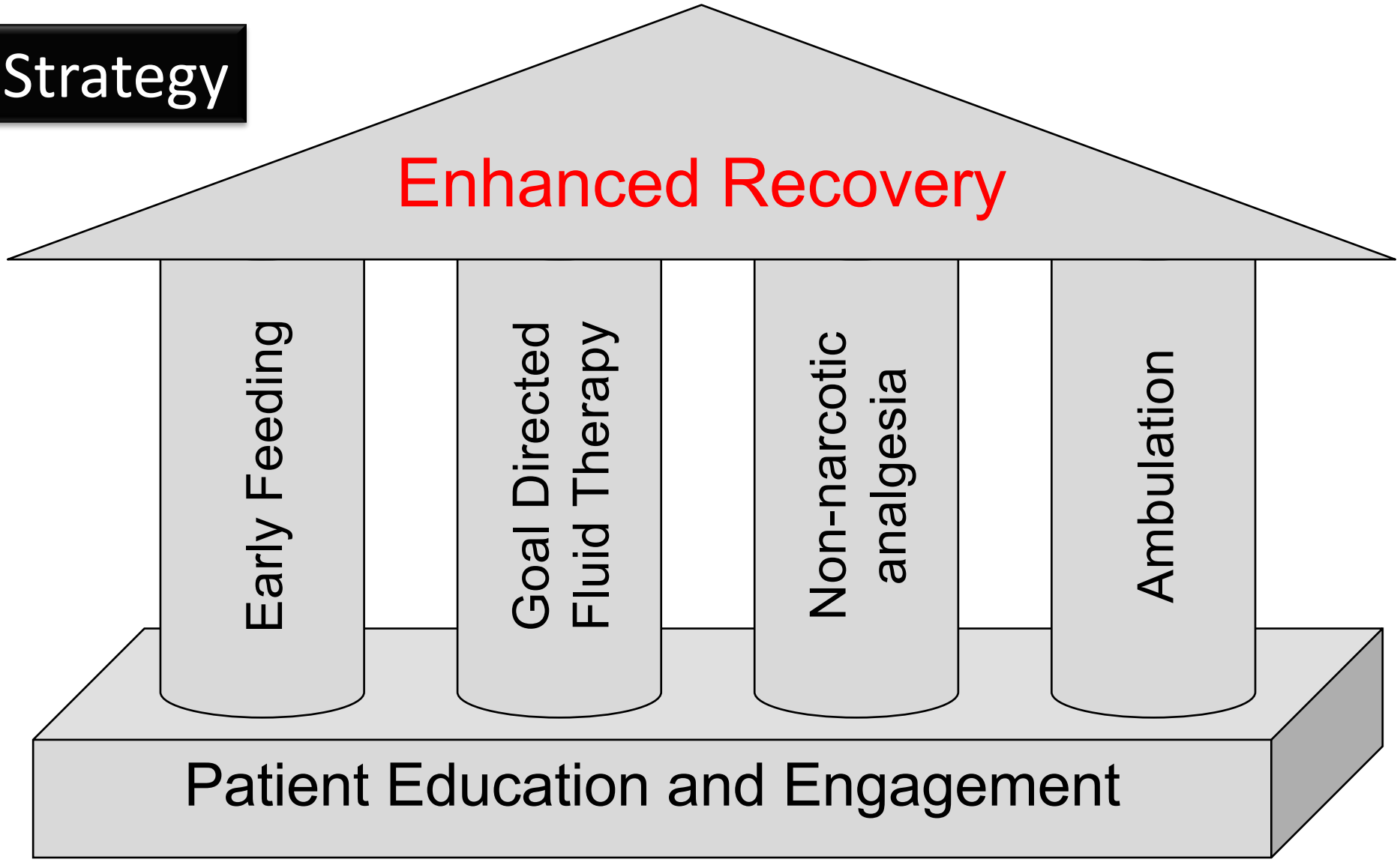
E. Help patients recover faster
   - Enhanced Recovery Program

