



Enhanced Recovery After Colorectal Surgery at Royal Inland Hospital

Kamloops, BC

Our Data Experience



No Disclosures



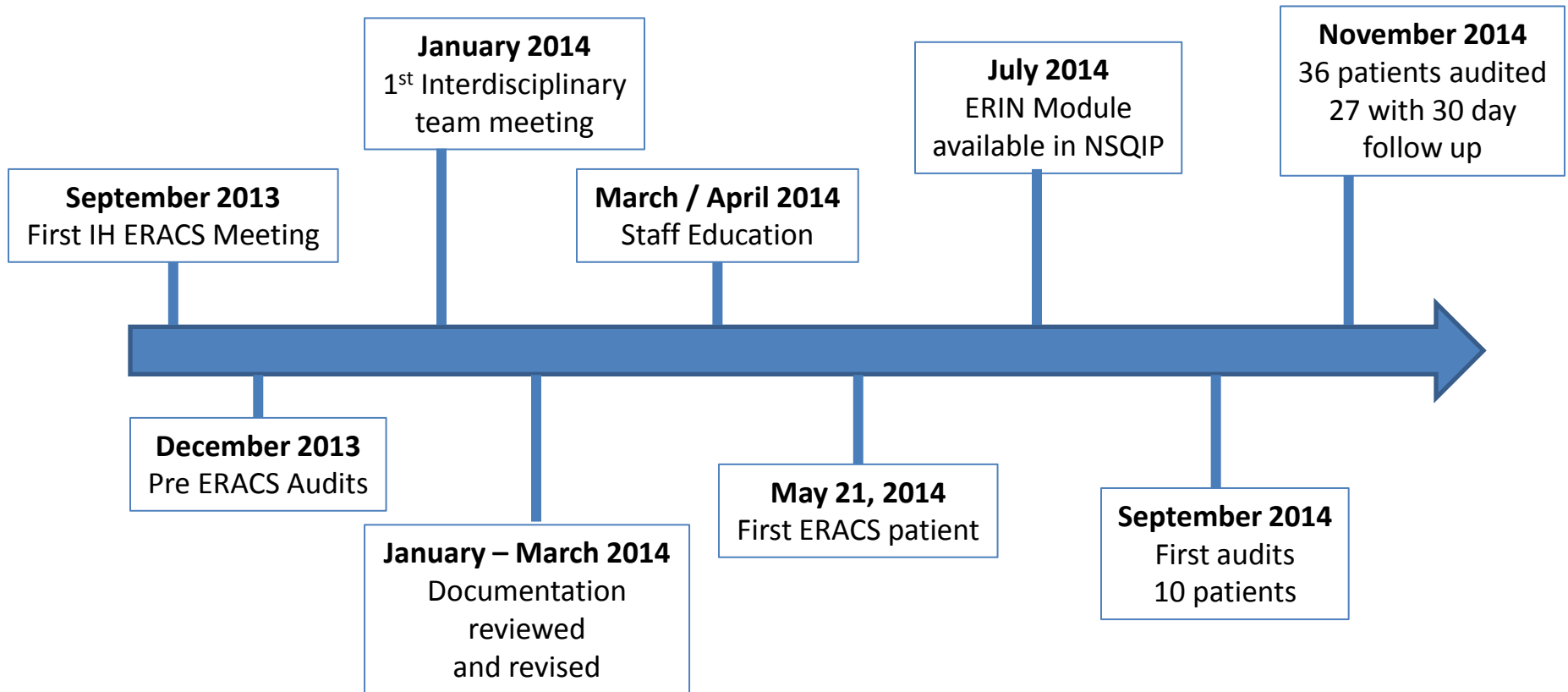
Purpose

- To tell our story of how we collect and share our ERACS data

Overview of ERACS at RIH

RIH is a 239 bed hospital

Approx. 140 Colorectal Cases / Year



How we collect data

- Started with auditing our ERACS patients using the ELAS data tool
- July 2014 – NSQIP SCRs collected all Colorectal cases in the ERIN module

Data Collection Challenges

- EIAS audit tool time consuming
- Reports in EIAS data base did not show all information we wanted
- Patient log books not always completed
- Both ERACS and NSQIP auditing the same charts

What we did

- Created own spreadsheet with pathway elements staff/physicians and team wanted to see (Based on feedback)
- Created graphs from custom spreadsheet
- Used NSQIP process for 30 day follow up
- Communication to surgical units regarding patient log books
- Communication to Health Information regarding patient log books

