EP7EO

Using the required empirical outcomes (EO) presentation format, provide one example of an improvement in a specific patient population outcome associated with nurse's(s') participation in an interprofessional collaborative plan of care.

Example: Implementation of a Colorectal ERAS Program

Problem

The average length of stay (ALOS) for the elective colorectal surgical population was higher than acceptable at WakeMed Health and Hospitals.

Pre-Intervention

The Enhanced Recovery After Surgery (ERAS) Colorectal Lead Team is an interprofessional decision-making group comprising nursing leaders, clinical nurses, surgeons, pharmacists, and an anesthesiologist. The team is led by Gina McConnell, BSN, RN, CCRN, ERAS Coordinator. McConnell and Robert Nunoo, MD, FACS, FASCRS, Colorectal Surgeon, identified that in 3rd Quarter FY 2021 (April-June 2021), the ALOS for the elective colorectal surgical patient population was 6.4 days, which was higher than acceptable. The ALOS is calculated by dividing the total number of days that patients with elective colorectal surgery are hospitalized by the number of discharges.

The ERAS Colorectal Lead Team adopted an ERAS pathway to improve ALOS for this specific patient population at WakeMed Health and Hospitals. McConnell conducted a literature review of evidence-based practices for elective colorectal patients. McConnell, Nunoo, and Jeff Waldman, MD, Anesthesiologist, reviewed the ERAS guidelines and benchmarked external ERAS colorectal pathways to identify opportunities. This interprofessional committee meets weekly to work on components of the ERAS pathway. McConnell and the following identified gaps in the current workflow process: Sarah Hale, BSN, RN, CCRN, Supervisor OR Nursing; Selena Tate, RN, HACP, Clinical Nurse III, Pre-Anesthesia Assessment; and Steph Curtisford, BSN, RN, Clinical Nurse IV, Surgical Services Pre-Post.

McConnell, Nunoo, and the ERAS Colorectal Lead Team, including Shannon Holt, PharmD, BCPS, BCIDP, Manager, Pharmacy, developed ERAS pathway components:

- Waldman developed medication orders for the ERAS pathway.
- The ERAS Colorectal Lead Team approved order sets to be handed off to the Epic build team, while Ted Tsomides, MD, PhD, Hospitalist Director Raleigh Campus, Associate Chief Medical Information Officer, and Associate Professor University of North Carolina (UNC) School of Medicine, took components of the ERAS pathway and embedded ERAS orders into existing pre- and post-op order sets.
- Scotta Orr, MS, BSN, RN, Manager of Clinical Process Improvement, Quality and Patient Safety Services, built a dashboard to pull data and track metrics, enabling the ERAS Colorectal Lead Team to track outcomes.

Goal Statement

Reduce the ALOS for elective colorectal surgery patients at WakeMed Health & Hospitals.

Participants

ERAS Colorectal Lead Team Members			
Name/Credentials	**Discipline**	**Title/Role**	**Department**
Gina McConnell, BSN, RN, CCRN	Nursing	ERAS Coordinator Team Leader	Heart & Vascular Services
Robert Nunoo, MD, FACS, FASCRS	Colorectal Surgeon	Surgical Champion	General Surgery
Jeff Waldman, MD	Anesthesia	Anesthesiologist	Anesthesia
Scotta Orr, MS, BSN, RN	Quality	Manager, Clinical Process Improvement	Quality and Patient Safety
Sarah Hale, BSN, RN, CCRN	Nursing	Supervisor, OR Nursing	Surgical Services
Selena Tate, RN, HACP	Nursing	Clinical Nurse III	Pre-Anesthesia Assessment
Steph Curtisford, BSN, RN	Nursing	Clinical Nurse IV	Surgical Services Pre-Post
Shannon Holt, PharmD, BCPS, BCIDP	Pharmacist	Manager, Pharmacy	Pharmacy
Ted Tsomides, MD, PhD	Medicine	Hospitalist Director Raleigh Campus; Associate Chief Medical Information Officer; Associate Professor UNC School of Medicine	Information Services
Christopher Bober, R.T. (R)	Respiratory Therapist	Analyst III	Information Services

Description of the Intervention

4th Quarter FY 2021

July 2021

- The ERAS Colorectal Lead Team completed and approved the final ERAS Pathway, and the Order Set went live in Epic.