ERAS Plan



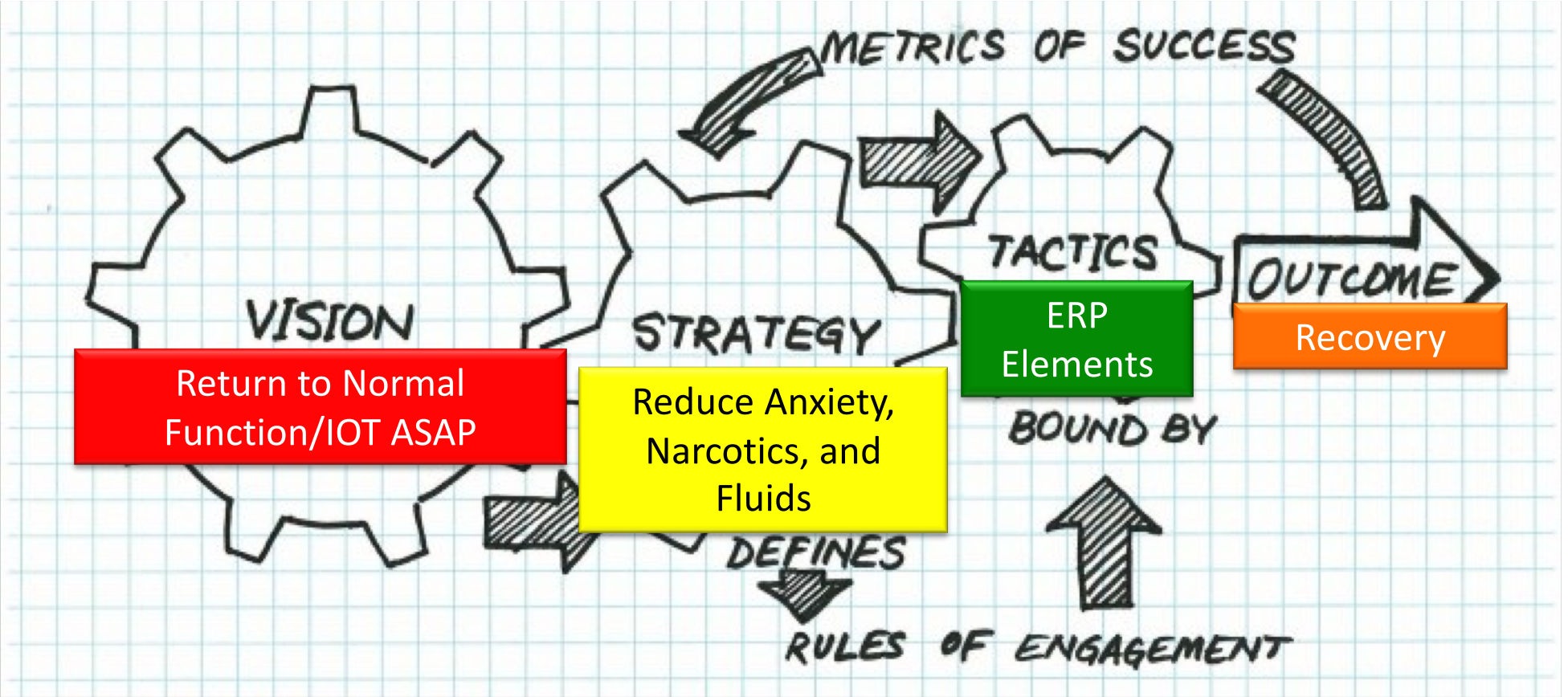
Manso/Aloia, *JSO*, 2017

Strategy



Kim/Aloia, *JOGS*, 2017

ERAS Plan



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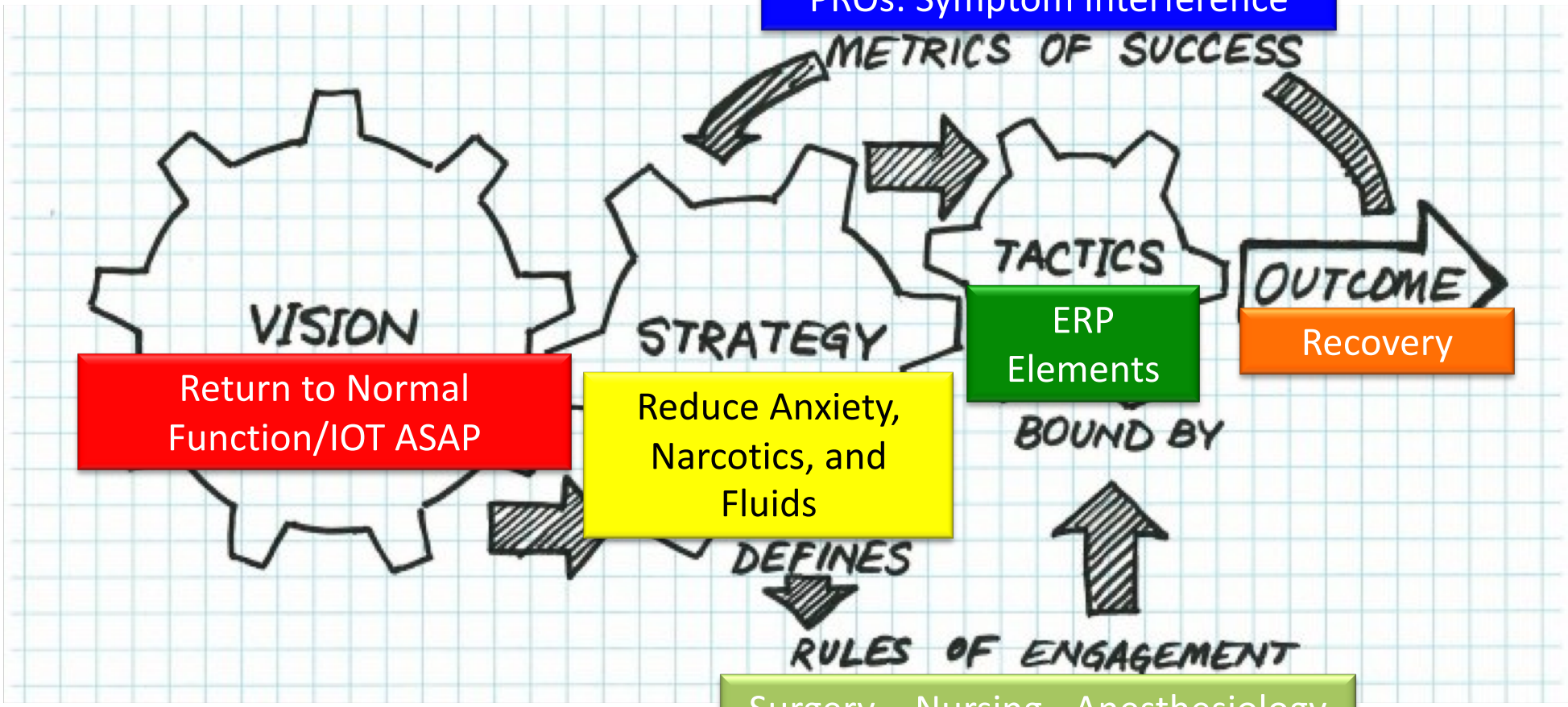
Tactics

Ordersets and Pathways

		Enhanced Recovery Pathway	Conventional Pathway
Pre-operative	Education	General post-operative information (online video). Additional ERATS education provided includes specific information about enhanced recovery principles, patient and care-giver expectations and pain management.	General post-operative information (online video).
	Preoperative Fasting	Clear liquids permissible up to 2hrs before surgery except in cases where there is a higher risk of aspiration (e.g. post-esophagectomy)	No oral intake for 8 hours before planned surgery
	Preventive Analgesia	Yes. Tramadol ER 300mg per oral + gabapentin 300mg (or pregabalin 75mg) per oral upon arrival in preoperative holding area.	No
Intra-operative	Perioperative Seroids	Dexamethasone 10mg intravenous on induction of anesthesia	No
	Opioid Sparing Anesthesia	Yes. Preoperative intercostal nerve blockade permits minimal amounts of fentanyl to be required intraoperatively.	No. Fentanyl (or similar agent) routinely administered.
	Total Intravenous Analgesia	Yes. Propofol and dexmedetomidine administered intravenously without routine use of volatile inhalational anesthetics. Adequacy of depth of anesthesia assured using bispectral monitoring.	No. Volatile inhalational anesthesthetics used.
