

Monitoring Compliance to the Enhanced Recovery Programme at Salford Royal Foundation Trust

Rachel Meskell
Enhanced Recovery Practitioner

Salford Royal ERP

- AdHoc ERAS 2004
- ERP 2009
- ?better compliance = better outcomes
- Audit of all ERAS elements & their outcomes

Method

- Stand alone bespoke audit program
- Prospective, one observer
- 30 days post discharge check

The screenshot shows a software window titled "ERAS Audit Protocol". At the top, there are navigation tabs for "Page 1", "Page 2" (which is selected and highlighted with a dashed border), "Page 3", and "Page 4". Below the tabs, there are several date input fields:

- Date of Admission: Date of Admission (Coding):
- Date of Operation:
- Date of Discharge: Date of Discharge (Coding):

Below these fields is a label "Length of Stay:" followed by an empty input field.

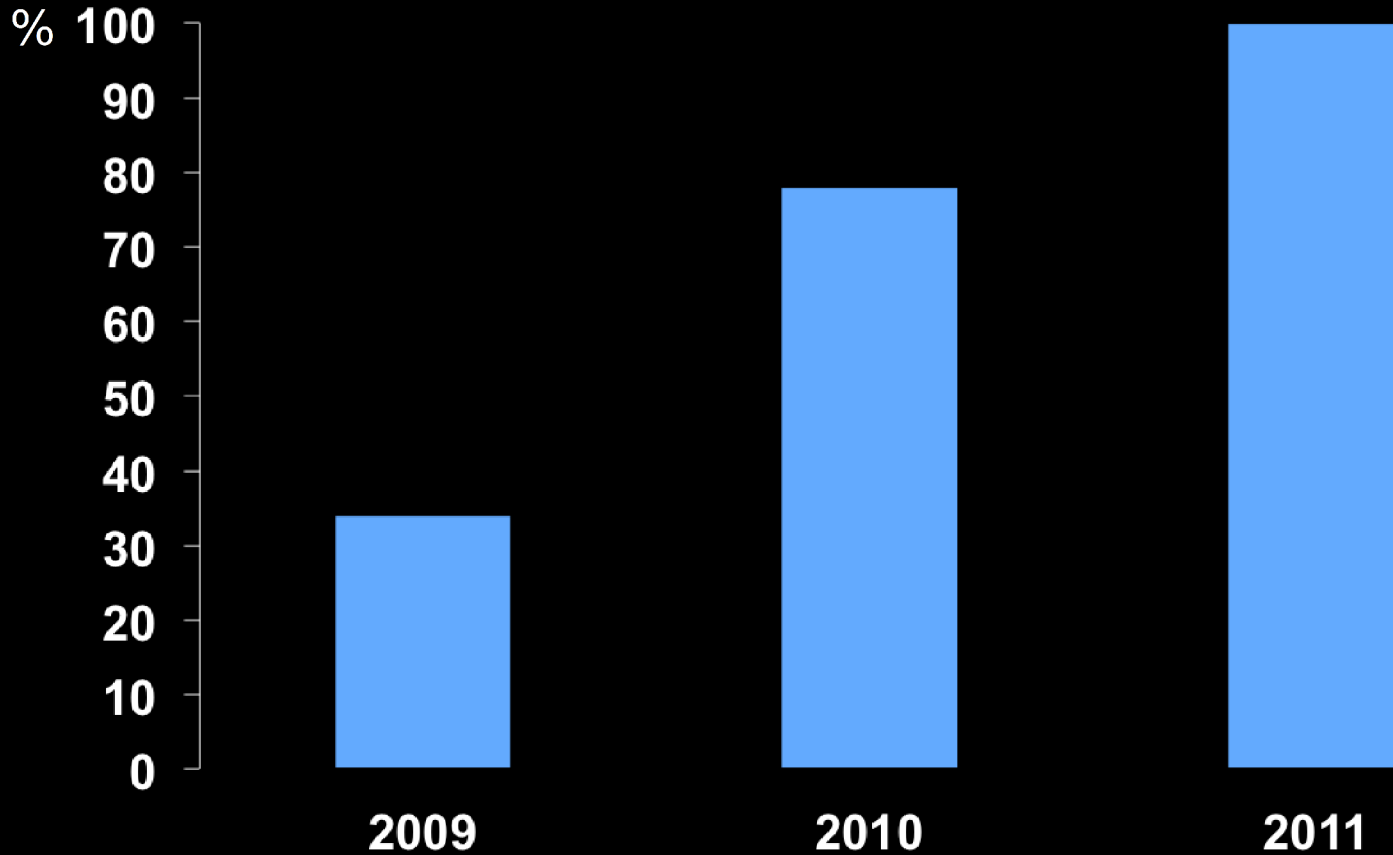
Underneath is a section titled "ERAS Pathway" which contains a list of checkboxes for various clinical protocols:

