

Celebrating Success in Perioperative Care

Friday 22nd November 2019

Wolfson Hall, Royal College of Surgeons (Edinburgh)

Time	Item	Speaker
08:50	Registration	
09:30	Welcome and introductions	
09:40	<p>Session 1: Teamwork and pathway redesign</p> <p>011 GEARS: Helping our patients on a faster road to recovery</p> <p>014 The ERAS Working Group - A Team Approach To Success</p> <p>025 ERAS protocol introduced for elective arthroplasty with reduction in median length of stay in hospital</p> <p>027 Development, implementation and sustaining of ERAS in colorectal patients</p>	<p>Susanna Walker, Royal Marsden Hospital</p> <p>Dorna Taylor, Victoria Hospital, Fife</p> <p>Jasmine Samuel, Forth Valley Royal Hospital</p> <p>Soteroula Kanari, Sandwell and West Birmingham NHS Trust</p>
10:40	Coffee, poster walk and voting	
11:10	<p>Session 2: Prehabilitation</p> <p>007 UK's First Mobilisation of a patient with femoral Intra-aortic balloon pump (IABP)</p> <p>008 Establishment of Prehabilitation Service with minimal funding</p> <p>016 The MILE (My Integrated Lifestyle and Exercise) Programme: implementing multimodal prehabilitation into routine clinical care for gynaecology patients</p> <p>018 Implementation of a perioperative medicine service to improve patient fitness for major surgery</p>	<p>Natalie Lambie, Golden Jubilee National Hospital</p> <p>Tarannum Rampal, Medway NHS Foundation Trust</p> <p>Louisa Shovel, Royal Marsden Hospital</p> <p>Imogen Fecher-Jones, University Hospital Southampton</p>
12:10	Lunch, poster walk and voting	
13:00	<p>Session 3: Quality improvement, spread and adoption</p> <p>003 Emergency Laparotomy Collaborative - reduction in mortality and LoS</p> <p>022 Implementation of Enhanced Recovery After Surgery + (ERAS+) across Greater Manchester (GM)</p> <p>023 Successful Scaling up of ERAS+ in Greater Manchester (GM)</p> <p>029 EROSS: A national approach to Enhanced Recovery for Obstetric Surgery in Scotland</p>	<p>Geeta Aggarwal, Royal Surrey County Hospital</p> <p>Rachel Sloman, NHS Transformation Unit/ Manchester University NHS FT</p> <p>Emma Dale, Stockport NHS Foundation Trust</p> <p>Andrew Clark, University Hospital Crosshouse</p>
14:00	Tea, poster walk and final voting	
14:30	<p>Session 4: Patient education</p> <p>013 Implementation of Enhanced Recovery for Elective Caesarean Section</p> <p>017 Smart Journey through elective caesarean section</p> <p>030 Face-to-face preparation class for mothers having planned caesarean delivery aids embedding of EROS principles.</p>	<p>Gordon Peters, University Hospital Wishaw</p> <p>Venkat Bhaskar, Victoria Hospital, Fife</p> <p>Kerry Litchfield, Princess Royal Maternity</p>
15:10	Keynote Presentation	
15:40	Presentation of prizes	
16:00	Evaluation and close	

Posters

001 Introduction of Surgery School

Team: Fiona Black - ERAS Nurse; Maggie Nicol - Consultant anaesthetist; Lynne Mann - Service improvement manager; Chris Topping - Physical activity lead; Chris Fyles - Technology lead Dumfries and Galloway Royal Infirmary

Initial goals:

To run a class where patients and relatives can meet the team for education and a question and answer session. To explain how to improve post-op outcome. To provide tools, equipment and information to enable patients to increase their physical activity aiming to reduce their post operative risks.

002 Abandoning universal hip precautions

Team: Issaq Ahmed, OT, Physiotherapy, Charge nurse from wards, Pre assessment team, Theatre team, Consultants & registrars Edinburgh

Initial goals:

To stop employing hip precautions for all patients undergoing elective total hip replacements.

