

LIVER-ATING

PATIENTS AT VANCOUVER GENERAL HOSPITAL

Presented by: Amy Myring, Julie Nakahara, Dr. Kelly Mayson, VGH NSQIP

AIM

In March 2018, **Enhanced Recovery After Surgery (ERAS)** guidelines were implemented for the open hepatectomy population on the General Surgery unit at Vancouver General Hospital (VGH) in order to decrease post-operative occurrence rate.

BACKGROUND

The ACS National Surgical Quality Improvement Program (NSQIP) outcome data between 2017-2018 reports that patients undergoing elective open hepatectomy at VGH had a high post-operative occurrence rate of 56%. ERAS protocols have been associated with improved patient experience and outcomes for several surgical procedures at VGH.

INTERVENTION

ERAS Steering Committee	
Surgeons	Dr. Kim and Dr. Segeedi
Surgical Director	Andrea Bisailon
Anesthesia	Dr. Mayson and Dr. Trudeau
Surgical Unit Manager	Rita Mah
Nurse Clinicians	Jorge Miranda and Helena Grant
PAC/PCC/OR/PACU Nurse Educators	Jas Bassi, Kristen Celeste, Rhonda Richards, Jas Mahli
Pharmacy	Karen Shalansky and Mildred Tang
Dietitian	Theresa Cividin, Arlen Cuadra and Rose Hsu
ERAS Coordinators	Amy Myring, Julie Nakahara and Tracey Hong

Results reported to steering committee + PDSA

ERAS documents created and reviewed by ERAS multidisciplinary team

PDSA HIGHLIGHTS

- ERAS Information ID Badge for Staff
- PDSA Infographics for Staff
- Formal Patient Feedback on Education Material
- Education Session for Doctors
- Education Board on Unit



