



Program Overview

What is Enhanced Recovery After Surgery (ERAS)?

ERAS is a clinical care pathway that ensures evidence-based perioperative care is delivered and variability in care is reduced.

Key elements of ERAS include:

- Patient and family engagement, including counseling about expectations for surgery and recovery
- State-of-the-art analgesia, which minimizes the use of narcotics and promotes multimodal analgesia
- Early mobility and restoration of functional status
- Avoidance of prolonged periods of fasting
- Evidence-based best practices for SSI, VTE and CAUTI prevention

Interest in ERAS has intensified in the U.S. over the past couple of years, and the impact has been dramatic.

What are the outcomes of ERAS?

Hospitals that utilize the ERAS pathway have seen improvement in:

- ✓ Using multimodal analgesia and reducing opioid use
- ✓ Surgical-site infections
- ✓ Catheter-associated urinary tract infections
- ✓ Venous thromboembolic events
- ✓ Patient experience
- ✓ Teamwork and safety culture
- ✓ Cost savings with reduced length of stay, readmissions, and reduction in variability

What is the goal of the AHRQ Safety Program for ERAS?

To disseminate and support implementation of evidence-based ERAS protocols, tools and implementation strategies with hospitals across the United States to improve clinical outcomes, reduce health care utilization, and improve the patient experience using the Comprehensive-Unit Based Safety (CUSP) methodology.

Timeline and Participation Facts

- Participation is free to all hospitals across the United States
- The program will include 5 cohorts, each 12-month's long (3-months, pre-work and baseline data collection; 9-months implementation + sustainability)

Cohort 1: Colorectal	June 2017 – May 2018
Cohort 2: Orthopedics	January 2018 – December 2018
Cohort 3: Gynecology	January 2019 – December 2019
Cohort 4: Emergency General Surgery	January 2019 – December 2019
Cohort 5: Bariatrics	January 2020 – December 2020

**Start dates for cohort 2-5 are subject to change*



What kind of hospitals should join the program?

Hospital who have either:

- No prior ERAS implementation experience and are interested in implementing ERAS for colorectal surgeries
- Implemented ERAS in one other surgical subspecialty and are looking to spread ERAS to colorectal units
- Completely implemented ERAS in colorectal surgeries and would like to serve as a mentor for other hospitals
- Tried to implement ERAS, but efforts have not been sustainable.

What are the benefits of participating?

- ❖ Participating Hospitals will have access to:
 - World-renowned leaders in ERAS and perioperative quality from surgery, anesthesiology and nursing
 - Evidence-based ERAS protocols and order sets ready for local adaptation
 - Tools and education materials to facilitate implementation of ERAS protocols
 - Monthly coaching calls to support hospital work
 - Quality improvement implementation support from nurse consultant
 - ACS based ERAS data collection platform
 - Access to ACS ERAS clinical support team for questions related to data entry
 - Face-to-face trainings and site visits

Are there any penalties for not participating?

No, participation is voluntary.

If hospitals are part of a health system, do all hospitals need to participate?

No, participation is based on an individual hospital level, so not all hospitals within a hospital system need to participate.

What time commitment is required for participating hospitals?

It is strongly recommended that the hospital level ERAS implementation team should anticipate spending 2-4 hours per week on project-related work.

What data is the ERAS program collecting and how?

Hospitals will have access to a data collection platform, supported by ACS, to help with implementation (process and outcome measures). Training and support will be provided by ACS on data collection processes.

Are there any special IT requirements for participation?

No, data is entered online in a HIPAA-compliant, secure, web-based platform that can be accessed 24 hours a day. Built-in software checks provide guidance, and the ACS technical and clinical support staff provide ongoing assistance for hospitals.

How does a hospital enroll?

To begin the enrollment process please email Stacey McSwine, Enrollment Project Manager at EnhancedRecovery@facs.org.