004 Benefits of pre-operative optimisation of anaemia in colorectal patients

Team: Kimberley Wakley, Melanie Moore Kettering General Hospital NHS Foundation Trust

Initial goals:

- To reduce blood transfusions pre-operatively
- Increase HB levels prior to theatre
- Supplemented recovery post operatively due to continued improvement of HB levels over 3 months
- Increase patient safety
- Improved service for patients who decline blood products
- Reduce time spent at hospital - transfusion time (at least 3-6 hours) against iron infusion - max 1 hourProvide a cost effective alternative for the Trust

005 Optimising PERioperative Anaemia (OPERA)

Team: Deirdre Cunningham - ERAS nurse; Richard Arnold - Consultant Colorectal Surgeon; James Reid - Perioperative Fellow; Maire McAnaney - Assistant Service Manager; Juliet Morrow - ERAS nurse; Donna O'Neill - Ward Sister; Rosie Hogg - Consultant anaesthetist Belfast City Hospital, Belfast Health and Social Care Trust

Initial goals:

To identify iron deficiency anaemia earlier in the colorectal cancer pathway - (to get bloods checked when CRC suspected at Endoscopy) and treat with IV iron as soon as possible after diagnosis in order to improve outcomes. To give IV iron if needed >1month sooner than previously done.

006 The effect of a physiotherapy prehabilitation programme on postoperative outcomes in patients undergoing cardiac or thoracic surgery

Team: Fiona Nolan (Chief Investigator); Katie Lyon (Principle Investigator); Natalie Lambie (Researcher) Golden Jubilee National Hospital

Initial goals:

To determine whether a home based prehabilitation programme improves functional capacity (measured by a 6 minute walk test (6MWT)) before surgery and improve post surgical recovery.

009 Collaborative Care Counts

Team: Justine Greaves Clinical Specialist Physiotherapist; Jamie McNaught Team Lead Occupational Therapist; Dawn Buchan Senior Charge Nurse; Kirsten Gold Advanced Nurse practitioner; Shirley McCourt Enhanced Recovery lead Golden Jubilee National Hospital

Initial goals:

To facilitate post op day one discharges for total hip and total knee replacement patients and improve and ensure patient centred care and a positive patient experience.

010 Prehabilitation and physical activity

Team: Jane Porteous ERAS Nurse; Maggie Clark: ELLSA Nurse specialist; Ruth Miller: Prehabilitation co-ordinator for RAH/ Macmillan move more Co-ordinator; Mhairi Burke: Physiotherapist; Andy Dollan: Lead Physiotherapist; Jenny McDonald: Colorectal nurse specialist Royal Alexandra hospital

Initial goals:

- Our initial goals were to introduce patients to physical activity pre and post operatively.
- To refer patients to Live active and Macmillan move more from first clinic appointment.
- Introduce breathing technique and simple leg exercises at pre assessment and on the ward.
- Encouraging patient to walk round a 60 meter track in the ward

012 Assessing effect of ERAS on Incidence of PONV following Major Gynaecological Surgery

Team: Dr Oliver Licari, Consultant Anaesthetist; Dr Rami Rifai, SAS anaesthetist; Shady Amer, CT1 Anaesthetics Queen Elizabeth University Hospital, Glasgow

Initial goals:

Assessing the impact of ERAS on PONV following Major Gynecological Surgery

015 ELLSA@QEUH - improving patient outcomes following emergency abdominal surgery.

Team: Stacey Pickering - data collection, QI, patient follow up; Clare Bridgestock - ELLSA consultant anaesthetist; Paul Witherspoon - ELLSA consultant surgeon; Jennifer Rainey - link physiotherapist + lead for early mobilisation project; Kimberly Brown - link dietician; Arlene Connelly & Indran Raju - QI involvement; Maria Barry, Tressa O'Donnell, Marianne Lavery - surgical HDU link nurses; Ian Reeves - ELLSA consultant geriatrician; Carolanne O'Neill - elderly care assessment nurse; Kathryn McCallum - Surgical receiving link nurse; ALL nursing & medical staff within emergency theatres, anaesthetics, ED, HDU/ICU, surgical wards, physio, nutrition, acute pain, radiology, stoma care. Queen Elizabeth University Hospital, Glasgow

Initial goals:

- To improve patient outcomes following emergency abdominal Laparotomy/laparoscopy.
- To adopt the ERAS principles for early mobilisation, nutrition, best practice.
- To ensure that our patients receive the best care despite their operations being unplanned and urgent. To raise staff and patient awareness of how high risk these operations are.