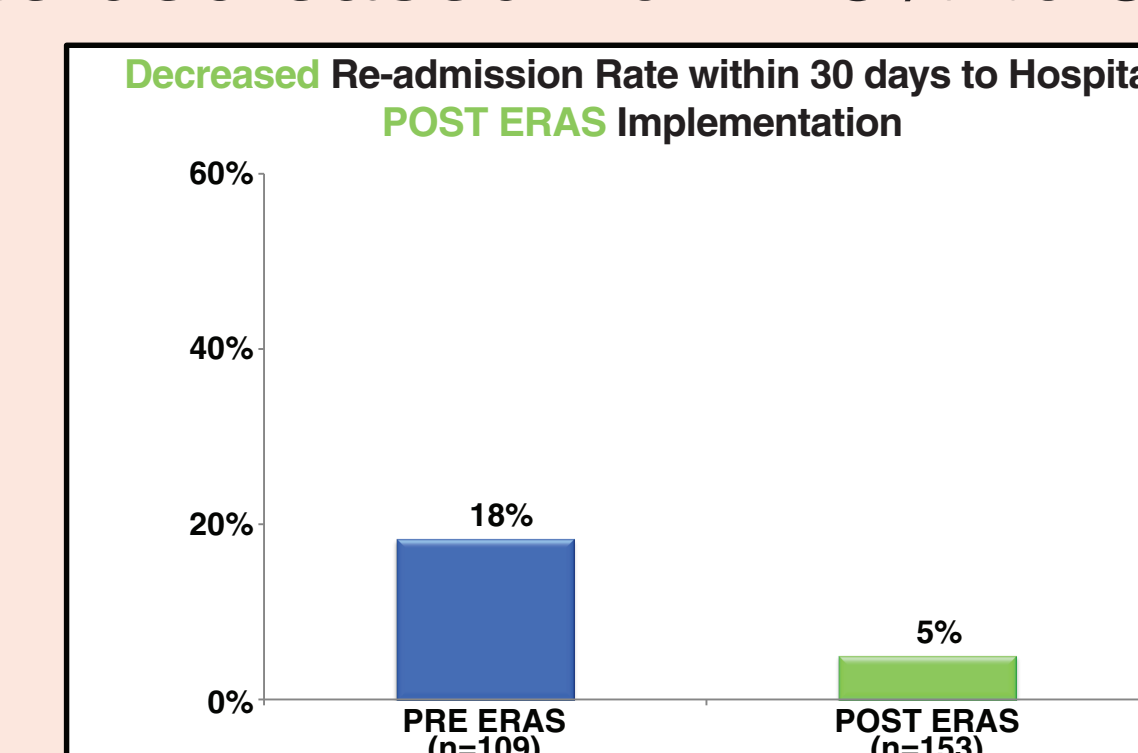
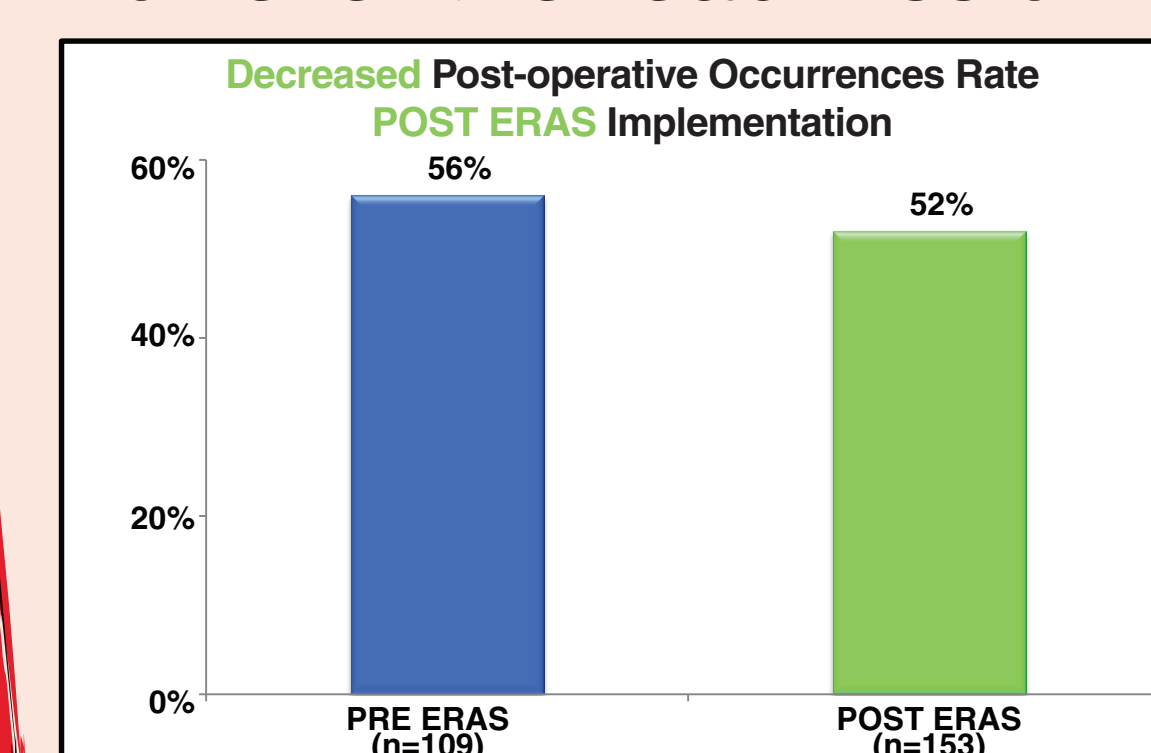
Adherence Audits

Adherence to ERAS Protocols	
Meeting > 80% Adherence	Meeting < 80% Adherence
Patient had carbohydrate drink 3 hours prior to OR	Monitor used in OR for high risk patients
Patient received multi-modal pain medication	Patient had post-surgical transition diet by post-operative day 2
Patient had full fluids by post-operative day 2	Foley removed by post-operative day 2

Education provided to units + staff (MOA, PAC, PCC, OR, PACU, and Surgical Unit)

RESULTS

Overall, open hepatectomy post-operative occurrence rate decreased from 56% to 52% post ERAS implementation March 2018. Length of stay remained the same at 7 days, however the readmission rate decreased from 18% to 5%.



LESSONS LEARNED

1. Standardizing ERAS education for surgical unit staff and surgical residents is integral to having clear team expectations and user awareness.
2. Seeking regular feedback from patients and frontline staff is imperative to meaningful improvements.

NEXT STEPS

- Creating online learning module for Vancouver Coastal Health (VCH) staff
- Providing annual ERAS orientation for first year surgical residents at VGH
- Posting ERAS information on VCH website for patients and caregivers
- Continuing spot audits of ERAS adherence variables
- Utilizing different software programs in order to report out data in a meaningful way (ex: Tableau®)

ACKNOWLEDGEMENTS

ERAS Patients and Families and CEAN

HPB Steering Committee

VGH Teams:

Surgeons, Medical Office Assistants, Pre Admission Clinic, Perioperative Care Center, Operating Room, Post Anesthesia Care Unit, T8/9 Surgical Inpatient Unit, NSQIP, Aileen Fulgueras, PHSA Printing Services, Patient Health Education Material and VGH Kitchen