

ENHANCED RECOVERY PROPOSAL



CTSQC

CONNECTICUT

SURGICAL

QUALITY

COLLABORATIVE

PEERS

Providers Embracing Enhanced Recovery after Surgery

**CtSQC Proposal for statewide implementation of
Enhanced Recovery after Surgery Collaborative
April 28, 2015**

The Connecticut Surgical Quality Collaborative



**Formed in 2008 by Danbury, Middlesex,
St Francis and Yale
(first four Connecticut NSQIP Hospitals)**

Motto: A little state that will

**Not limited to NSQIP hospitals. Emphasis on
collaboration and learning from each other**

**Today 20 hospitals in the Collaborative.
16 utilize NSQIP**



History of the Initiative

2015 - CtSQC received grant funding from Coverys : to improve the outcome for the surgical patient.

Launched provider driven initiative to implement Enhanced Recovery After Surgery (ERAS).

March 31st, 2015- Dr. Olle Ljungqvist

- Cofounder of the ERAS Study Group**
- Chairman of the International ERAS Society presented at collaborative symposium to launch the state ERAS initiative. (PEERS)**

CTSQC AND ERAS: HOW DID WE GET HERE?

- ERAS: Using ERAS to decrease length of stay in elective colorectal patients.
- SSI: Reduce SSI rate for elective colorectal patients
- READMISSIONS: Reduction of readmission rates for elective colorectal patients
- TRANSFUSIONS: Define parameters or triggers to reduce perioperative blood transfusions



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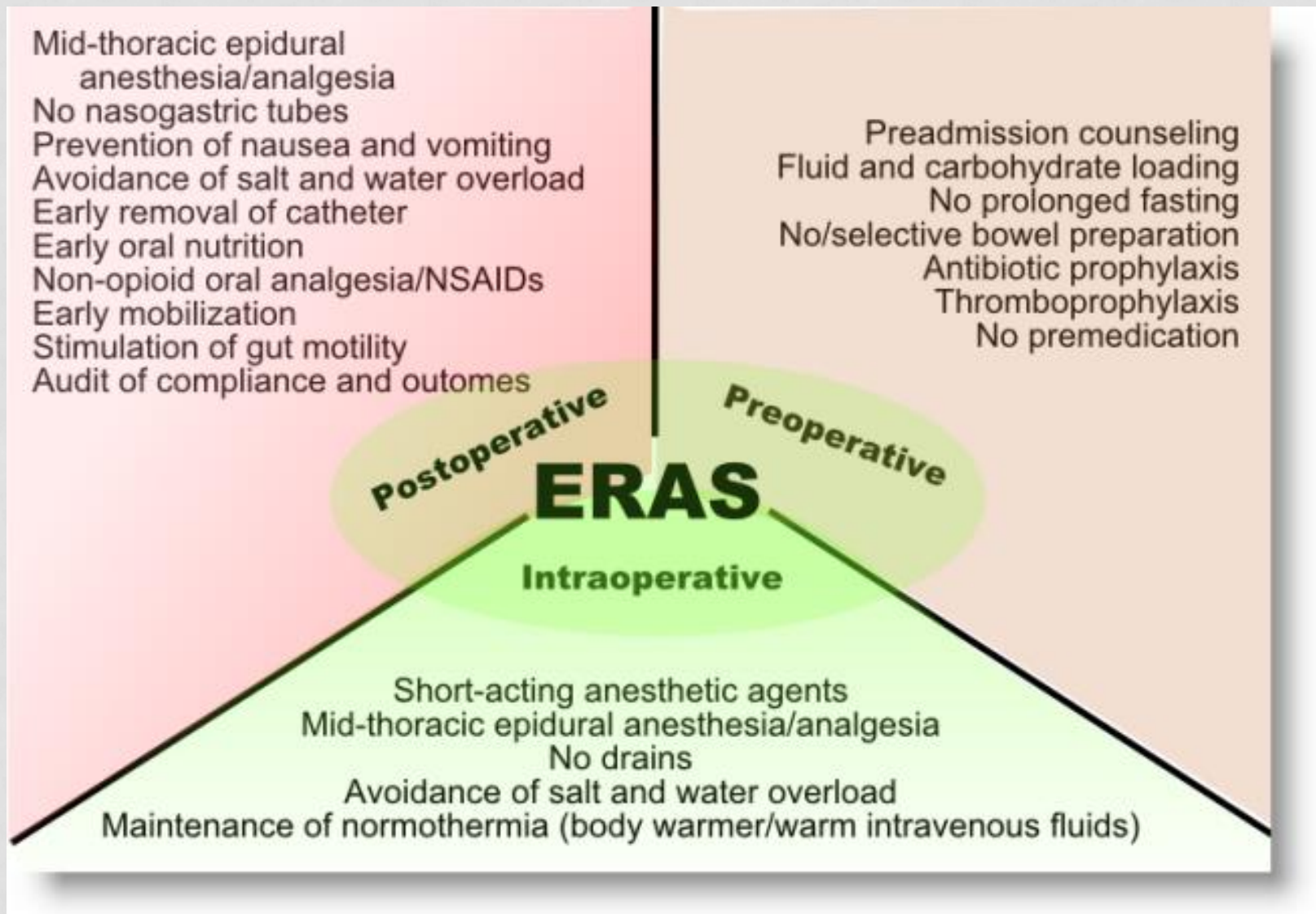
QUESTIONS ABOUT CANCER? WE CAN HELP