019 Getting Better Faster - Enhanced Recovery after Radical Cystectomy

Team: Jaimin Bhatt - Lead of ERAS group for cystectomy and surgeon; Angela Baker / Genevieve Lowe - Perioperative medicine leads and anaesthetists; David Hendry - surgeon; Mike Palmer - surgeon; Imran Ahmad - surgeon; Euan Black- HDU consultant; Fiona Beaton - Clinical nurse specialist; Angela Gillen - senior charge nurse and all nurses on our ward; Fiona Muir - Lead nurse; HDU staff; a wonderful team of physiotherapists; ward pharmacists; junior doctors; Carol Donaldson - Stoma Lead CNS; Robert Gardiner - Clinical Services Manager; Susan Groom - General Manager; most importantly Patients and their families/friends Queen Elizabeth University Hospital, Glasgow

Initial goals:

- To introduce and implement enhanced recovery at our institution after Radical cystectomy which is one of the most morbid complex major cancer operations in urology.
- To improve patient care and empowerment to enable their participation.
- This was done in a multidisciplinary team-based setting by forming a short life working group.

020 Enhanced recovery after surgery

Team: Nisha Saleem, Clinical Nurse Co-ordinator; Rozina Khimani (Nurse manager) Aga Khan University Hospital, Pakistan

Initial goals:

The goal was comprehensively set to implement each and every substantial component of an Enhanced recovery after surgery (ERAS) in colectomy surgery to attenuate the surgical stress response and to reduce the risk of end organ dysfunction through a comprehensive perioperative pathway. Simultaneously, to studying the outcomes of this emerging perioperative protocol. The overall the target was set to expedite the recovery after surgery.

021 Championing Hip Fracture Care

Team: Angela Kannan, Orthogeriatrician; Sam Anand, Surgeon; Jill Hewitt-Gray, Anaesthetist; Charlotte Woodward, ED Sister; Louise Garrett, Trauma Ward Sister/ Manager; Luke Souter, Physiotherapy Assistant Horton General Hospital, Banbury

Initial goals:

To improve the hip fracture pathway locally to address more of the post operative elements, including functional recovery with physiotherapy. To increase our catchment area, thus taking a greater proportion of the Trust's hip fracture workload helping reduce the burden on our major trauma centre.

024 First ERAS experience with good results in a university hospital

Team: Prof. Enrico Opocher, director; Andrea Pisani Ceretti, MD, first assistant; Nicolò Maria Mariani, MD, second assistant; Lorenza Zampino, MD, resident; Riccardo Magarini, student ASST Santi Paolo e Carlo, Milan (Italy)

Initial goals:

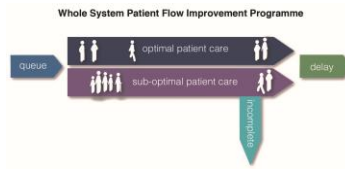
Our first goal was to introduce ERAS protocol for colorectal surgery for the first time in our hospital. Then, we tried to satisfy the majority of proposed items and we evaluated patients for a mean follow-up of 36 months, 30 day mortality and patients compliance to the protocol.

026 Introduction of Enhanced Recovery After Surgery for Oesophagogastric Cancer Resections into Glasgow Royal Infirmary

Team: Andrew Macdonald Consultant Surgeon; Catrina Dunlop CNS Upper GI Surgery; Hannah Kennedy CNS Upper GI Surgery; Gillian Walker Charge Nurse, ERAS Ward Glasgow Royal Infirmary

Initial goals:

Introduce ERAS for oesophagogastric (OG) cancer resections leading to a reduction in length of stay using Quality Improvement (QI) tools to facilitate and imbed change. Avoid the use of a feeding jejunostomy common to most OG ERAS pathways. Devise a common pathway for both oesophageal and gastric resections.