	Goal Directed Therapy	Yes. Non-invasive pulse wave monitoring used to minitor stroke volume in real time with fluid replacement guided according to validated algorithm.	No. Emperic fluid replacement based on estimated blood loss and insensible loss.
	Regional Analgesia	Preincisional posterior intercostal nerve blockade and local wound infiltration with long-acting liposomal bupivacaine (Experal).	Preincisional thoracic epidural catheter placed. Epidural analgesia (local anesthetic and fentanyl) typically commenced prior to emergence from anesthesia.
Post-operative	Opioid Sparing Analgesia	Yes. Protocol-based multimodal approach to post-operative analgesia including intravenous acetaminophen, non-steroidal analgesics, tramadol, and gabapentin. Rescue narcotics available if required.	No. Fentanyl routinely administered via TEA. Intravenous narcotics administered if needed.
	Early Ambulation	Yes. Paients routinely ambulating on day of surgery. Out of bed to chair encouraged and ambulation at least 4 times daily.	Yes. Paients routinely ambulating on day of surgery. Out of bed to chair encouraged and ambulation at least 4 times daily.
	Early Oral Intake	Patients allowed clear liquids on day of surgery. Diet advanced as tolerated	Patients begin clear liquids on day after surgery and diet advanced as tolerated thereafter.
	Minimization of drains	Yes. Single chest drain encouraged. Drain removed at daily volume 500cc or less, if non bloody, no air leak and no chyle	No. Two chest drains frequently used. Drain removed at daily volume 400cc or less, if non bloody, no air leak and no chyle