IAVATTA
Dressed to Inspire



ERAS – Protocol Components

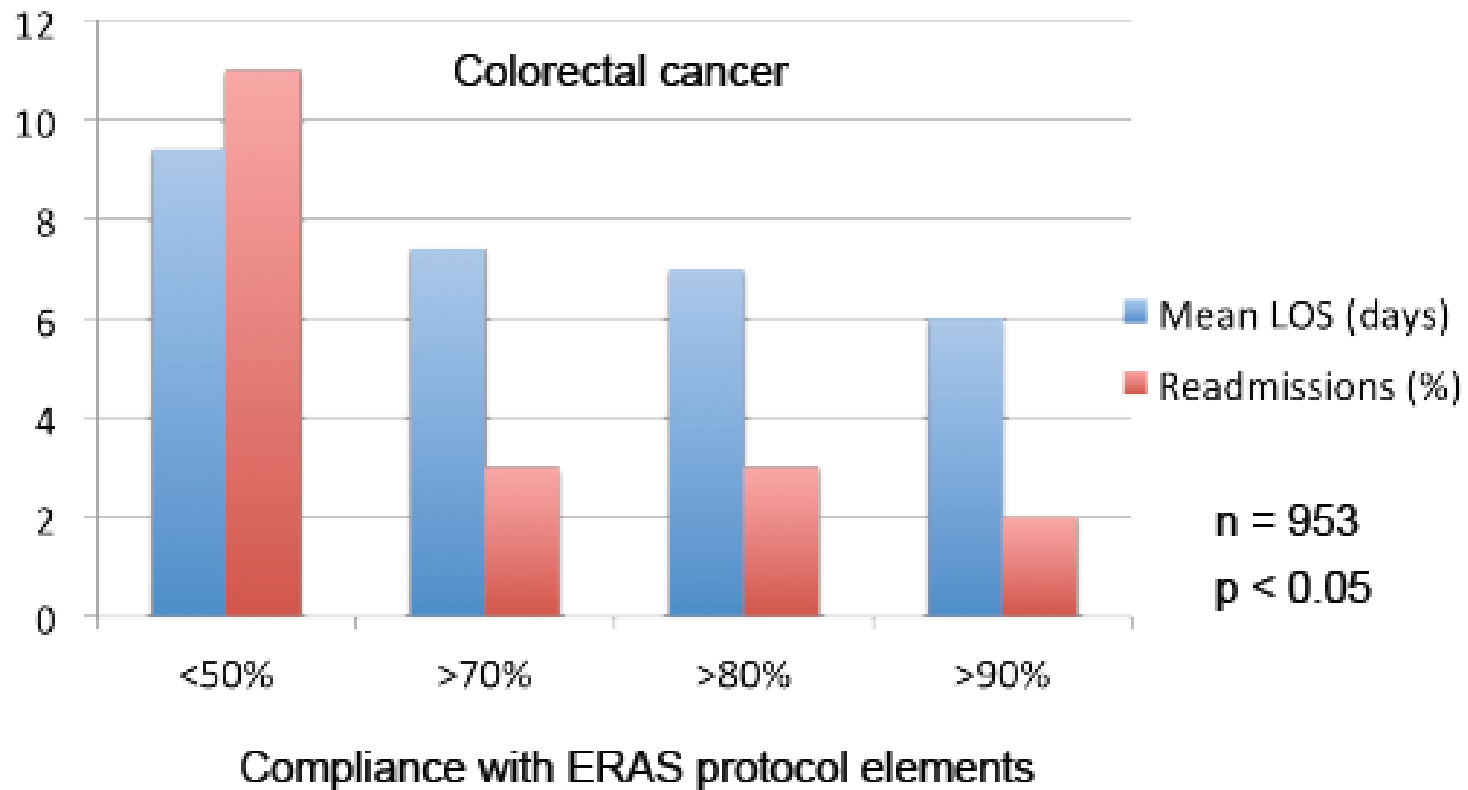


PROVEN OUTCOME IMPROVEMENTS WITH ERAS IMPLEMENTATION

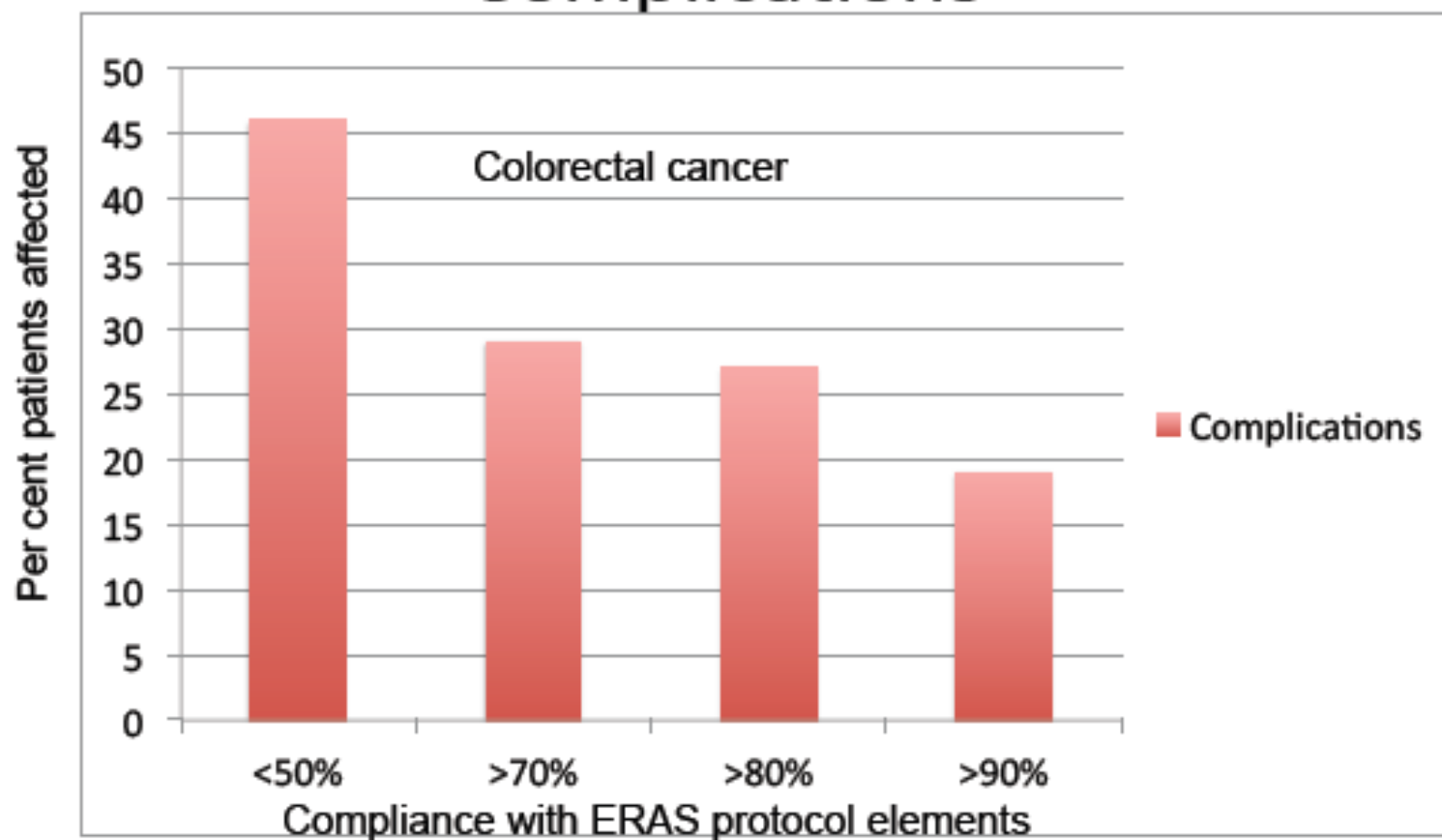
- **Decreased morbidity/mortality rates- decreased complications**
- **Decreased length of stay**
- **Decrease in percent readmission rate**
- **Improved patient satisfaction and experience**
- **Although the typical implementation begins with colorectal surgery, many others specialties are beginning to use the protocols. Evidence-based guidelines have been published or are being developed for pancreatectomy, esophagectomy, gastric resection, cystectomy, pelvic/rectal surgery, and gynecologic procedures**