028 Re-setting ERAS in Colorectal Surgery

Team: Thalia Petropoulou- Robotic Colorectal Fellow; Shwan Amin- cancer lead-supervisor; Rest of the consultants: making sure that protocol was followed Sheffield Teaching Hospitals

Initial goals:

To reset the ERAS that was not working for a few years, due to lack of dedicated colorectal ERAS nurse

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Oral Presentations: Session 1

Teamwork and Pathway Re-design

011 GEARS: Helping our patients on a faster road to recovery

Team: Dr Susanna Walker – Consultant Anaesthetist, GEARS lead; Dr Ben Morrison – Consultant Anaesthetist; Prof D Nicol – Consultant Urologist; Mr Adam Pearce - Urology clinical fellow; Mr David Manson-Bahr – Urology clinical fellow; Rebecca Martin – Urology CNS; Clare McNally – Urology CNS; Jessica Whibley – Lead physiotherapist; Dr Paul Farquhar-Smith – Consultant in pain medicine; Caroline Spence – CNS in pain medicine The Royal Marsden Hospital

Initial goals:

To develop and implement a new ERAS protocol for patients undergoing Retroperitoneal Lymph Node Dissection surgery as the first stage of a wider project to implement ERAS protocols to all operation types. Our aim was to produce a simple, comprehensive, and easily understandable document for everyone to use, including patients

014 The ERAS Working Group - A Team Approach To Success

Team: Dorna Taylor - Advanced Nurse Practitioner (ANP)(Chairperson ERAS Working Group - NHS Fife); Caoimhe McCann - Orthopaedic Physiotherapist; Lorna Bellingham - Ward Senior Charge Nurse; Irene McLaughlin - Occupational Therapist Jacqueline Young - Recovery Nurse; Mark Hastie - Physician's Assistant in Anaesthetics; Gail Taylor - Superintendent Radiographer; Stephanie Smith - Advanced Pain Management Nurse; Aileen Graham - Ward Staff Nurse; Jayne Ritchie - ERAS Colorectal Nurse; Lorraine McComiskie - Orthopaedic Pre-Assessment ANP; Jan Wood - MSK Audit Nurse Elective Orthopaedic Ward (Ward 10), Victoria Hospital, Kirkcaldy, Fife

Initial goals:

- To achieve Day 0 discharge discharge for THR patients.
- We were unsuccessful initially. I had witnessed the success at Hidovre Hospital.
- Copenhagen and it was obvious to me that the lack of teamwork/communication was impacting on our efforts.
- Consequently I set up the ERAS Working Group to address this situation

025 ERAS protocol introduced for elective arthroplasty with reduction in median length of stay in hospital

Team: Dr Srikanth Lakshminarayan (consultant anaesthetist)- implementation of new ERAS protocol; Dr Mathew Freer (consultant anaesthetist)- implementation of new ERAS protocol; Dr Mani Multani (ST1 anaesthetist)- data collection; Dr Jasmine Samuel (ST4 anaesthetics)- data analysis; Margaret Baggott- (pain nurse)- data collection; Physiotherapists, day surgery staff, ward nurses- implementation of ERAS protocols, encouragement of mobilisation. Forth Valley Royal Hospital

Initial goals:

To assess current patient pathway and introduce a more thorough ERAS approach to improve patient care. To analyse and compare the short-term outcome measures in patients undergoing primary lower limb arthroplasty (Total Hip and Total Knee) surgeries under spinal anaesthesia with or without intrathecal diamorphine.

027 Development, implementation and sustaining of ERAS in colorectal patients

Team: Dr Soteroula Kanari- Lead, researched, coordinated project and major contribution to the preoperative aspect of ERAS. Mr Andrew Torrance- Lead, coordinator and major contribution in the implementation and data collection. SWBH NHS Trust

Initial goals:

Initial goals were to reduce the high postop rate of chest infections in elective surgical patients, mainly colorectal and reduce LOS. This was brought to our attention by a CQC inspection.

Oral Presentations: Session 2

Prehabilitation

007 UK's First Mobilisation of a patient with femoral Intra-aortic balloon pump (IABP)

Team: Natalie Lambie (Senior Physiotherapist in Advanced Heart Failure); Fiona Nolan (Cardiothoracic Physiotherapy Team Lead); Ross Marschieder (Senior Physiotherapist) Golden Jubilee National Hospital

Initial goals:

The aim of the project was to introduce a protocol for the mobilisation of patients on femoral IABPs and to assess any minor or major complications.

To limit the detrimental effects of prolonged bed rest prior to cardiac transplantation and enhance postoperative outcomes.