Process data

Pre Op Elements	Intra Op Elements	Post Op Elements
<ul style="list-style-type: none">• ERACS Pre Admission Education• Oral Bowel Prep Ordered/Taken• IMPACT AR Ordered/Taken• Carbohydrate Drink Ordered/Taken• Long acting sedative NOT given• VTE Thrombosis Prophylaxis• SCDs Used• Antibiotic Prophylaxis 0-60 min of cut	<ul style="list-style-type: none">• PONV prophylaxis• Upper body forced air• NG Tube NOT used in OR• NO Abdominal drains• Fluid Administration Guidance	<ul style="list-style-type: none">• Chewing Gum• Mobilization POD 0• Mobilization POD 1• Mobilization POD 2• Removal of urinary catheter POD 1-2• No Nausea POD 0• No Nausea POD 1• No Nausea POD 2• Ensure/Boost x 2 POD 1• Ensure/Boost x 2 POD 2

Outcome data

- Length of Stay
- Post op complication (NSQIP)
 - Wound Occurrences
 - Respiratory
 - Urinary Tract
 - CNS
 - Cardiac
 - Transfusion Intra/Post op (72 hrs of surgery)
 - Vein Thrombosis Requiring Therapy
 - Sepsis
 - Septic Shock

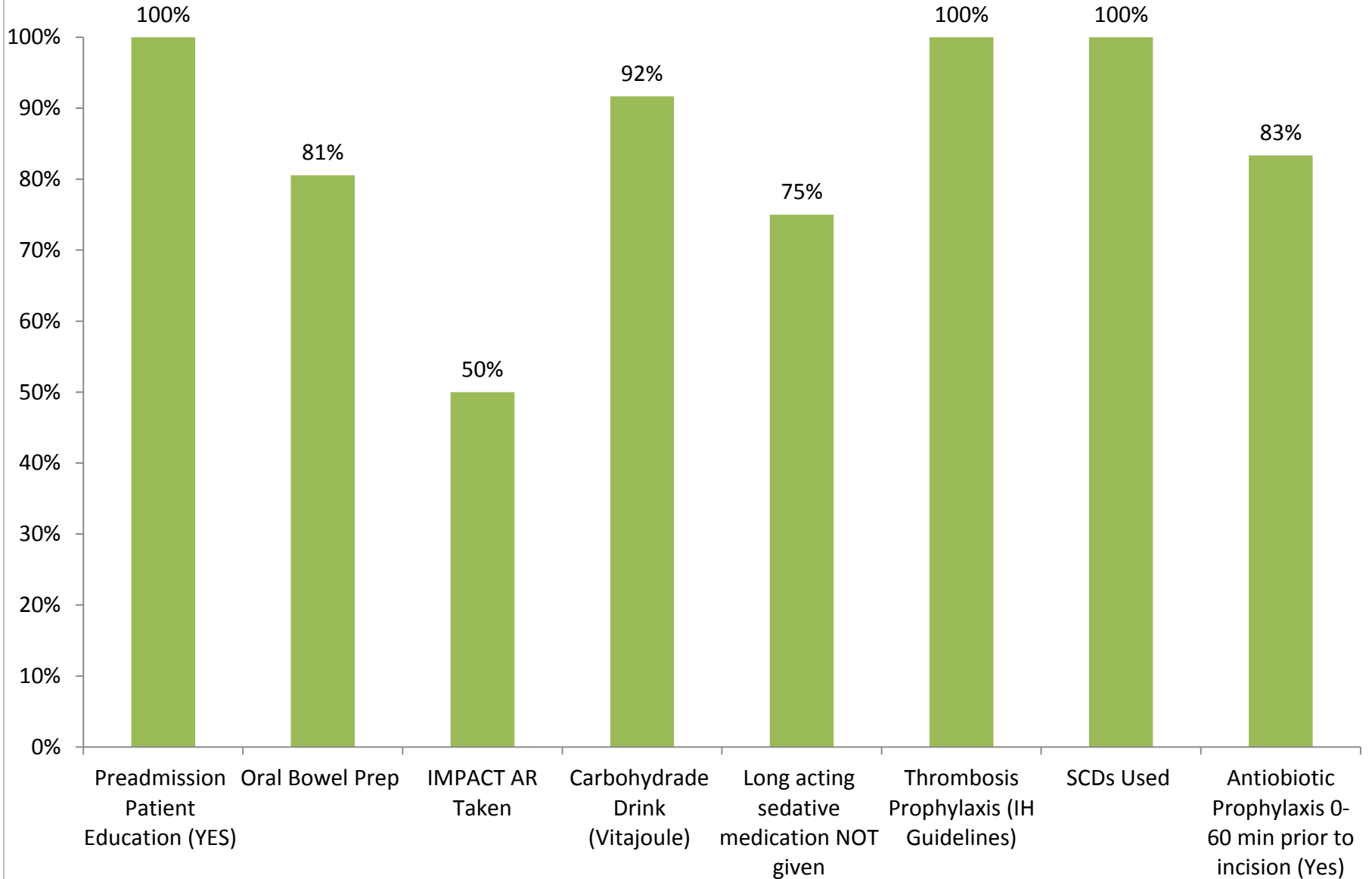


Our results to date

(36 patients audited – 27 patients with 30 day follow up)