August-September 2021

- McConnell facilitated monthly meetings with key stakeholders from various departments, including nurses, physicians, and anesthesiologists, to provide

education on the new order set and process. McConnell used the best evidence and basic principles of ERAS to incorporate into practice the following collaborative plan of care interventions for elective colorectal surgery patients: preoperative counseling, preventing prolonged perioperative fasting, carbohydrate loading, goal-directed fluid balance, maintaining normothermia, regional anesthesia, nonopioid analgesic approaches, early mobilization and early feeding post-op.

- McConnell provided education and ongoing updates to interprofessional staff members and clinical nurses who provide the plan of care actions to colorectal surgical patients in the pre-op, operating room, post-op, and intensive care units. Updates and education on the new elective colorectal surgery process were provided in multiple ways, including tip sheets, in-person huddles, Webex meetings, and ERAS binders. McConnell's goal was to provide face-to-face education on the ERAS pathway to every staff member who is involved in the care of a colorectal surgical patient.
- McConnell provided systemwide updates and education on the ERAS interprofessional plan of care pathway to clinical nurses who care for this specific patient population.

The interventions were implemented by the end of September 2021.

The interprofessional collaborative plan of care led by McConnell was associated with a decrease in the ALOS for the elective colorectal surgery patient population.

References:

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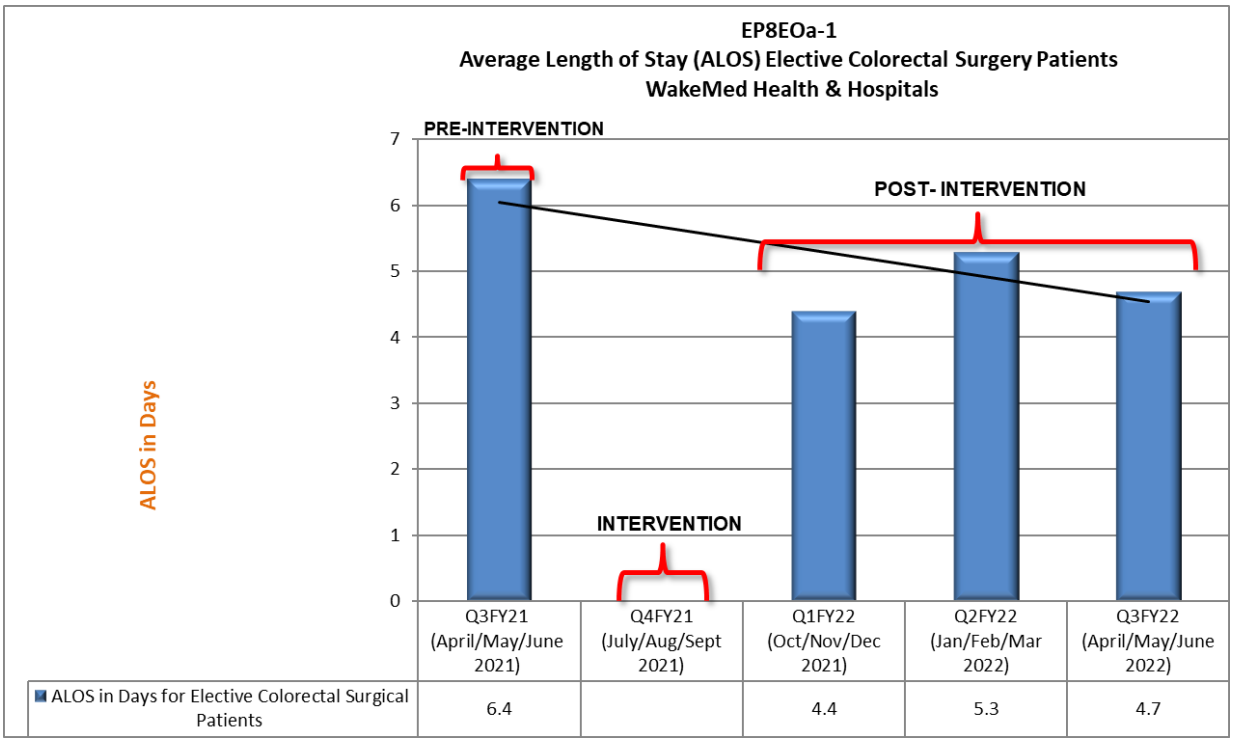
Outcome



(Evidence EP8EOa-1, Average Length of Stay [ALOS] Elective Colorectal Surgery Patients, WakeMed Health & Hospitals)