ERAS Plan



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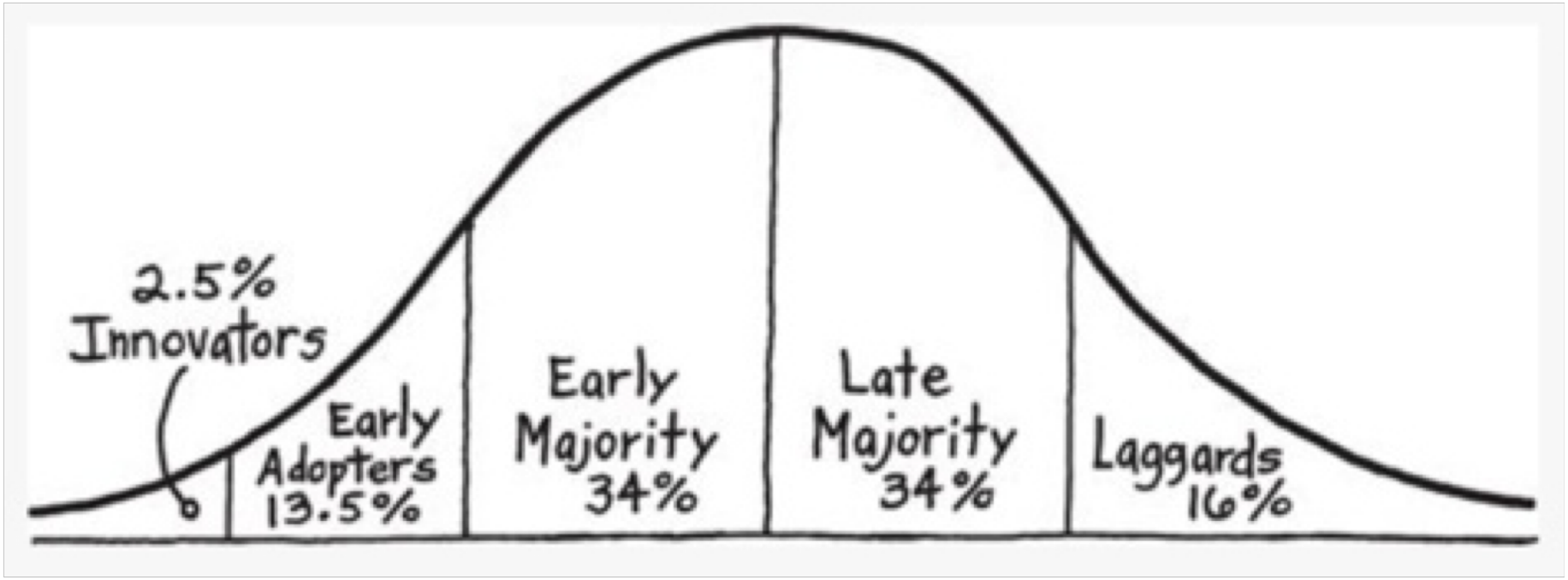
The Team

- Anesthesia/Surgery
- Nursing
  - Clinic
  - Periop
  - Inpatient

The (Super) Team

- Anesthesia/Surgery
- Nursing
  - Clinic
  - Periop
  - Inpatient
- Pharmacy
- Nutrition
- Patient Education
- PMNR
- Coordinator
- IT

Early vs. Late Adopters



Implementation Approach

1. Promote a patient-centered and holistic approach
2. Facilitate pervasive and sustained change adoption
3. Embrace and expedite the process of change
4. Support the functioning and development of change teams
5. Assist in identifying and managing barriers to change
6. Assist in engaging and educating all staff members
7. Provide structure & support for responsible local adaptation
8. Build a structure for implementation of future change