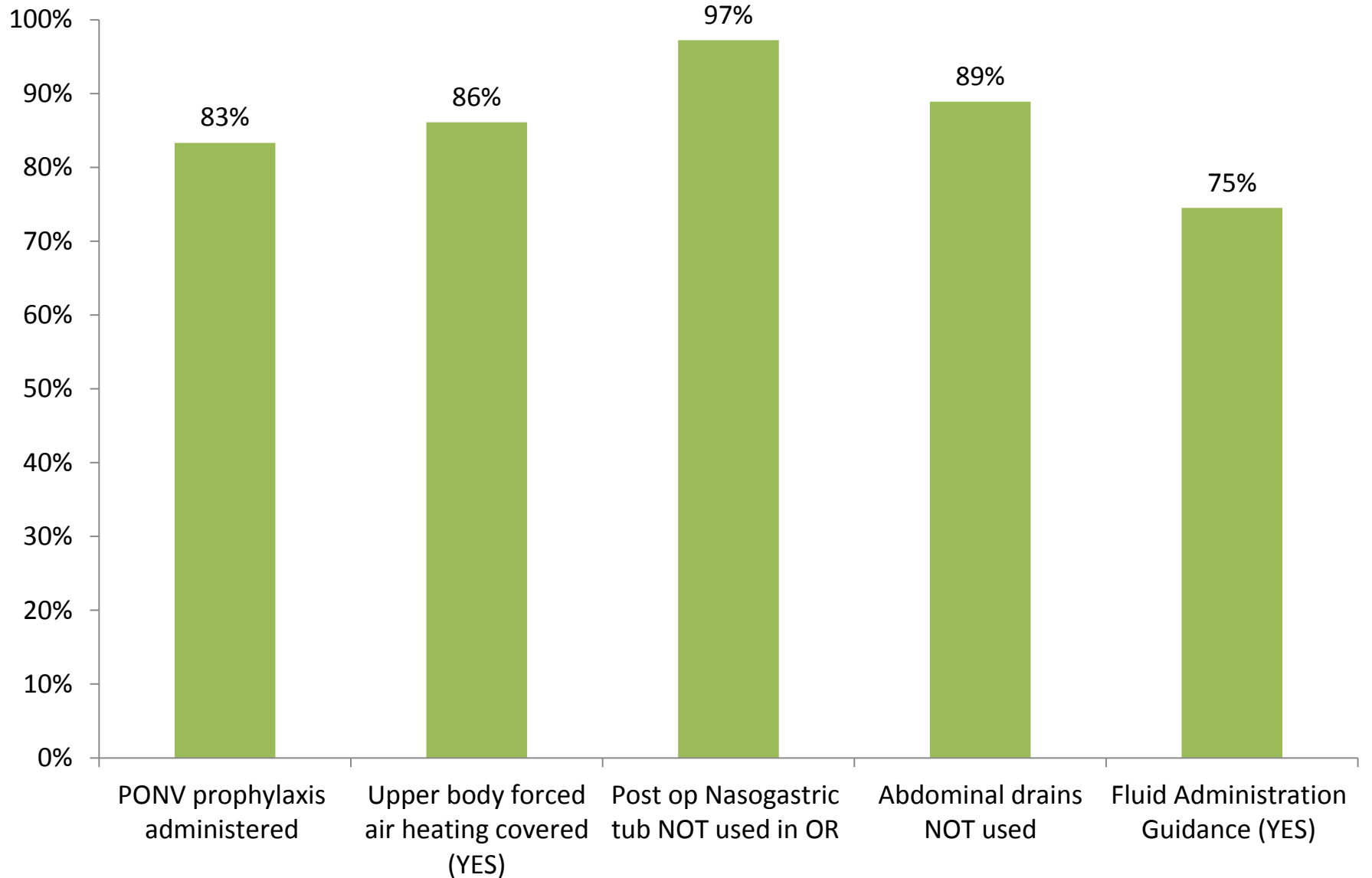
ERACS Pre Op Element Compliance

36 Patients



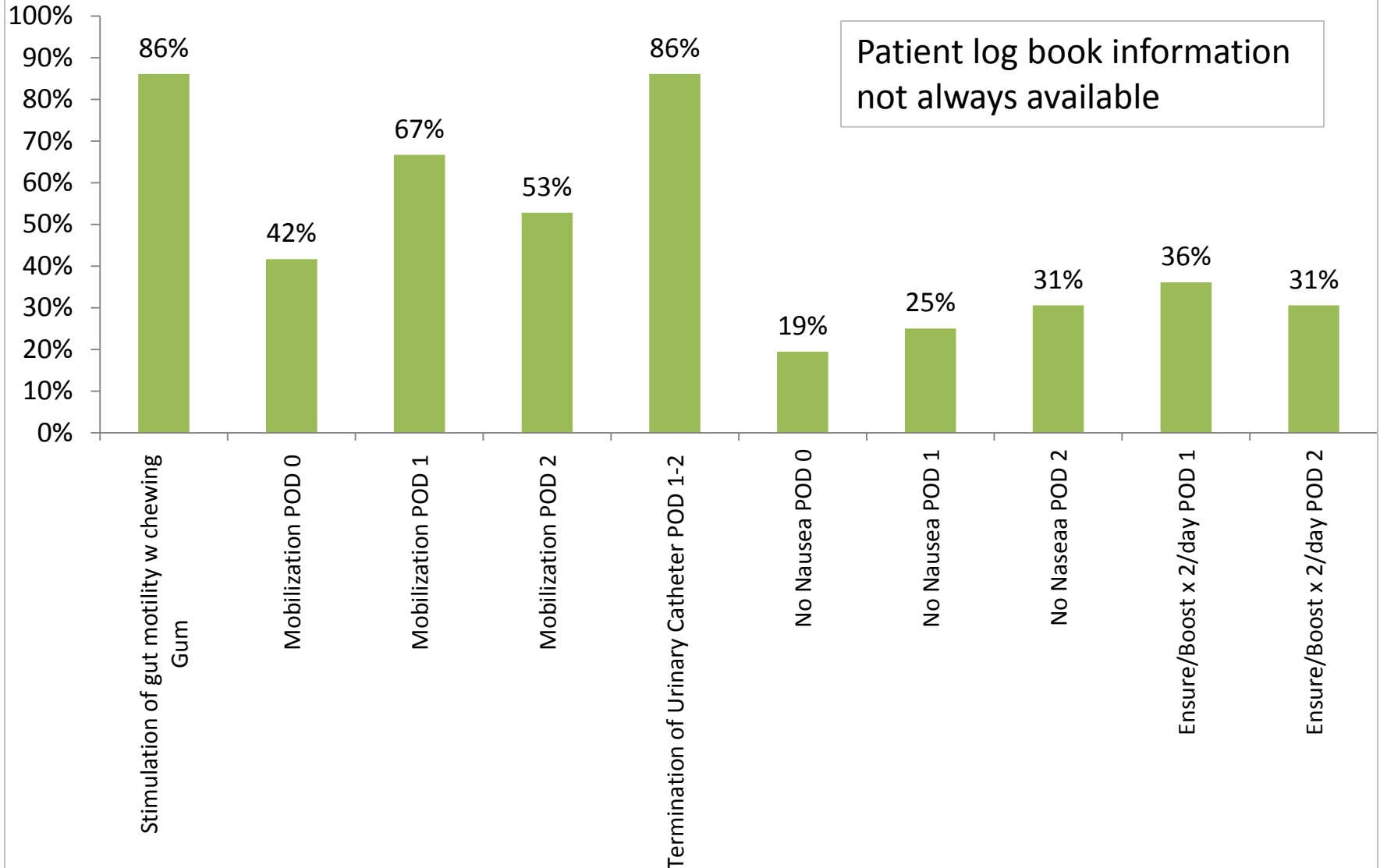