Thiele, etal. JACS, 2015

ERAS compliance: Length of stay & Readmissions

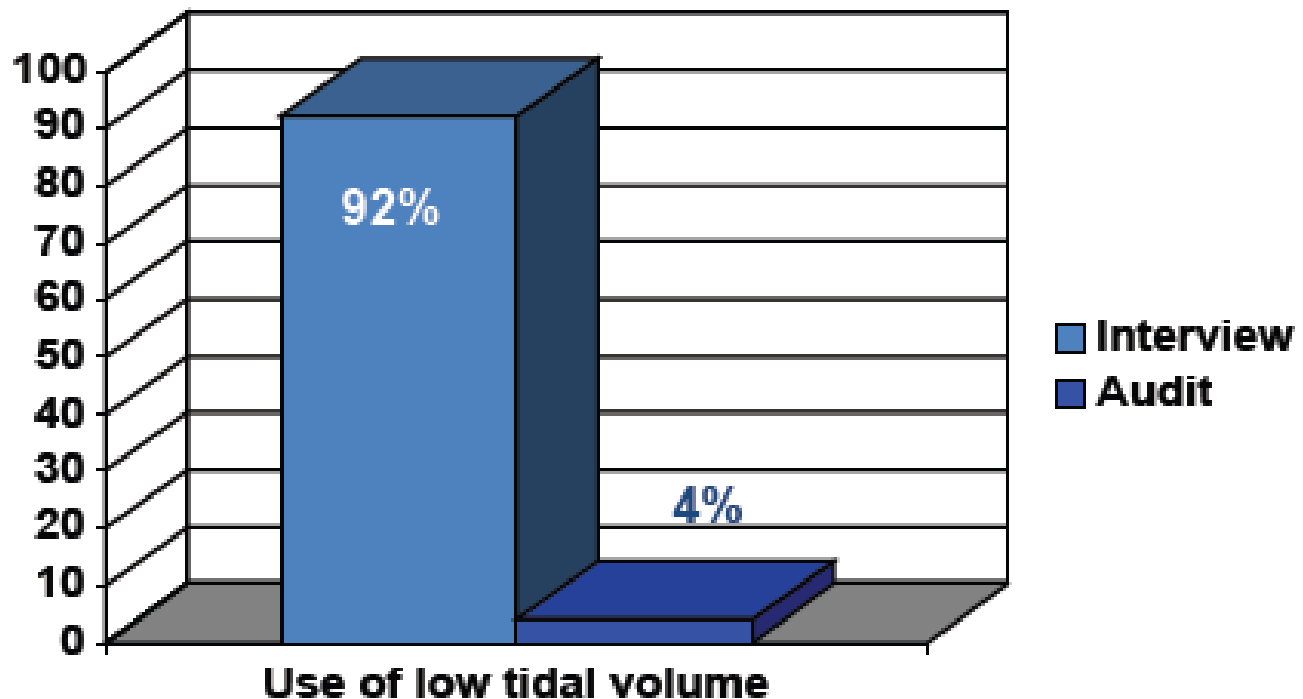


ERAS compliance: Complications



It is not like we think it is....

