2015 ERAS World Congress

CtSQC members representing four Connecticut hospitals: Lawrence and Memorial, Middlesex, Norwalk and Saint Francis attended the 2015 ERAS Congress in Washington, DC. The Congress is a collaboration between the American Society for Enhanced Recovery, the ERAS Society and Evidence Based Perioperative Medicine to begin the Enhanced Recovery After Surgery (ERAS) training as part of the first phase of the Connecticut Surgical Quality Collaborative three year statewide initiative.

ERAS is a multidisciplinary, multi-professional approach to the care of the surgical patient. ERAS represents a paradigm shift in perioperative care in three ways. First, it continuously re-examines traditional practices, replacing them with evidence-based best practices when necessary. Second, it is comprehensive in its scope, covering all areas of the patient’s journey through the perioperative process. Lastly, ERAS actively develops methods to and supports the implementation of the evidence-based care principles. The use of ERAS principles pathway has been shown to reduce care time by more than 50% and reduce postoperative complications by up to 50%.

The ERAS Society World Congress represents a unique opportunity to meet over 500 delegates from 40 countries around the world. The ERAS Society supports efforts to further develop surgical care by research, education and by helping colleagues worldwide to implement ERAS pathways in surgical domains. www.erassociety.org

ACS Video Highlights SCRs

Connecticut NSQIP Surgical Clinical Reviewers (SCRs) will be highlighted in an American College of Surgeons video featuring the role of an SCR in the Patient Experience. The SCRs will also appear in other ACS marketing initiatives. The video will be aired during the July 2015 NSQIP National Conference in Chicago.

Congratulations to:
Patricia Ahlquist
Jessica Bernard
Debora Dunlop
Jay Encarnacion
Stephanie Fitzgerald
Kathleen Gravelle
Kim O’Meara

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Middlesex Hospital 2
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ERAS team members, Robert Lincer, MD, Christine Spencer RN, Monica Pepin RN, Jennifer Gale RN and Elaine Carlton AA along with five colleagues from Lawrence and Memorial Hospital spent four days in Washington, DC at the Enhanced Recovery After Surgery Congress in Washington, DC. The team attended several sessions learning about the preoperative, intraoperative and postoperative phases of ERAS care.

Christine offered this overview of what she learned about ERAS, “What does this mean for the patient? The patient no longer is presenting for surgery in a “starvation” state, thus resulting in less insulin resistance, an early return to gut motility with less postoperative nausea and vomiting. With goal-directed fluid management during the intraoperative phase, the physiological “3rd space” remains intact resulting in no postoperative edema. By utilizing all the components of ERAS, the patient’s return to their quality of life is quicker.” She added, “by utilizing the audit compliance web-based program, staff can identify areas to improve upon within days instead of weeks or months. The outcomes of the patients through direct follow-up also provides early feedback.”

Patients following elective surgery should be (CHEERS-DREAM): Carbohydrate loaded (not hungry), Hydrated (not thirsty), Euvolemic (right amount of fluid) Eunatremic (right amount of salt) Ready to Start Drinking, Eating and Mobilizing.

Middlesex Hospital

Middlesex Hospital attendees, Patricia Ahlquist, RN, Jonathan Blancaflor, MD, Barbara Thompson, MSN and Lynne Dakers RN found the ERAS conference to be very illuminating, educational and inspiring. The team truly got a sense of what the global initiative ERAS is with 450 attendees from 34 countries. There was a very dynamic feel to the program as the participants are constantly challenging the protocols and making improvements as evidence-based information is obtained through research. We were glad to receive information on using the protocol on other surgical specialties and the use of select ERAS protocols on emergent colon cases. This information is helpful in predicting the future of ERAS participation at our hospital as we make requests for implementation resources.

Dr. Olle Ljungqvist, Chairman of the ERAS Society commits to personally assisting with the Connecticut ERAS initiative and Dr. Henrik Kehlet, “Father of Fast Track Surgery”, the precursor of ERAS, has offered to visit Connecticut in July to help support the statewide initiative.