ERACS Intra-Op Element Compliance

36 patients



ERACS Post Op Element Compliance

36 patients





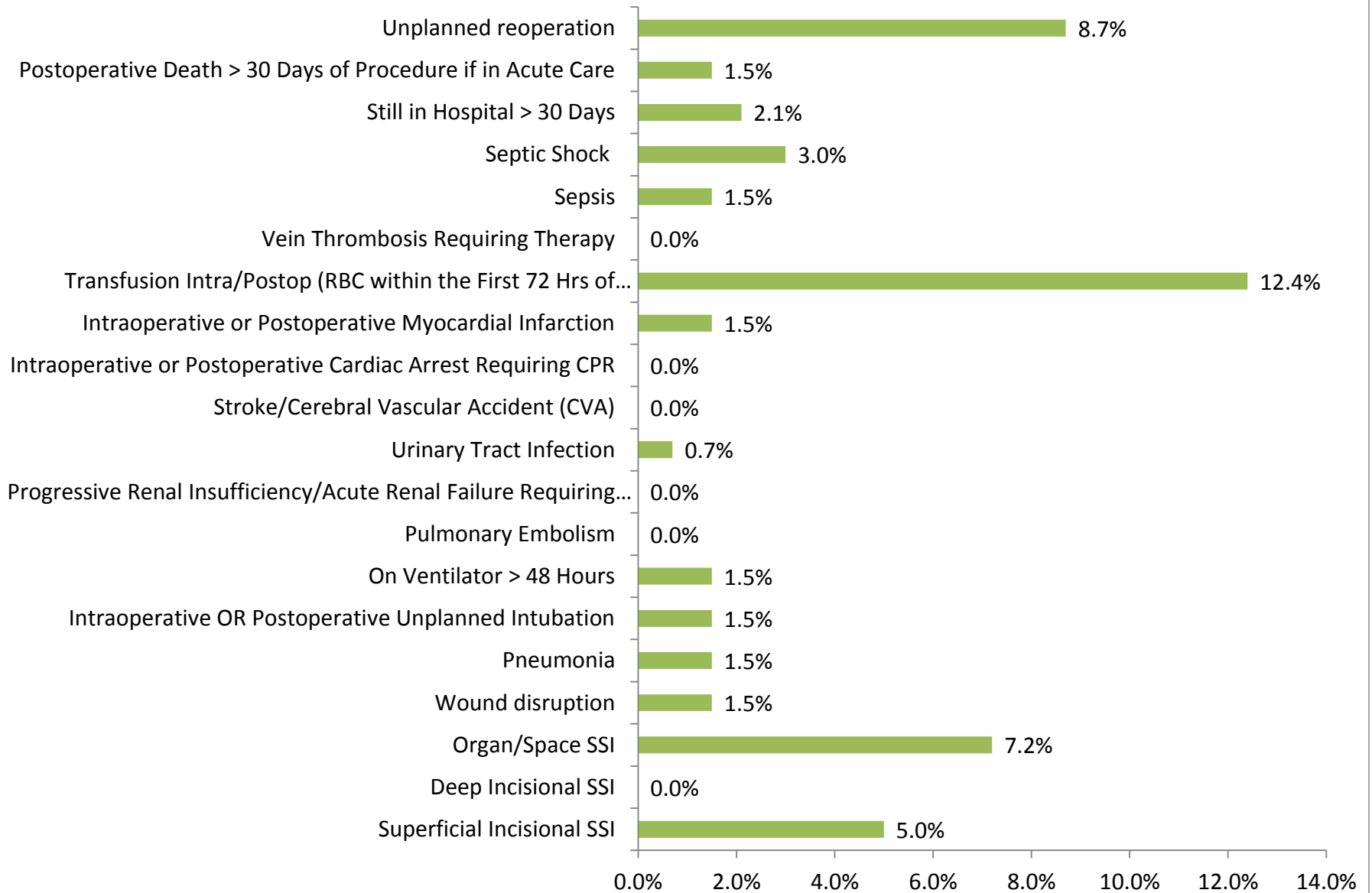
Post Op Outcomes

27 patients with 30 day follow up

Pre ERACS Post Op Outcomes January 1, 2013 - April 30, 2014

(NSQIP Non risk adjusted data)