- Pre-Op ERAS Information
- NG Present Post-Op
- Bowel Preparation
- Carbohydrate Loading
- Epidural
- Dedicated Physiotherapy
- PCA
- Drains

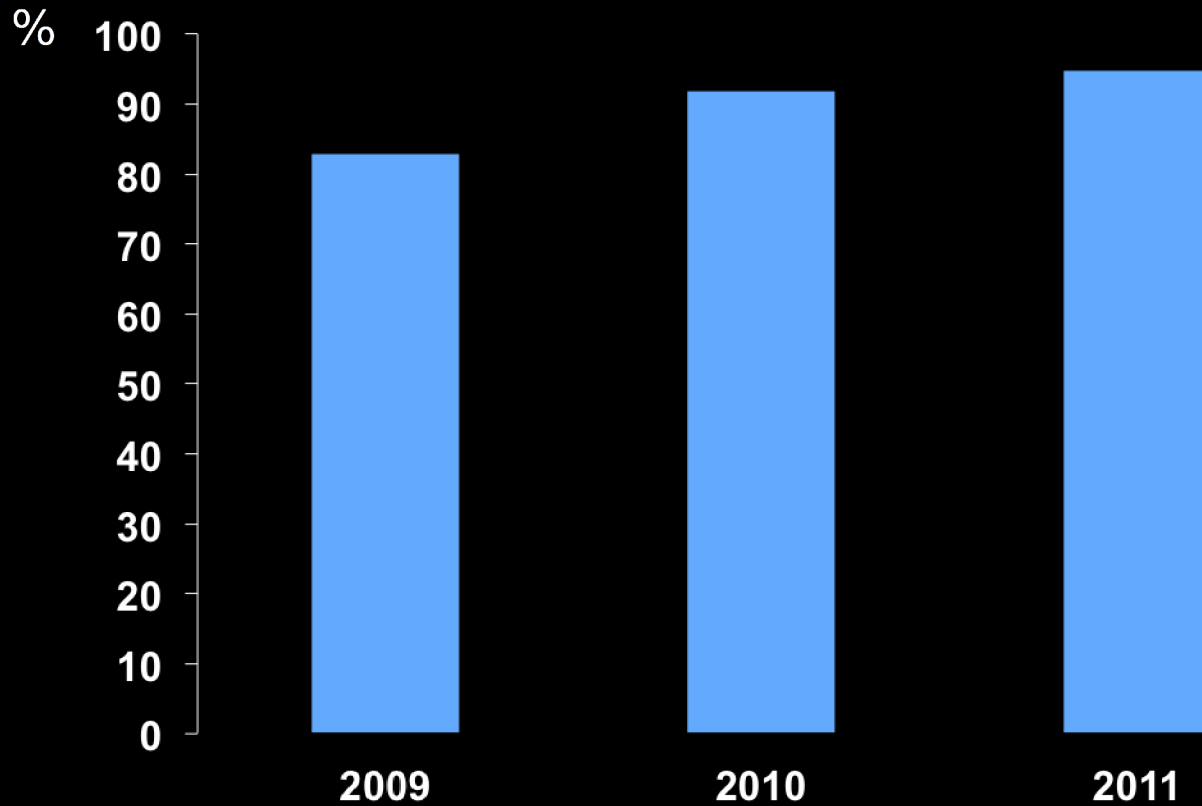
Demographics

- March 2009 to July 2011
- n=270 (male 156)
- Mean age (range) 63 years (18-90)
- 120 (44%) laparoscopic procedures
- 173 (64%) for malignant disease