008 Establishment of Prehabilitation Service with minimal funding

Team: Dr Tarannum Rampal- Consultant Anaesthetist, Clinical lead - Medway Prehabilitation Service; Mr Roberto Laza Cagigas- Senior Exercise Physiologist Medway Prehabilitation service; Miss Shirley Chan- Consultant Colorectal Surgeon, Surgical Lead-Medway Prehab Medway NHS Foundation trust

Initial goals:

Our goal was to set up a multipronged prehabilitation service to make patients fitter before the stress of major surgery. We hoped that improvement of physiological reserve would lead to reduced complications and readmissions post-operatively, and improvement of markers of chronic disease, eg diabetes, obesity.

016 The MILE (My Integrated Lifestyle and Exercise) Programme: implementing multimodal prehabilitation into routine clinical care for gynaecology patients at the Royal Marsden Hospital

Team: Louisa Shovel – team lead; Jessica Whibley –physiotherapy lead; Ramanathan Kasivisvanathan – mentor; John Butler –surgical lead; Susanna Banerjee – oncology lead; Lucy Dumas – oncology advisor; Adrian Faulty – exercise lead; Jennifer Newman – dietetic lead; Jonathan Dunne – data analyst;

Andreia Fernandes –CNS

Maria Galanaki - CNS

Lindsay Banahan – CNS; Phillipa Jupp – CNS; Rebecca Phipps – CNS; Mary O'Leary – CNS; Helen Foulser – CNS; Emily Davies – CNS Royal Marsden Hospital

lead; Lucia D'Mello – CNS;

Initial goals:

Addressing the following issues within the gynaecology surgical pathway:

- Older*, frail women, further deconditioned by chemotherapy then undergo surgery without prehabilitation
- 84% anaemic at presentation, of whom anaemia was treated in only 22%
- 40% high-risk for malnutrition at presentation**, yet none saw a dietician and only one received nutritional supplementation

018 Implementation of a perioperative medicine service to improve patient fitness for major surgery

Team: Prof Denny Levett - Clinical Lead; Imogen Fecher-Jones - Project manager / lead nurse; Mark Edwards - Anaesthetic Consultant; Mai Wakatsuki - Anaemia Lead Anaesthetic Consultant; Carin Dear - Ortho Lead Anaesthetic Consultant; Charlotte Allen - Anaesthetic Consultant; Gilly Ansell - Anaesthetic Consultant; James Otto - CPET Exercise physiologist; Jo Murfin - Perioperative Nurse Practitioner; Lisa Sheppard - Anaemia Nurse; Gurinder Rayat - CPET Band 3; Stephanie Berry - POM Administration; Katy Brown – Dietitian; Rachel Devlin - Therapy Lead; Judit Varkonyi-Sepp - Psychologist University Hospital Southampton NHS Foundation Trust

Initial goals:

To plan, implement and evaluate a new perioperative service that aimed to:

- Identify high risk patients prior to major surgery and support shared decision making regarding surgery treatment
- Educate patients and provide support to enable them to make lifestyle changes to improve their level of risk.
- To optimise known co-morbidities (anaemia, diabetes, cardiac disease, malnutrition)

Oral Presentations: Session 3

Quality improvement, spread and adoption

003 Emergency Laparotomy Collaborative - reduction in mortality and LoS

Team: All 28 hospital clinical leads; Niall Quiney – PI; Carol Peden - QI lead; Anne Pullyblank - lead for SWAHSN; Tim Stephens - QI coordinator; James Kirkby-Bott - lead for Wessex; Suzanne Kellett - lead for Wessex; Peter Carpenter - service delivery director KSS AHSN Royal Surrey County Hospital

Initial goals:

Our initial goals were to lower mortality for emergency laparotomy (both unadjusted and risk-adjusted), decrease length of stay and improve the quality of care delivered by implementation of a 6 point care bundle.

We succeeded in all of the goals.

<https://jamanetwork.com/journals/jamasurgery/fullarticle/2728194>

022 Implementation of Enhanced Recovery After Surgery + (ERAS+) across Greater Manchester (GM)

Team: John Moore – Clinical Lead, Manchester University NHS Foundation Trust (MFT); Stuart Clough – Evaluation Lead, Haelo; Cathie Forrest – Data Lead, MFT; Rachel Sloman – Project Manager, NHS Transformation Unit; There is also a collaborative team at each of the six new GM ERAS+ sites typically encompassing a clinical lead, ERAS+ nurse and data collector. NHS Transformation Unit (on behalf of Manchester University NHS Foundation Trust)

Initial goals:

Our goal is to benefit patients by making them better prepared for major surgery – ultimately striving for reduction in PPC and LoS for patients.

