

5<sup>th</sup> ERAS UK Conference, Edinburgh  
Conference Centre @ Herriot-Watt  
University, Edinburgh, 6.11.15



## Summary Report

The fifth annual conference for the Enhanced Recovery After Surgery Society (UK) was held in the James Watt II suite in the Edinburgh Conference Centre @ Herriot-Watt University. There were four main sessions:

1. Reality check – including a presentation of data on length of stay for eight key procedures across England, Wales and Scotland and a summary of the outcomes of a pre-conference survey of ERAS nurses. The main points raised in this session were that, whilst LOS has improved over the last 5-6 years, there is still a great deal of variability both between countries and within each region. There is also a need for more networking between ERAS nurses and similar roles, with a subcommittee to be formalised in the coming months.
2. Enhancing Research – with interactive voting on the most important research questions for ERAS in this country, followed by six oral abstract presentations on very varied topics. The results of the interactive voting will be shared with ERAS UK members and put on the website.
3. Measurement and Prehabilitation – three separate presentations demonstrated a range of options for audit of ERAS compliance, followed by two very informative talks on the current and forthcoming studies on Prehabilitation and the challenges of pre-op optimisation, particularly for the frail elderly patient. The importance of changing lifestyle factors in the preoperative period was clarified, in addition to the need for comprehensive geriatric assessment to better manage risk in frail patients.
4. Advances in pain management and sharing our experiences – a comprehensive presentation gave us an update on post-operative analgesia and the conference was concluded with a series of interactive discussions on some difficult case scenarios.



### **Faculty:**

Conference Chair: Professor Ken Fearon

Lead for local organising group: Angie Balfour

Conference organising committee: Rachael Barlow, Imogen Fecher-Jones, Nader Francis, Professor Mike Grocott, Janis Harvey, Andrew Kinninmonth, Professor Olle Ljungqvist, Param Mariappan, Susan Nimmo, Elizabeth MacDonald, David McDonald, Mike Scott, Tom Wainwright, Fiona Carter

Other faculty: Christine Ball, Jayne Balson

Conference assistants: Kieta Marshall, Sam McFerran, Glynis Hinchcliffe, Wendy Cunningham

### **Sponsors:**

Medtronic was a major sponsor of the event, and also supported the faculty dinner. There were five other sponsors including Halyard Health (who also paid for the lanyards), Deltex, Vitaflo, MSD and Nutricia.

**Participants:**

Country	Region/ Healthboard	Number	Job role	Number
Wales	ABHB	2	ERAS Nurse/ facilitator/ manager/ practitioner/ specialist nurse/ sister	28
	Cardiff & Vale	1	Ward nurse/ Registered Nurse	2
	Cwm Taf	2	Arthroplasty nurse	1
N. Ireland	Belfast	3	Assistant/ Associate practitioner	2
England	Lancashire	5	Staff nurse	18
	Kent	1	Business/ operations/ ward manager	5
	Severn	18	Clinical nurse specialist/ practitioner	17
	London	24	Charge nurse/ deputy charge nurse	11
	North Yorks & Humber	7	Clinical data team	1
	West Yorkshire	5	Clinical educator	1
	Essex	2	Clinical excellence support	1
	Thames valley	2	ERAS clinical lead	2
	Wessex	11	Physiotherapist	10
	Merseyside	6	Nurse manager	1
	Birmingham	1	Sister/ deputy sister	6
	Devon	1	Dietician	3
	East Midlands	3	Director of nursing	1
	Not specified	11	Matron	1
Scotland	Dumfries & Galloway	2	Pain team	2
	Greater Glasgow & Clyde	28	Pathway co-ordinator	1
	Lanarkshire	7	Preassessment team	1
	Fife	2	Transplant co-ordinator	1
	Lothian	23	Consultant Anaesthetist	10
	Forth valley	1	Consultant Surgeon	17
	Highland	8	Consultant Physician	1
Not specified	10	Anaesthetics Trainee	4	
Sweden		2	Surgical Trainee	10
			Medical Trainee	1
			Research/ audit Fellow	4
			Foundation Doctor	1
			Medical student	3
			Company representative	18
			Other	3
<b>TOTAL</b>		<b>188</b>		

## Overview of participant feedback (90 responses)

Which of the following words best describes your experience of this conference?



	Yes	No	Comments
Was the learning environment fit for purpose?	90		<p>A word cloud for the question 'Was the learning environment fit for purpose?'. The largest words are 'excellent', 'comfortable', 'hard to see', 'too cold', and 'like tables'. Other words include 'disorganised', 'good AV', 'nice atmosphere', 'good food', 'like voting', 'good views', 'too warm', 'good layout', and 'poor sound'.</p>
Were the programme content, objectives and desired outcomes of the conference clear?	80	3	<p>Well prepared                      Afternoon sessions were not as clear. Did not build upon the positive aspects of the morning except for caring for the elderly patient                      There should exist a pre-evaluation (expectation setting) prior to the day. Then revisit this at the end of the day                      Content clear but objectives less so                      Within reason                      A lot of the information given from “centres of excellence” is hard for me to achieve within the real healthcare settings</p>
Were all members of the faculty well prepared for delivering the conference content?	89		<p>Very organised                      Speakers did well, most were clear                      Excellent                      Appeared prepared                      Obviously some were more engaging than others                      Timetable, email and content ran very well today                      Clearly spoken presentations                      Clear informative talks</p>



Which session did you find most useful and why?