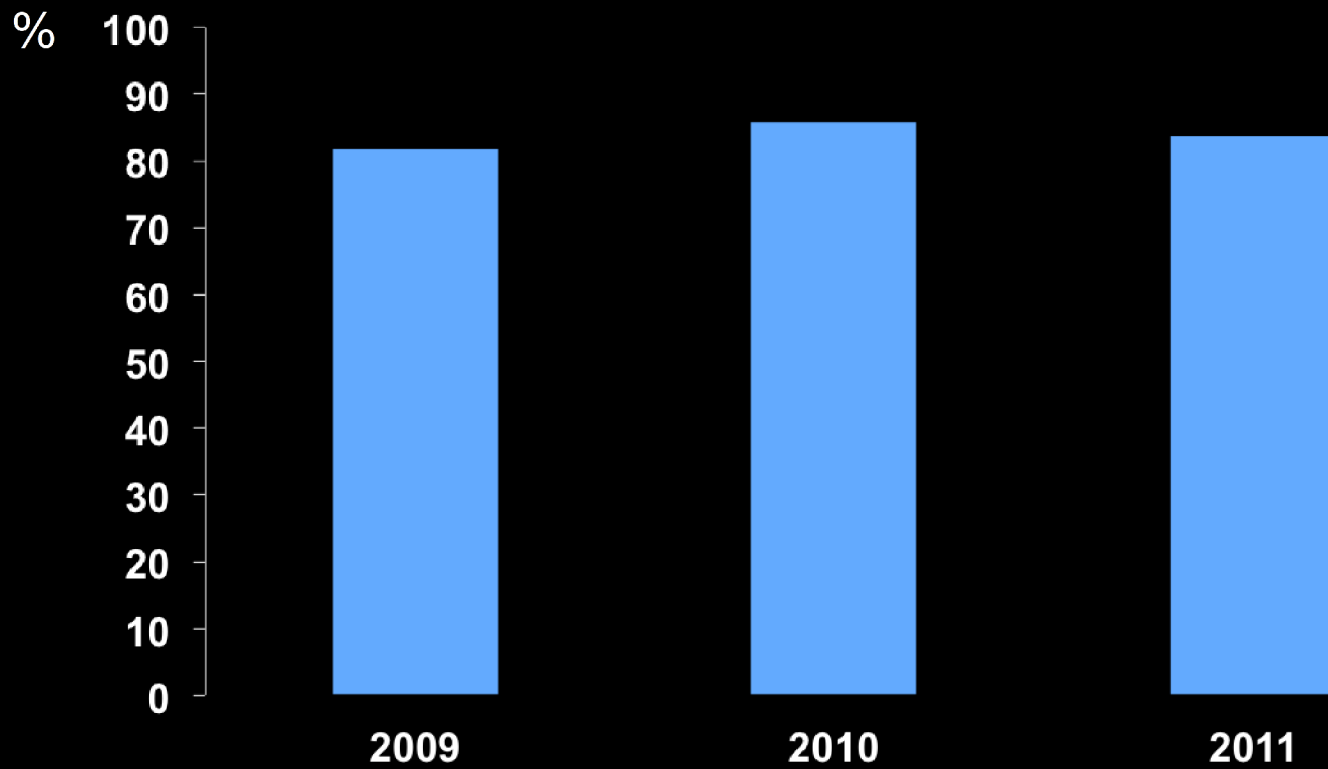
Day of Surgery Admission



Avoidance of mechanical bowel preparation



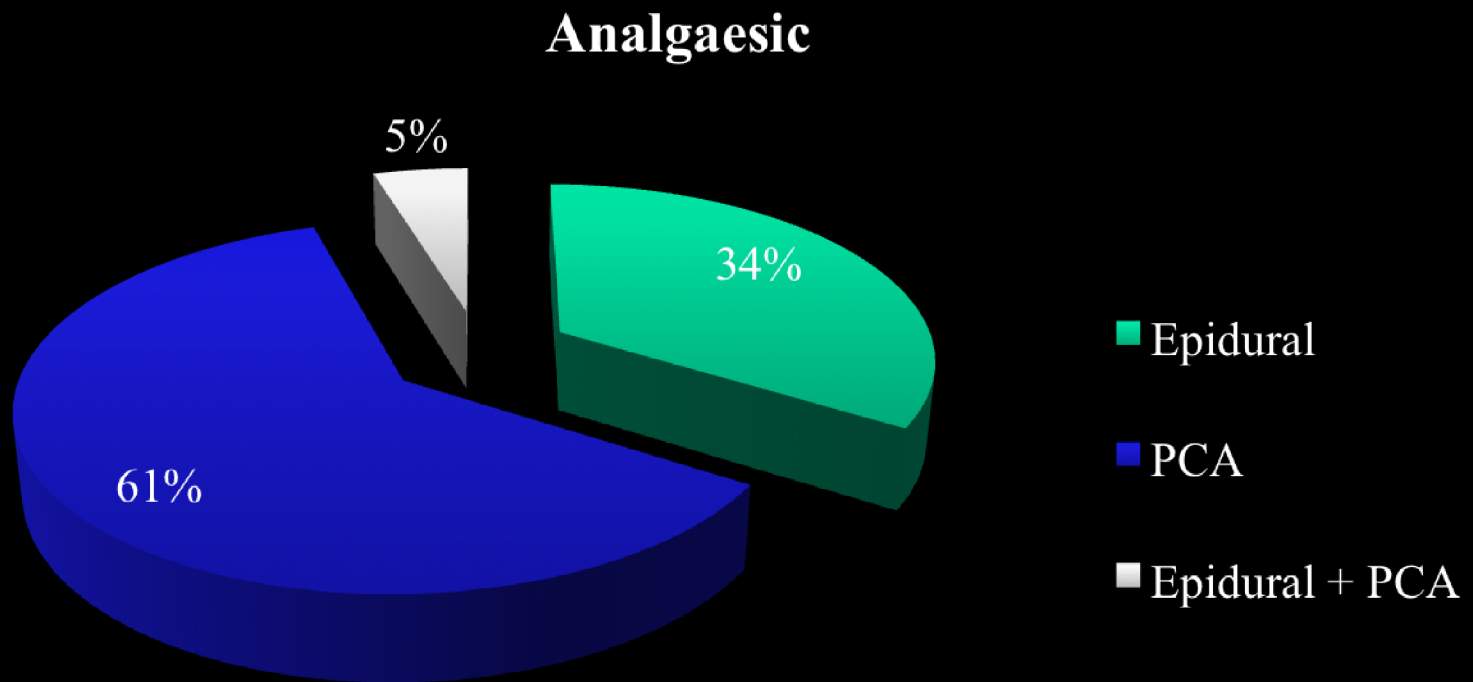
Carbohydrate loading



Complications

Complication	n	%
Death	3	1.2
Readmission	26	10
SSI	20	7.4
VTE	1	0.4
Anastomotic leak	4	1.4
Abdominal/pelvic collection	8	3
Unplanned return to theatre	6	2.2

Postoperative nausea & vomiting



n=13
9

Length of stay (LOS)

	n	mean	median	range
AdHoc ERAS	60	10	9	3-39
ERAS pathway	270	7.6	7	2-33

Monitoring compliance through regular prospective audit leads to

- Improved overall compliance with ERAS programme
- Recognition of causes for delayed discharge eg. PONV
- Continuous improvement in LOS