– Margaret Luciano, PhD, MBA

Agenda/Challenges

- Program/HPB/Oncology
- Nursing
- Anesthesia
- Trainees
- Hospital Administration
- Reporting

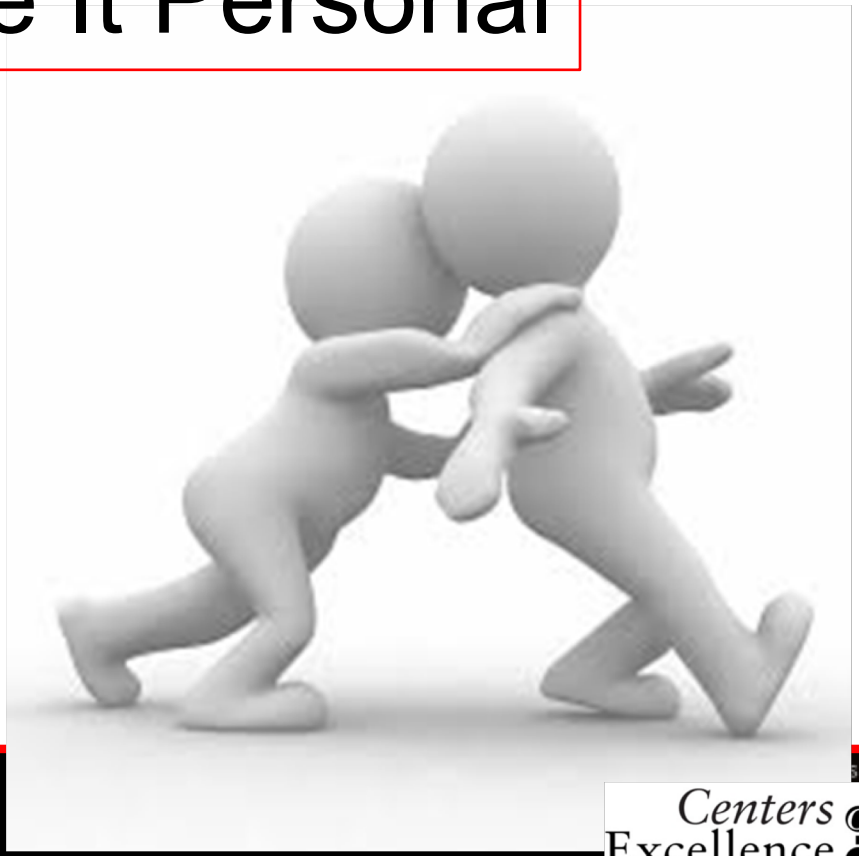
Setting up an Enhanced Recovery Program

Elements, Buy-in, Hurdles, and Conflict Resolution

Rule #1:
It's Not Personal,
So Don't Make It Personal

People don't resist change. They resist being changed

-Peter Senge



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Anesthesia Keys

- Communication
  - Separate from the case
    - Premeds
    - Regional blocks
    - Fluids
    - Narcotics
  - Night before case
    - Next day's plan
  - After the case
    - Share successes

The Best Part of ERAS Implementation

- Bringing Together Surgery and Anesthesia

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Notes on Leadership

Optimizing vs Satisficing

- Herb Simon
  - Optimizers
    - Waits on the beach for the perfect conditions
    - Few actions
    - Only engages when all conditions are optimal
  - Satisficers
    - Takes action when a reasonable solution is available that will clearly improve the system
      - Understand that many decisions/actions lead to success
      - Remain aspirational

