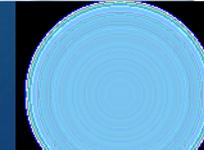




Improving quality in Oesophagectomy ERAS

– learning from a visit to Virginia
Mason Medical Centre, Seattle

ELAINE TUSTIAN
ERAS FACILITATOR



Background

- ▶ Started in April 2012
- ▶ Median LOS was 12.5 days (2011-2012)
- ▶ Formalisation of current practice and sought to reduce variation
- ▶ As the years progressed, the team felt that improvements could be made but found it difficult to make significant changes
- ▶ Virginia Mason Medical Centre, Seattle reported an average length of stay of 7 days ⁽¹⁾
- ▶ Donald Low (Consultant Upper GI Surgeon from Virginia Mason) invited Nick Maynard (Consultant Upper GI Surgeon from Oxford) and the Upper GI team to visit
- ▶ The team visited Seattle in September 2015

The Team

- 1 Consultant surgeon,
- 2 Dietitians,
- 1 Upper GI Nurse Specialist,
- 2 Upper GI ward nurses,
- 1 Physiotherapist
- 2 Consultant anaesthetists,
- 1 Intensivist/POAC lead,
- 1 Surgery Manager



The Trip

- ▶ 5 day trip, funded by Oxford University Hospitals
- ▶ Morning board meetings with members of the Virginia Mason ERAS team
- ▶ Each clinician paired with their counterpart at Virginia Mason to experience their role in ERAS and compare practices to Oxford
- ▶ Visits to theatres, High Dependency Unit, wards, outpatient clinics
- ▶ Spoke to patients to hear about their experiences
- ▶ Opportunities for the Oxford ERAS team to meet up over meals and discuss what they have learnt and plan the changes to make in Oxford

“One thing that I learnt was that it is essential to have everyone within the MDT on board. In Virginia Mason ERAS was embedded in nurses, Doctors, dietitians and physio’s mind. They didn’t have any daily paperwork or written pathways as such, it had become a culture. This meant that the patient progressed daily no matter who was on.”

Claire Coleman (Upper GI ward sister)

“Taking the whole team filled everyone with enthusiasm and empowered them to make changes in their own field”
Nick Maynard (Consultant Upper GI Surgeon)

“Because the patients are fully prepared (at Virginia Mason) and they know what to expect, they are more motivated to participate in their post-operative recovery.”
Anita Joyce (Upper GI nurse specialist)

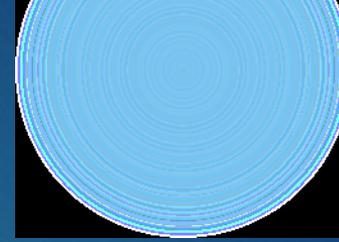
(Implementing a bowel policy after the trip...) “had made a major impact on feeding on the ward, avoidance of delayed/held feed due to abdominal distention due to constipation”
Liz Ward (Upper GI dietitian)

“We learnt a huge amount but what was almost more important I think was to get to know each other as a team and find out more about what each part of the team does on a daily basis to make the whole patient pathway work. We talked constantly, both in the hospital but also over drinks and dinner and breakfast! We could never had done this in Oxford with the constraints of work.”

Catherine Atkinson (consultant anaesthetist)

The Feedback

The Changes

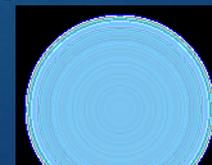


Pre-Seattle trip

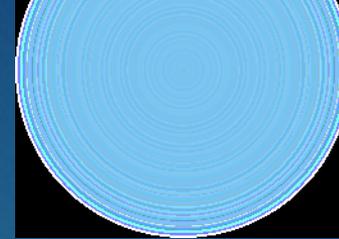
- ▶ ERAS patient information leaflet given at pre-assessment
- ▶ 5 day a week physiotherapy service
- ▶ Laxatives only prescribed if patient reports constipation
- ▶ Enteral feeding regime aimed at achieving 125ml/h over 16 hours by day 4
- ▶ Fork mashable, soft moist diet commenced in hospital and on discharge