GM ERAS+ is supported by a Health Foundation Scaling Up grant. At year 1, >1,000 patients have benefitted, and patient feedback has been excellent.

023 Successful Scaling up of ERAS+ in Greater Manchester (GM)

*Team: Emma Dale - ERAS+ Specialist Nurse; Danielle Stansfield - ERAS+ Data Collector; Robert Loveridge - Consultant Anaesthetist; Sajal Rai - Consultant Surgeon; Thomas Curtis – Physiotherapist; Karen Jepson - Advanced Nurse Practitioner; Laura Gifford – Physiotherapist; Jill Hulme-Duvall - Acute Pain Specialist Nurse; Colette Wharton - Acute Pain Specialist Nurse; Jan Sinclair - Public Health Nurse.
Stockport NHS Foundation Trust*

Initial goals:

To set up ERAS+ beginning in April 2018, as part of scaling up of GM ERAS+, of which we were in phase 1 with The Christie and Wythenshawe hospital. To reduce our length of stay and reduce chest complications whilst not compromising quality of care.

029 EROSS: A national approach to Enhanced Recovery for Obstetric Surgery in Scotland.

Team: Kerry Litchfield, Consultant Anaesthetist; Linda Sparks, Service Improvement Manager; Neil Perkins, Senior Information Analyst; David McDonald, Service Improvement Manager; Andrew Clark, Consultant Anaesthetist / Clinical Lead for Enhanced Recovery for Obstetric Surgery in Scotland (EROSS) University Hospital Crosshouse, Scotland, UK

Initial goals:

Inaugurate a national network to deliver Enhanced Recovery for Obstetric Surgery across Scotland.

Oral Presentations: Session 4

Patient Education

013 Implementation of Enhanced Recovery for Elective Caesarean Section

Team: Gordon Peters: Project Lead; Ashley McGrillen: ERAS Midwife; Colin Malcolm: Consultant Obstetrician; Amanda Kennett: Lead midwife for inpatients UHW; Susan Clements: Charge midwife postnatal ward UHW; Elaine Henderson: Senior Physiotherapist UHW; Jacqueline Rooney: Pharmacist maternity unit University Hospital Wishaw

Initial goals:

To introduce our ERAS pathway incorporating antenatal education classes and a perioperative management bundle in line with national guidance. This includes minimising preoperative fasting, eating within one hour, IV fluids discontinued within one hour mobilising within 8 hours and removal of urinary catheter on day one following surgery. Combined these reduce complications, increase maternal satisfaction and facilitate earlier discharge.

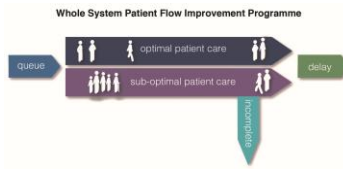
017 Smart Journey through elective caesarean section

Team: Dr Swetha Bhaskar- Lead Obstetrician for EROSS; Dr Venkat Bhaskar- Lead Anaesthetic for EROSS; Mhari McCallan - Lead midwife for EROSS (current); Kirsty Potter - Lead midwife for EROSS (current); Anne McKinnon - Quality improvement midwife Victoria Hospital, NHS Fife

Initial goals:

1. Improve patient's satisfaction and bonding with the baby following caesarean section
2. To prepare and provide the women with best physiological conditions before the procedure
3. To ensure patient can join the family as soon as she is ready
4. To shorten inpatient stay and reduce the pressure on the beds

030 Face-to-face preparation class for mothers having planned caesarean delivery (CD) aids embedding of EROS (Enhanced recovery after obstetric surgery) principles.



Team: Kirsty Miller [ERAS Implementation midwife];
Carol Hollas [ERAS Implementation midwife]; PRM Parentcraft/ health education
midwifery team; PRM Perinatal physiotherapy team; Kerry Litchfield, Consultant
anaesthetist and PRM obstetric anaesthetic team Princess Royal Maternity

Initial goals:

Develop and embed an MDT face-to-face education class to inform mothers on their planned CD journey to aid understanding of the preparation, process and recovery after surgery with a focus on engagement with postoperative bundles of care, which in turn aid a prompt return to health and the home environment.

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