Norwalk Hospital

Kathleen Gravelle, RN and Alan Meinke, MD attended the World Congress of Enhanced Recovery After Surgery and Perioperative Medicine in Washington, DC. This event was a collaboration between ASER (American Society for Enhanced Recovery), ERAS Society (Enhanced Recovery After Surgery Society) and EBPOM (Evidence Based PeriOperative Medicine). There, we obtained the latest information on Evidence-Based Medicine from International Surgeons, Anesthesiologists and Nurses on the implementation of Best Practices for a successful ERAS program. In order for ERAS to be successful in your institution, the focus should be on the patient and be a multidisciplinary approach. Norwalk Hospital is in the process of using this focus, based on our culture, to implement a successful ERAS program.
On the financial end, commitment is needed from Administration to fund implementation and equipment for goal directed fluid therapy. The average number of patients before ROI was 174 in Alberta, Canada.

The Saint Francis ERAS team, Maryann Mecca, PA-C, Kim Bellavance, PA-C, Maureen Gethings, MSN and Dan Mullins, MD felt the data presented made a convincing argument that the current state of mechanical bowel prep and NPO status after midnight led to the patient undergoing surgery in a dehydrated state. While under general anesthesia this dehydration produces a hypotensive response resulting in several liters of fluid given intra-operatively. The addition of narcotics produces a postop ileus. The patient would be bed-bound, NPO and in a catabolic state. This increases the length of stay. The ERAS protocol allows clear liquids up to two hours before surgery when a carbohydrate drink is given. Most Centers use clear juices or Gatorade. This is inexpensive and easily obtainable by the patient.

The majority of Centers have a preoperative clinic. During the clinic appointment, the patient has the history and physical completed by trained nurses or PA’s and is provided education about the surgery and what to expect during recovery. Anesthesia reviews their preop lab results and orders consultations as deemed necessary. They also reinforce postoperative pain management during clinic.

The 2015 NSQIP Conference will be held at the Chicago Hilton in Chicago from July 25 –28.

Several CtsQC members will be giving podium and poster presentations at the conference.

Scott Ellner, D.O. is the Chairman of the Program for this year’s conference.

Please keep an eye out for pictures of and stories about the CtsQC members and presentations from the 2015 conference in upcoming issues of the CtsQC newsletter.

For more information: please visit www.ctacs.org

regardless of enrollment in NSQIP or other programs.

CtsQC members pledge to work collaboratively and collegially to create a community of learning and continuous process improvement and to work jointly to provide the highest level of safety and quality for all patients.

For more information: please visit www.ctacs.org
Connecticut Surgical Quality Collaborative Membership
Representing 19 Hospitals

The second initiative was to send teams from four Connecticut hospitals to the 2015 World Congress of Enhanced Recovery After Surgery and Perioperative Medicine from May 9 - 12. The purpose of sending the teams is to begin the formal training in the ERAS protocols to support the statewide rollout to Connecticut hospitals interested in the ERAS initiative.

The members of the CtSQC Steering Committee are: Patricia Ahlquist RN, Christine Bartus MD, Mary Beland RN, Jonathan Blancaflor MD, Scott Ellner DO, Christie Good RN, Kathleen Gravelle RN, Lars Helgeson MD, Marilyn Hirsch RN, Stephen Lahey MD, Robert Lincer MD, Maryann Mecca-Monahan PA-C, Alan Meinke MD, Margaret Rose MD, Cynthia Ross-Richardson RN, Laura Sanzari RN, Kevin Schuster, MD, Christine Spencer RN, Trevor Sutton, MD and Christopher Tasik, CTACS.

To contact any member of the Steering Committee, please email ctsqc@ctsqc.org

CtSQC Steering Committee

The CtSQC Steering Committee was created in October 2014 to guide and support the newly launched three year statewide initiative, Enhanced Recovery After Surgery.

The membership consists of surgeons, anesthesiologists, nurses, physician assistants and directors from ten hospitals and the Connecticut ACS Chapter.

The first Steering committee initiative in launching ERAS was to plan and host the March 31, 2015 symposium, “Global Trends in Surgical Care, Providers Embracing Enhanced Recovery After Surgery: Reducing Postoperative Morbidity and Mortality at the Yale School of Management in New Haven, Ct. The keynote speaker was Olle Ljungqvist, MD, PhD, Chairman of the ERAS Society, Professor of Surgery, Orebro University, Orebro, Sweden. Over 150 healthcare providers attended the symposium.

To submit news briefs, please email ctsqc@ctsqc.org. The CtSQC Newsletter is a quarterly publication.