Post-Seattle trip

- ▶ Pre-operative discussion about ERAS by the consultant
- ▶ Regular structured physiotherapy every day after surgery
- ▶ Proactive laxative use from day 2 (if bowels not opened)
- ▶ Adapted enteral feeding regime (higher protein, lower volume) and regular jejunal water flushes
- ▶ Pureed oral diet commenced in hospital and on discharge

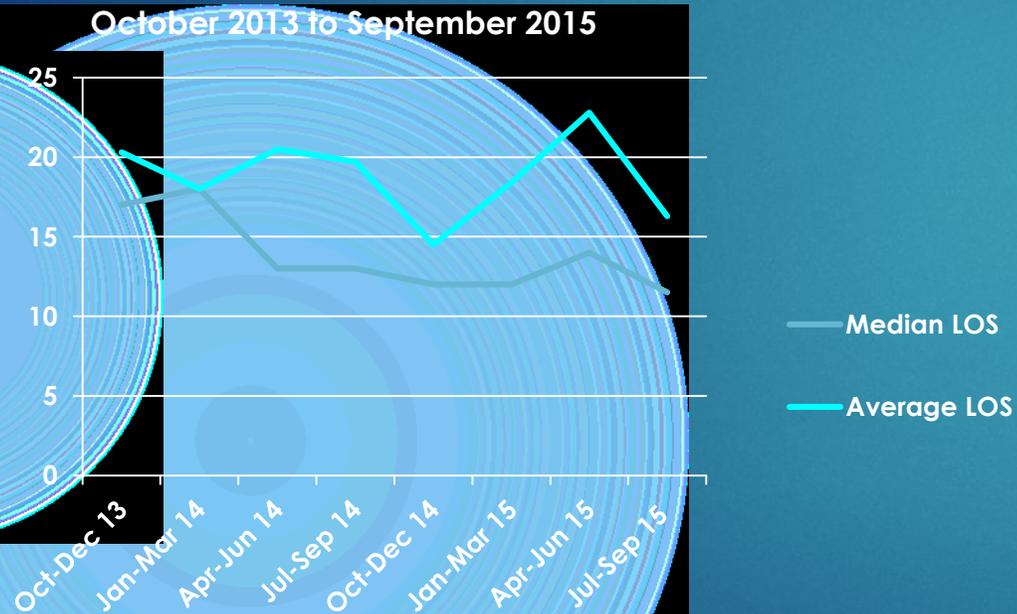


The Results



Pre-Seattle trip

Post-Seattle trip



Median and Average length of stay [LOS] for patients on the Enhanced Recovery Oesophagectomy pathway. 141 patients were admitted in total over this period. 2014 National median length of stay for Oesophagectomy was 13 days.(2)



Median and Average length of stay [LOS] for patients following the Seattle trip, and the revised Enhanced Recovery Oesophagectomy pathway relaunch. 142 patients were admitted in total over this period. 2015 National median length of stay for Oesophagectomy was 13 days.(3)



The Patient Experience

Pre-Seattle trip

When did you first learn about ERAS?

- ▶ 4 patients 'never heard of it'
- ▶ 1 patient 'from surgeon'

Post-Seattle trip

When did you first learn about ERAS?

- ▶ 2 patients 'at pre-op assessment'
- ▶ 1 patient 'at pre-op visit'
- ▶ 1 patient 'at OOSO (support group) meeting'
- ▶ 2 patients 'from physio'
- ▶ 1 patient 'never heard of it'

Conclusion

- ▶ Collective team approach was key to the success
- ▶ Positive influence on team relationships and morale and initiated a desire for change
- ▶ Each speciality identified changes in their area of expertise
- ▶ Patient feedback indicates an earlier awareness of ERAS
- ▶ Median length of stay decreased from 11 days to 9 days
- ▶ The trip to Seattle had a direct influence on the improvements the team have made to the Oxford Oesophagectomy ERAS pathway

References

1. Preston, SR et al (2013) Impact of a multidisciplinary standardized clinical pathway on perioperative outcomes in patients with oesophageal cancer. Br J Surg. 2013 Jan;100(1):105-12
2. NHS, (2014) National Oesophago-gastric Cancer Audit. Available at <http://content.digital.nhs.uk/catalogue/PUB16020/clin-audi-supp-prog-oeso-gast-2014-rep.pdf>
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