Introduction

An enhanced recovery pathway (ERP) is a multimodal strategy optimizing the management of surgical patients to accelerate patient recovery and shorten hospital stays. This approach combines interventions in the areas of preoperative preparation, anesthesia, surgical management, and postoperative care\[1\]. Some of the key elements include preoperative patient education, reduction of preoperative fasting, aggressive multimodal analgesia to minimize opioid consumption, early removal of urinary catheters, and early enteral feeding and mobilization.

ERPs have proven efficacious in improving the quality and efficiency of surgical care, optimizing resource utilization, reducing the duration of hospital stays, decreasing morbidity and improving pain control without sacrificing patient satisfaction or readmission rates\[2\]. The advantages of ERPs have been well documented in various surgical populations \[2-4\].

One of the quality and safety goals set forward by the UCSF medical center for the academic year 2014-2015 was to increase the percentage of patients discharged by noon. As a way to help address this goal on the gynecologic oncology service, we instituted an enhanced recovery pathway.

Goal

“Discharge 75% of laparoscopic cases prior to noon on the first post-operative day”

Planning

- Meetings with stakeholders (UCSF gynecologic oncology patients, gynecologic oncology surgeons, Obstetrics & Gynecology residents, medical students, nurses, and anesthesiologists).
- Design a patient education handout.
- Design and implement a pre- and post-operative workflow.
- Modify APEX ordersets to improve communication and ERAS pathway compliance.

Intervention

- PREPARING FOR ENHANCED RECOVERY
- ERAS for GynOnc workflow
- ERAS for GynOnc workflow

Conclusions

- Enhanced recovery pathway programs (ERPs) are feasible to implement at UCSF.
- ERPs require coordination and participation by multi-disciplinary teams.
- ERPs can help expedite safe hospital discharges and could be considered as a tool to help the UCSF Medical Center meet this quality improvement goal.

Lessons Learned & Future Directions

In this, our 2nd year of participation in the resident and fellow quality improvement initiative, we are learning how to set more realistic goals. An additional challenge was the transition of our surgical service from Mount Zion to Mission Bay causing interruption of the system specific workflow we established.

Prior to this initiative, we estimated that 17% of patients were discharged before noon and our data demonstrates improvement from this baseline. As part of an IRB approved chart review, we compared 2014-2015 cases to those cases from years prior and have found that minimally invasive surgery patients stay a median of 20 fewer hours after ERAS pathway initiation (51 vs. 31 hours, p=0.013). We will be presenting this data at the Western Association for Gynecologic Oncologists annual meeting.

References


Results

<table>
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<tr>
<th>Quarter</th>
<th>Discharged before 12p</th>
<th>Discharged after 12p</th>
<th>% before noon</th>
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<tbody>
<tr>
<td>Quarter 1</td>
<td>10</td>
<td>40</td>
<td>20%</td>
</tr>
<tr>
<td>Quarter 2</td>
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<td>Quarter 3</td>
<td>7</td>
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