A word cloud where the size of each word represents its frequency. The most prominent words are 'prehabilitation' (green), 'frailty' (blue), and 'abstracts' (blue). Other visible words include 'wound infiltration catheter', 'research voting', 'paravertebral analgesia', 'self medication', 'knee arthroplasty', 'anaesthetists opinion', 'interaction', 'elderly care', 'ERAS nurse survey', 'posters', 'case studies', 'liked everything', 'pain management', 'national data', and 'audit toolkits'.

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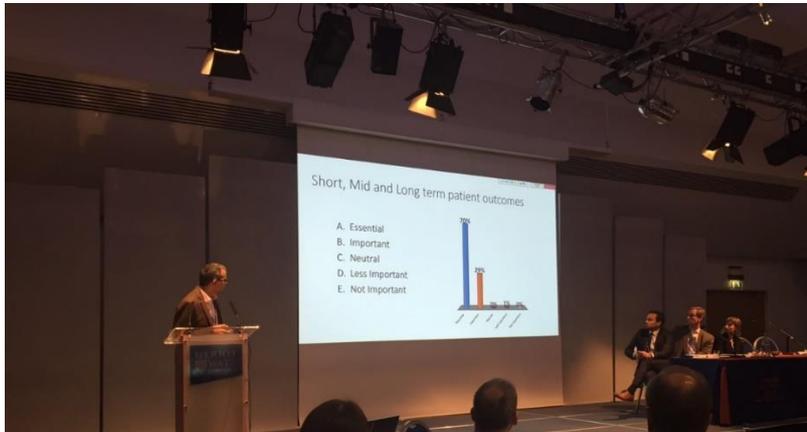
Which aspects of the conference could be improved?

A word cloud where the size of each word represents its frequency. The most prominent words are 'more interaction' (purple), 'less on data' (blue), 'practical tips' (purple), and 'different location' (purple). Other visible words include 'how to influence colleagues', 'follow up 2015 outcomes', 'more nurse input', 'more MDT input', 'speak in mic', 'start later', 'more voting', 'two days', 'less discussion', 'research', 'shorter day', 'handouts', 'clearer slides', 'breakout sessions', 'less powerpoint', 'better catering', 'fluid management', 'protocols', 'Manchester', 'new projects', 'implementation tips', and 'shorter breaks'.

more interaction  
how to influence colleagues  
follow up 2015 outcomes  
more nurse input  
more MDT input  
speak in mic start later  
less on data  
more voting two days less discussion  
practical tips  
research shorter day handouts  
clearer slides breakout sessions  
less powerpoint better catering  
fluid management protocols  
Manchester  
new projects implementation tips  
shorter breaks  
post op compliance  
different location

## Discussion

Overall, the feedback from delegates, faculty and sponsors was very good, confirming that this annual event, aimed at a very wide range of healthcare professionals, continues to be successful. With almost 190 participants and positive feedback from the majority (who completed forms), most of the delegates felt that the event met their needs and would recommend the conference to their colleagues. The presentations on frailty, prehabilitation, national data and research abstracts were particularly popular



## Areas for improvement

A number of useful suggestions for how to improve the conference were made. Each year, we hold the event in a different part of the UK, with the plan to have the next conference in Wales (4<sup>th</sup> November 2016). Careful planning takes place to find a venue that is accessible to as many people as possible, that meets our needs and, most importantly, is within our budget. A small number of delegates felt that the conference was too expensive this year. We will certainly look at ways to keep costs down for the next event, without compromising the quality.

Whilst the vast majority of delegates felt that the 2015 venue was suitable and comfortable, there were some issues with the temperature of the room, for which the organising team made several attempts to change. We will amend our guidance and advise people to wear/ bring layers of clothing for future events and check on the utility of local temperature controls at future venues.

Many of the participants liked the cabaret style of seating (at tables), however this did result in some people at the rear of the room finding it hard to see small text in some of the powerpoint presentations. If this seating style is used in future, we will book additional repeater screens in the room and give guidance on slide design to the speakers.

Some of the speakers were difficult to hear as they turned away from the microphone to speak (too look at the main screen). We will aim to have alternative radio microphones ready for faculty who prefer to present in this way in future.



There was a wide variation in the topics that the participants preferred the most – in particular the audit/ data measurement session was equally loved and loathed. .

Several of the delegates had to travel long distances to reach the conference this year, resulting in very early starts for some. We really appreciate that people make such an effort to keep coming to this conference and will try to find ways to fit all of the next programme in to a day that can start later. Participants also requested more interaction, more practical advice and guidance on implementation. As our membership is growing and becoming more diverse, it is becoming more of a challenge to design a conference that meets the needs of everyone (all the time). One option could be to hold different events for separate staff groups or specialties, however this would reduce the possibilities for networking and having the whole MDT represented at the conference, which is a major strength of this society. In future, we hope that, in addition to the plenary sessions, we will be able to provide breakouts on different topics so that we can increase the amount of content covered and enable people to select the sessions that interest them the most.

### **Future work**

To help to develop the future conferences and to further support networking, we intend to set up a small number of special interest groups (SIG). These groups could cover issues that across specialties (such as implementation and Prehabilitation) or could be a means to link specific staff groups (such as ERAS nurses or facilitators) or individual specialties. Members will be able to join SIGs via the website and can select to take part in as many groups as they wish. In addition, those who are interested in taking a more active role in their SIGs will be supported to do so. The level of engagement and activity in these SIGs will enable us to decide which topics should be included as breakout sessions in future events and which individuals should be supported to lead such sessions. ERAS UK Members and the ERAS UK Steering board will be contacted in December 2015, with further information on how to join an SIG.

Any comments or suggestions about this document, or any matters raised, should be directed to Dr Fiona Carter, ERAS UK Manager, [contact@erasuk.org](mailto:contact@erasuk.org)