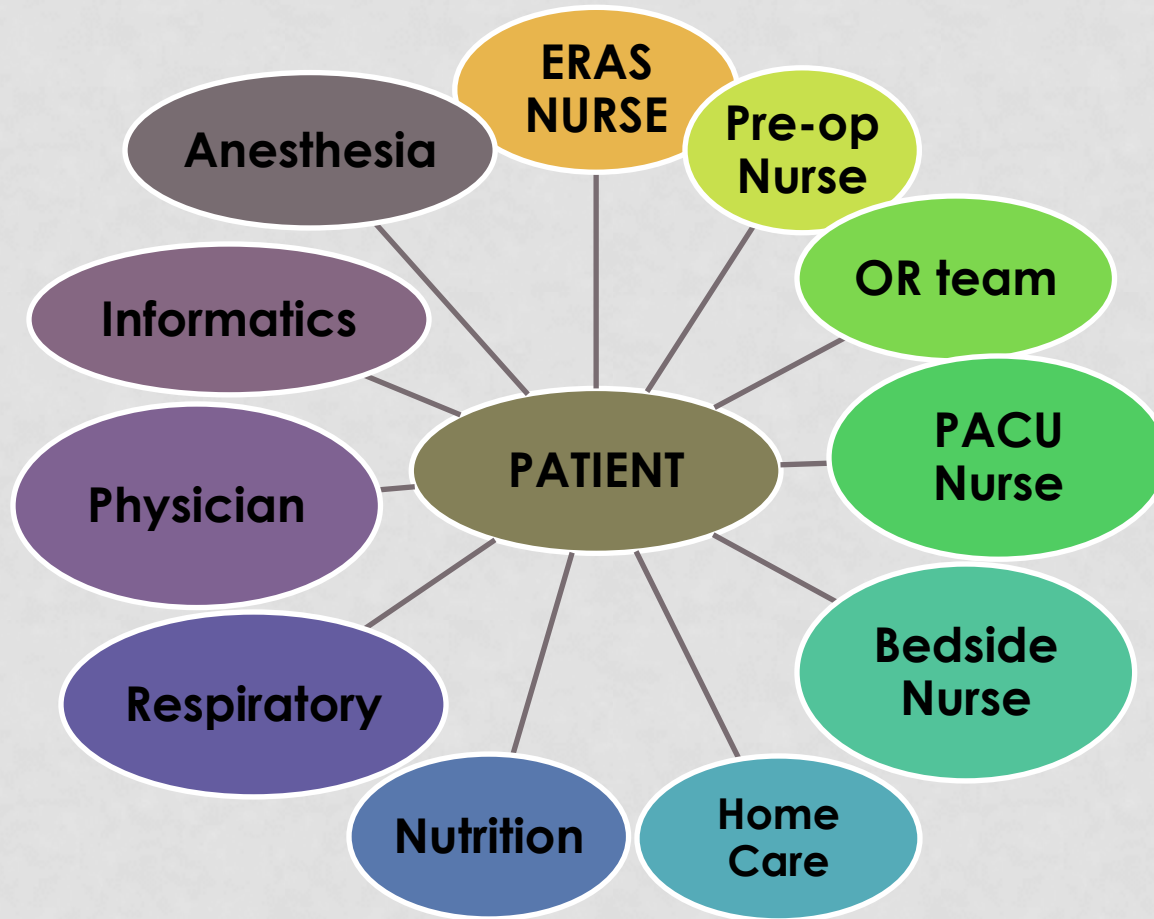
The German "Prevalence" Study



ERAS IMPLEMENTATION PROCESS

Month									
1	2	3	4	5	6	7	8	9	10
Prep	1 day Seminar	Action	2 day Seminar	Action	Action	Action	1/2 day Seminar	Action	1 day Seminar

ASSEMBLING THE TEAM



BENEFITS OF ERAS SOCIETY PARTICIPATION

- **INTERACTIVE AUDIT SYSTEM** - The ERAS interactive audit system for individual patient data entry. In addition, pooled data is analyzed for impact over large study group.
 1. Ensure compliance to the protocol.
 2. Maintain tight control of patient information at every step, and monitor the results.
 3. The audit system is used by both the health care staff and administration.

Financial Considerations

ERAS CARE SYSTEM - PROPOSED COST CTSQC TRAINED HOSPITALS (TRAIN-THE-TRAINER)

➤ Phase I

- 3 Hospitals in CT (L+M, Middlesex, St. Francis)
 - \$25,000 Training fee per team (includes 1st 50 patients entered into registry with 6 users – Royalty included)
 - \$5,000 Travel expenses per team
 - \$125 per pt enrolled after the 1st 50 patients

Start up cost per hospital \$30,000

All hospitals to cover the per patient fee of \$125 after training period.

Designated data entry and patient education professionals at each hospital.

ERAS CARE SYSTEM - PROPOSED COST

➤ Phase II

- L+M, Middlesex, St. Francis Trainers train six additional hospitals
 - \$7,500 Training fee per team – basic ERAS fee
 - \$2,500 Royalty fee (one time charge for EIP material)
 - \$125 per pt enrolled after the 1st 50 patients

Total Start Up Cost per hospital = \$10,000

All hospitals to cover the per patient fee of \$125 after training period.

Designated data entry and patient education professionals at each hospital.

ERAS CARE SYSTEM - PROPOSED COST

➤ Years 2 and 3

➤ Training teams train additional hospitals

- \$7,500 Training fee per team – basic ERAS fee
- \$2,500 Royalty fee (one time charge for EIP material)
- \$125 per pt enrolled after the 1st 50 patients