137 Elective
patients

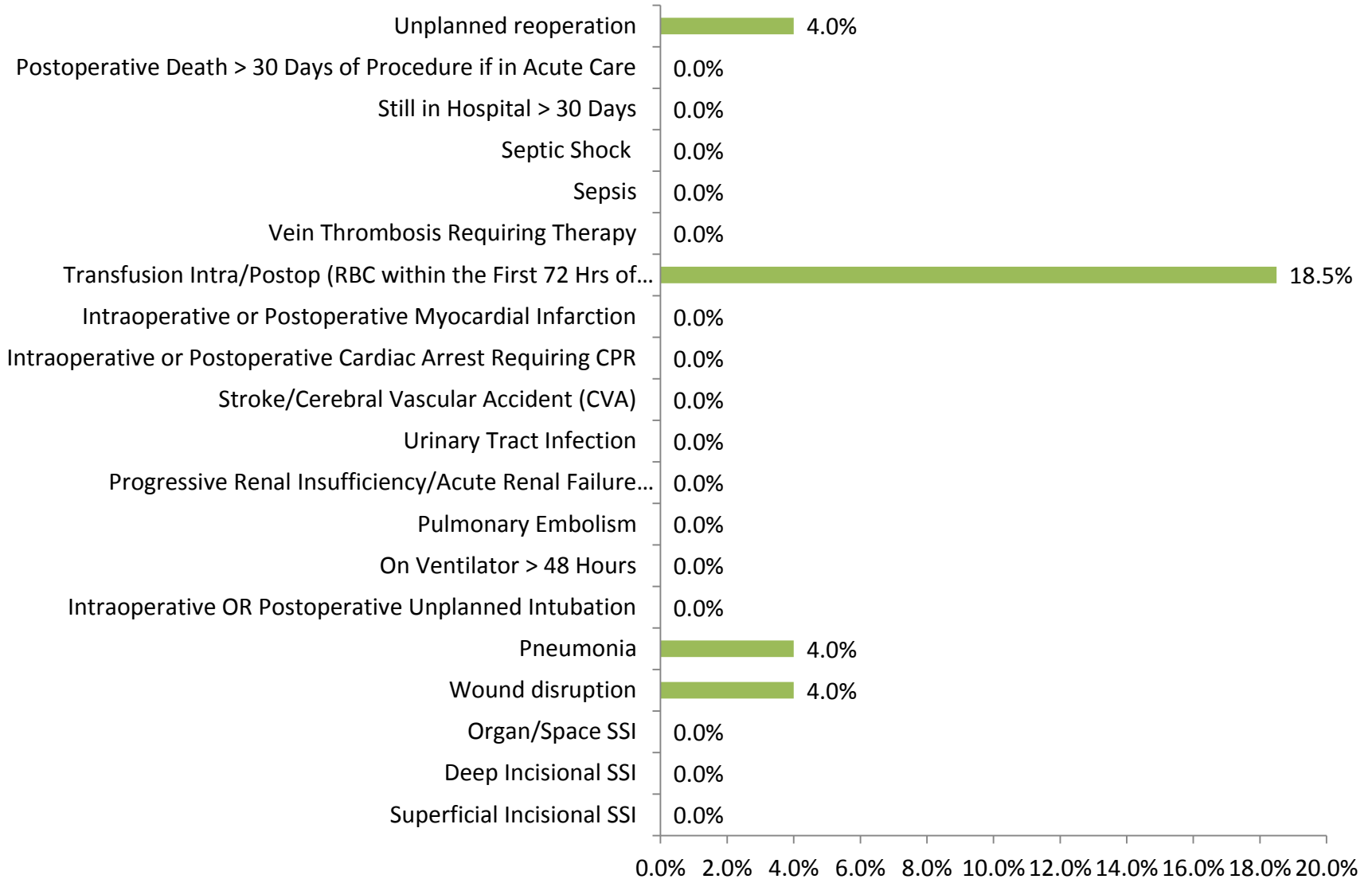


Post ERACS Post Op Occurrences

May 21, 2014 - August 20, 2014

(NSQIP Non risk adjusted data)

27 Elective patients



How we share our data

- Data posted in Nursing stations (DCS, PAR, PSS, Surgical Unit).
- Data presented to physician groups
- Data presented to quality committee
- Shared with other IHA sites

Next Steps

- Review all documents
- Review process measures and post op outcomes
- Switch all data collection to ERIN module in NSQIP
- Add custom fields to NSQIP to obtain any information not collected
- Run reports through the NSQIP workstation
- Continue to share the data



Thank you

“Excellent personalized care. Had great follow up by surgeon, surgical resident, anesthesiologist, recovery room nurse and nurse in charge of ERACS”

Patient feedback collected through the NSQIP 30 Day follow up