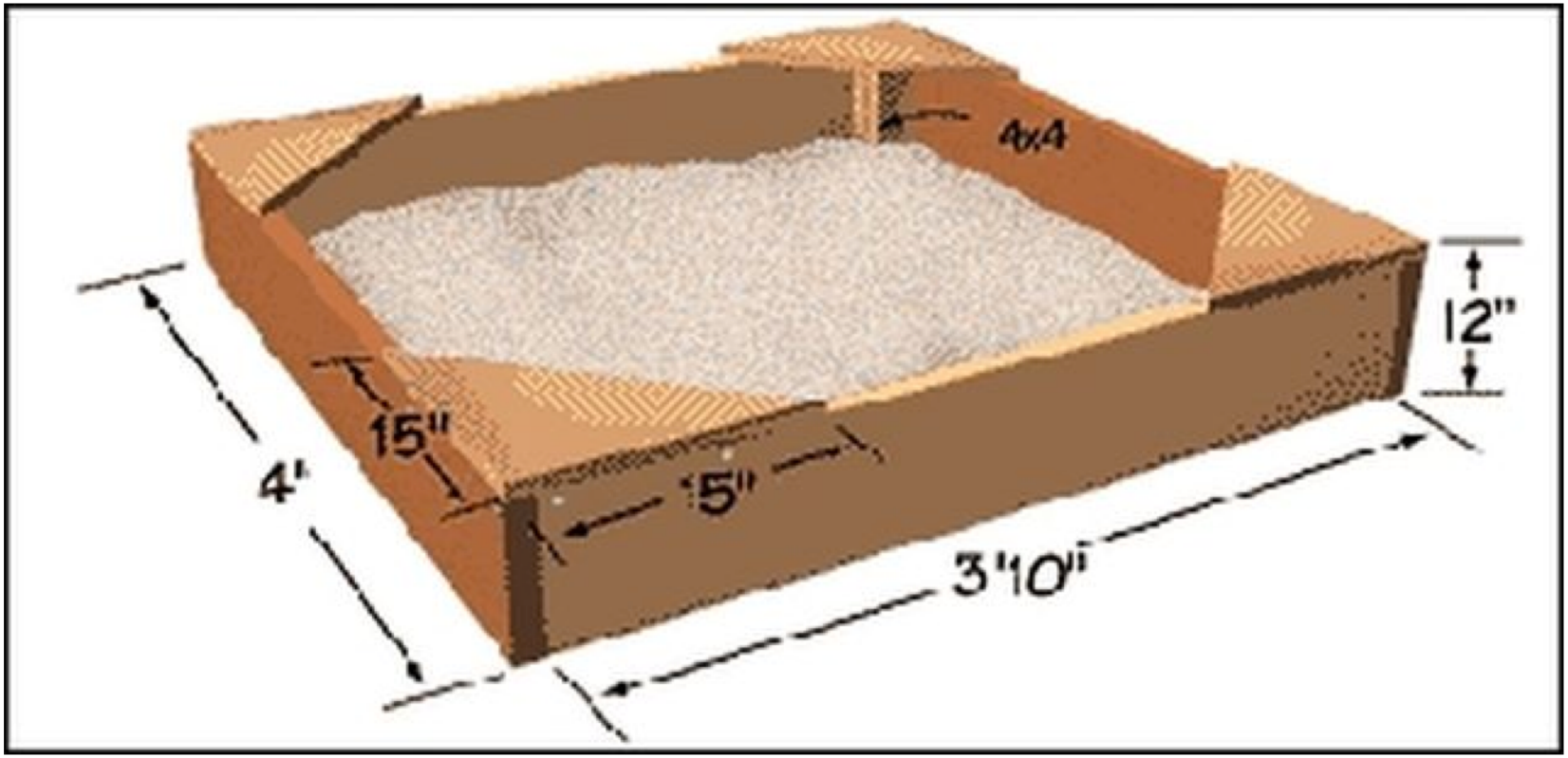
WAITING ON THE PERFECT SOLUTION

Set SMART goals

- Specific
- Measurable
- Assignable
- Realistic
- Time-Dependent

People who write down SMART goals are 97% more like to accomplish them

Leaders and Sandboxes



Leaders and Sandboxes

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Setting up an Enhanced Recovery Program

Elements, Buy-in, Hurdles, and Conflict Resolution

There are only two ways to influence human behavior: you can manipulate it or you can inspire it.

Patient-centered care is inspirational.

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Pace of Change

change happens at
the speed of trust

Team Sport

ERAS @ MDACC

Steven Swisher/Carin Hagberg

Vijay Gottumukkala/Thomas Rahlfs/Jean-Nicolas Vauthey

Brittany Kruse/John Calhoun

Clinical Teams

HPB Anesthesia/CRNAs

Surgical Oncology and HPB Surgery Fellows

Melissa Arvide/Sharon Fielder/Whitney Dewhurst/Leigh Samp/Liver APPs

Pharmacy/Nutrition Support

Research Teams

Margaret Luciano/Eduardo Salas/Charles Cleeland/Shelley Wang

Ryan Day, MD, Bradford Kim, MD, Nisha Narula, MD, Catherine Davis, MD

Rebecca Marcus, MD and Heather Lillemoe, MD

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