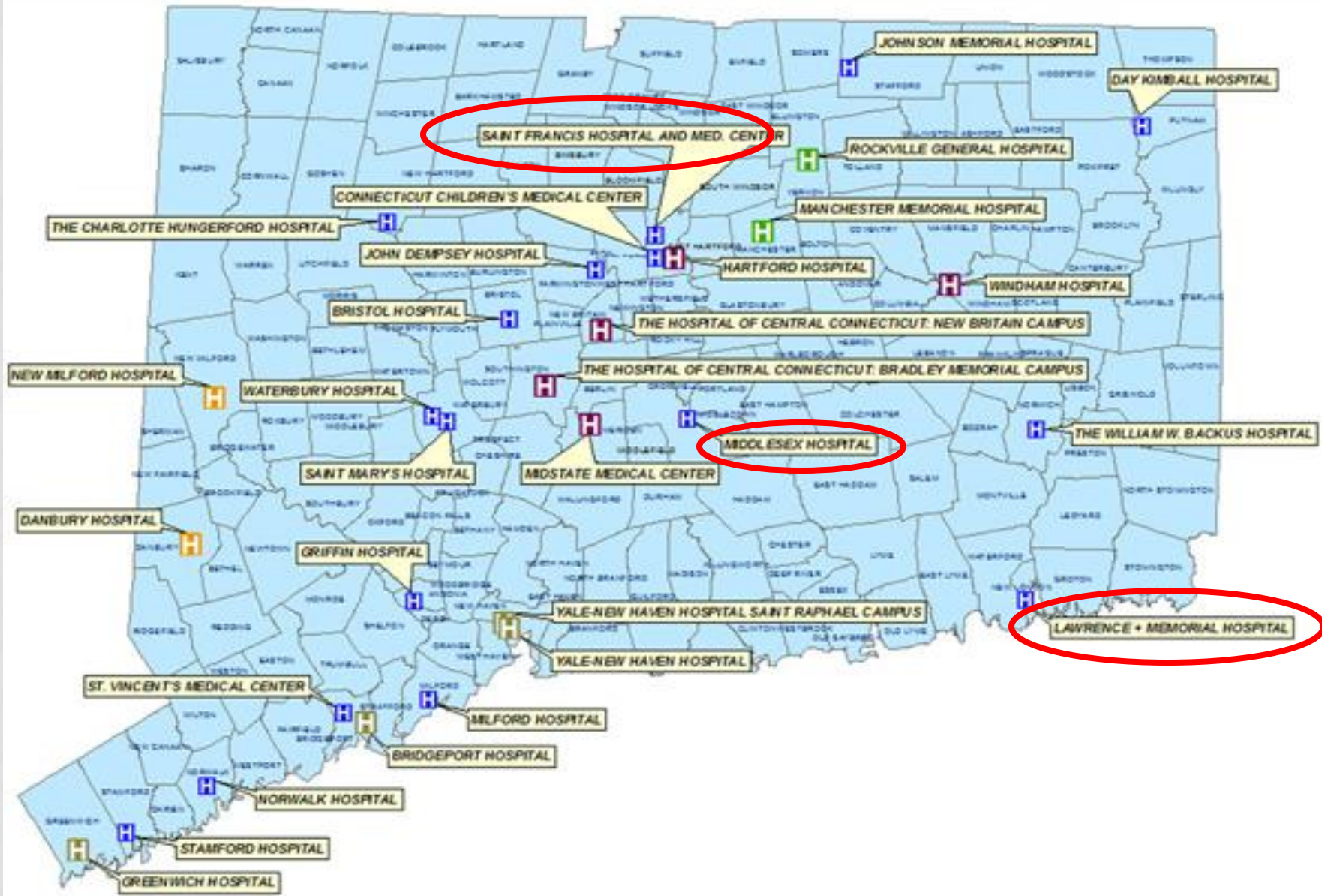
Total Cost per hospital \$10,000

All hospitals to cover the per patient fee of \$125 after training period.

Designated data entry and patient education professionals at each hospital.

