

2015 Annual NSQIP Conference ERIN (Enhanced Recovery in NSQIP) Session

Michael D. Pasquale MD, FACS, FCCM
Lehigh Valley Health Network, michael.pasquale@lvhn.org

Pat Toselli DO
Lehigh Valley Health Network, Pat.Toselli@lvhn.org

Richard Kolesky MD
Lehigh Valley Health Network, Richard.Kolesky@lvhn.org

Robert J. Sinnott DO
Lehigh Valley Health Network, Robert_J.Sinnott@lvhn.org

Cathleen Webber RN, MSHS
Lehigh Valley Health Network, Cathleen.Webber@lvhn.org

See next page for additional authors

Follow this and additional works at: <http://scholarlyworks.lvhn.org/surgery>

 Part of the [Other Medical Specialties Commons](#), and the [Surgery Commons](#)

Published In/Presented At

Pasquale, M., Toselli, P., Kolesky, R., Sinnott, R., Webber, C., Pustilnik, S., & Momah, J. (2015, July 25). *2015 Annual NSQIP Conference ERIN (Enhanced Recovery in NSQIP) Session*. [ERAS]. Presentation presented at ACS (American College of Surgeons) NSQIP (National Surgical Quality Improvement Program) National Conference, ERIN session, Chicago, IL.

Authors

Michael D. Pasquale MD, FACS, FCCM; Pat Toselli DO; Richard Kolesky MD; Robert J. Sinnott DO; Cathleen Webber RN, MSHS; Sharon Pustilnik RN, BS; and Justina A. Momah RN, CRNP

2015 Annual NSQIP Conference

ERIN Session

LEHIGH VALLEY HOSPITAL

M. Pasquale,MD; P. Toselli,DO, MMM; R. Kolesky,MD; R. Sinnott,DO;
C. Webber,RN MSHA; S. Pustilnik,RN BS; J. Momah,RN CRNP

© 2015 Lehigh Valley Health Network

A PASSION FOR BETTER MEDICINE.™

610-402-CARE LVHN.org

ERAS



Starting Point

- Colorectal case volume - 225
- Laparoscopic - 135
- ALOS 6.3 days before ERAS project
- Outcomes desired:
 - Decrease LOS
 - Decrease readmissions
 - Decrease DVT/PE
 - Decrease UTI

ERIN Process

- LVHN Network Initiative – Sponsored by Departments of Surgery and Anesthesiology
- Steering Committee: chair surgery, surgeons, anesthesiologist, in patient nursing unit directors, administrative quality managers from DOS
- Ad hoc members: pharmacy, preadmission testing, ambulatory care, OR and PACU
- Network Education Completed 4/1/15 (12 lectures including Grand Rounds)
- First ERAS surgery 4/15/15

Team Assembly

- Corner stone project in our Department's Commitment to Surgical Excellence for the community.
- This is a collaborative effort by numerous departments, similar to our previous SUSP efforts; Surgery, Anesthesia, Nursing, Pharmacy, Administration and Learning Resource.
- We don't hesitate to include any service that can help us achieve our goal.
- At this time, we continue to meet every two weeks.

Patient Summary

4/1/2015 – 6/30/2015

# ERAS Patients on pathway	29
ERAS AVG LOS	3.47
PRE ERAS AVG LOS	6.3
AVG LOS DECREASE	2.83
# saved pt. days (2.83x29)	100.6
Cost Savings (100.6 x \$500/D)	\$50,300
Cost Savings (100.6 x \$1000/D)	\$100,600

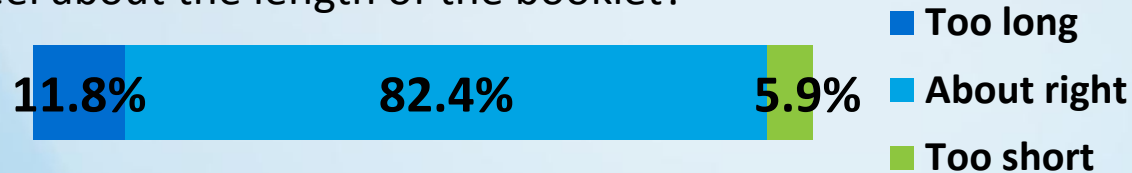
Data collection still in progress. Real time review suggests very high compliance with all elements of pathway.

Patient Booklet Evaluation

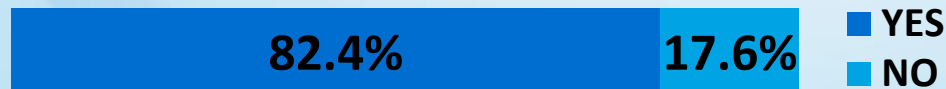
Overall rating for the booklet on a scale of 1-10 (where 1=terrible, 3=poor, 5=ok, 7=good, and 10=excellent):

Range: **5-10**, Mean: **8.3**, Mode: **9**

How do you feel about the length of the booklet?



Did the booklet make you feel engaged in your care?



Did you share the booklet with a family member?



Next Steps

- Maintaining the pathway:
- Review barriers as reported by ERAS champions
- Motivate continued improvement by 1) sharing feedback of success to our ERAS champions, 2) welcoming suggestions for improvement by all those involved in patient care, and 3) surveying patients.
- Best way to motivate – share successful outcomes and thank those involved.
- Reception:
 - Other surgical specialties are expressing interest in extending protocol.
 - C-suite has been supportive and interested in outcomes