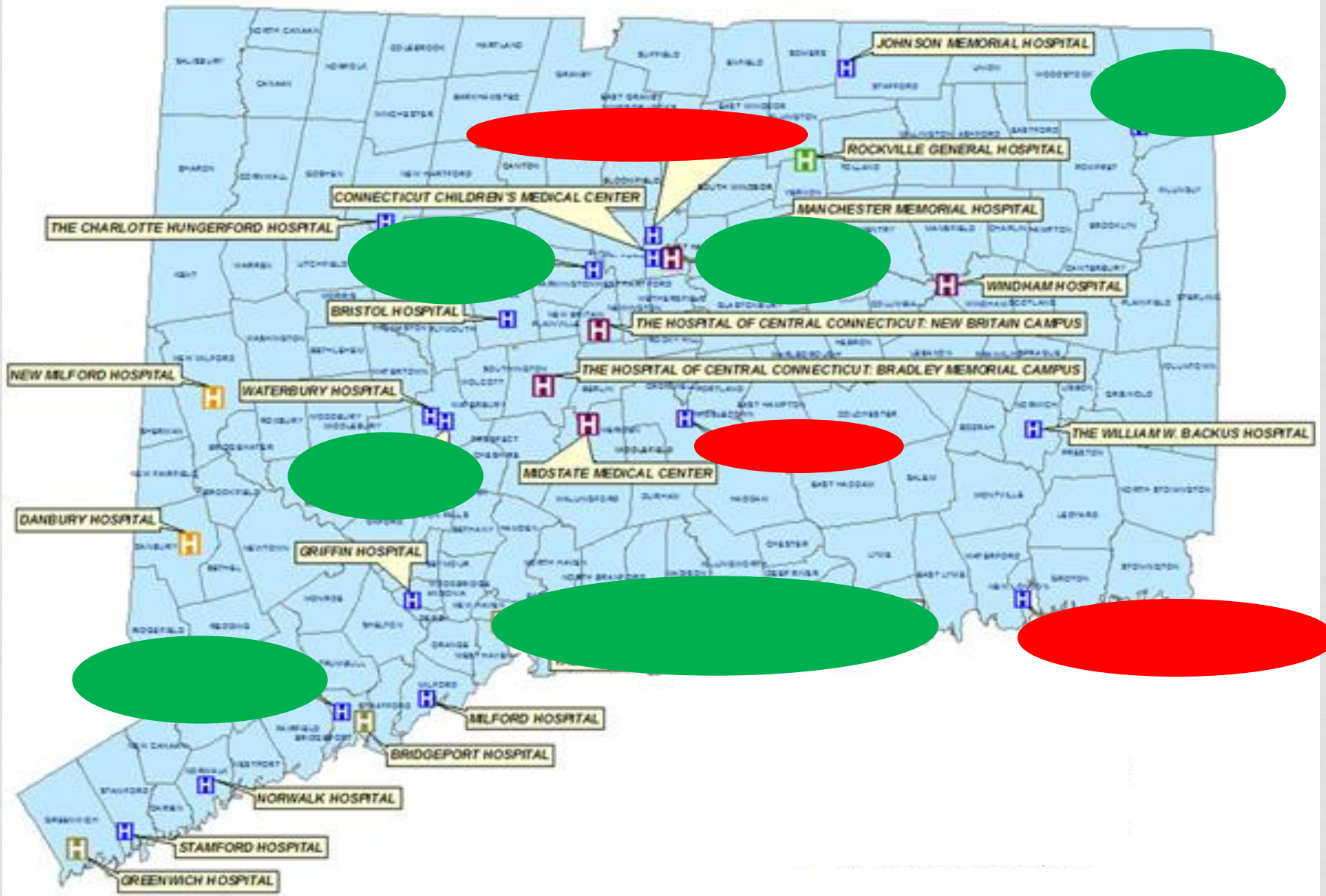
Proposed Implementation Stages

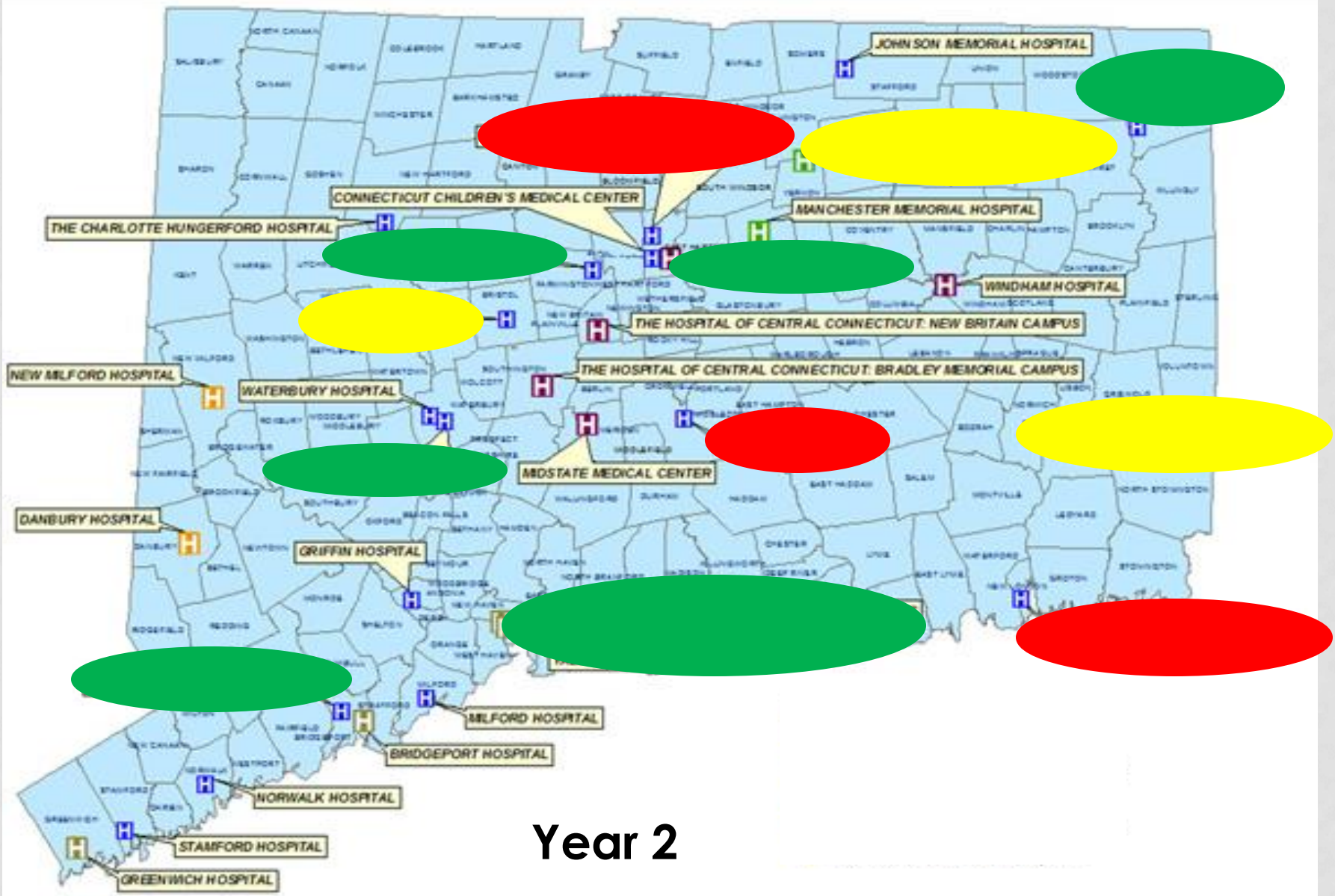
Phase 1



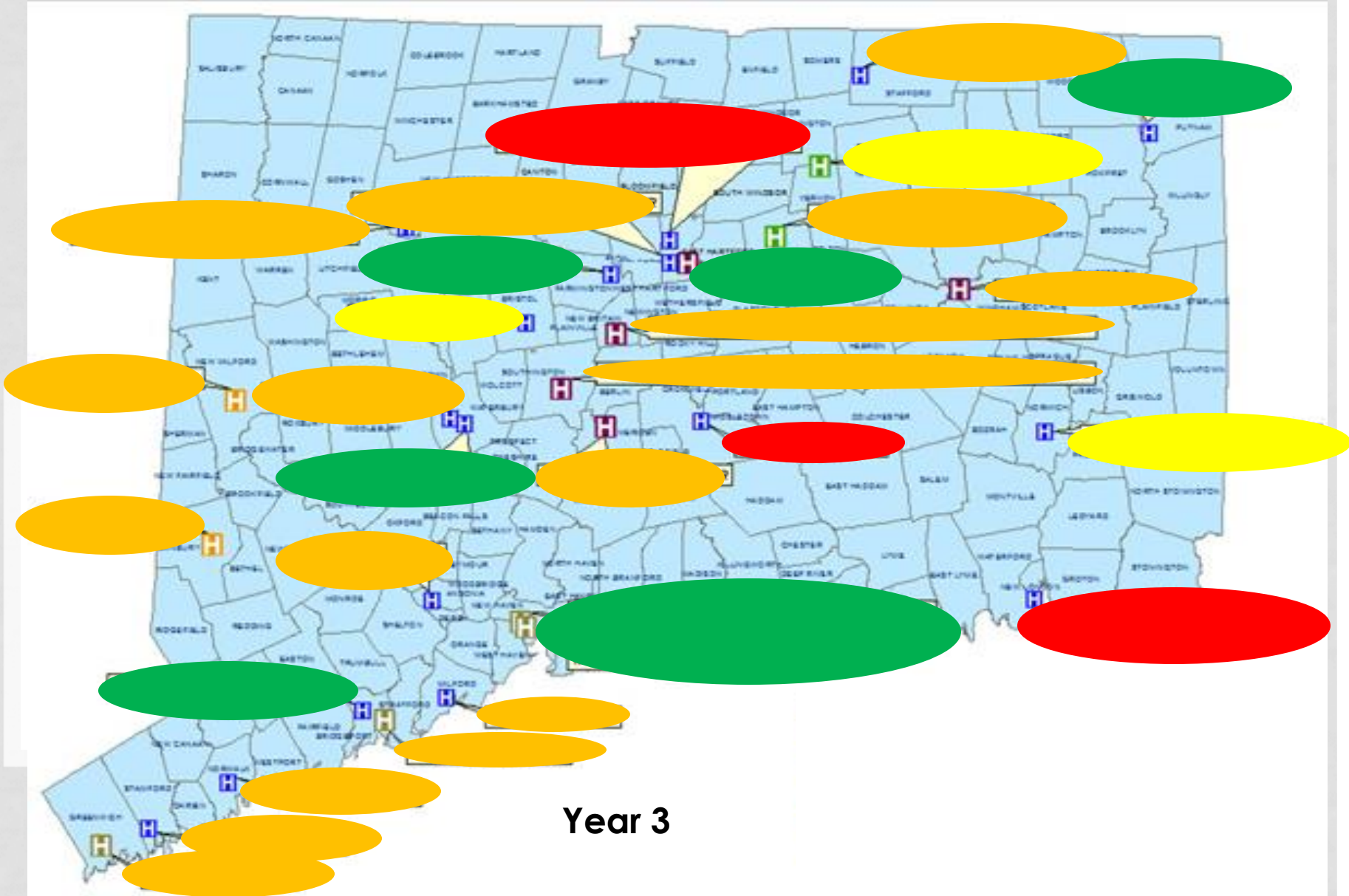
Early Adopters – **Centers of Excellence**

Phase 2





Year 2



Year 3

CT Centers of Excellence Train Additional Hospitals

References

- ERAS Society at www.erassociety.org last accessed 4/13/2015.
- Patients bounce back faster from surgery with hospitals' new protocol. Landro, Wall Street Journal 3/31/2015.
- Thiele, etal. Journal American College of Surgeons 2015;220:430-443.
- Gustafsson etal, Arch Surg 2011.
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- MM Levy, ASPEN 2007