

# **5th ERAS UK Conference**

**Edinburgh**

**Moving toward  
Value-based healthcare  
Together**

# Value?

- Health outcomes per £1 spent
- If value improves, patients, payers, providers and suppliers all benefit and healthcare becomes more **sustainable**
- Delivery must be **efficient**
- Any single intervention must be considered in **context**

# Is ERAS value?

- Demonstrable clinical benefit and translation into functional recovery/independence for patient?
- Is ERAS gold standard of care?
- Need to establish clear management pathway to allow full **implementation** and plan for **sustainability**

# ERAS 1<sup>st</sup> consensus protocol

Clinical Nutrition (2005) 24, 466–477



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<http://intl.elsevierhealth.com/journals/clnu>

SPECIAL ARTICLE

## Enhanced recovery after surgery: A consensus review of clinical care for patients undergoing colonic resection

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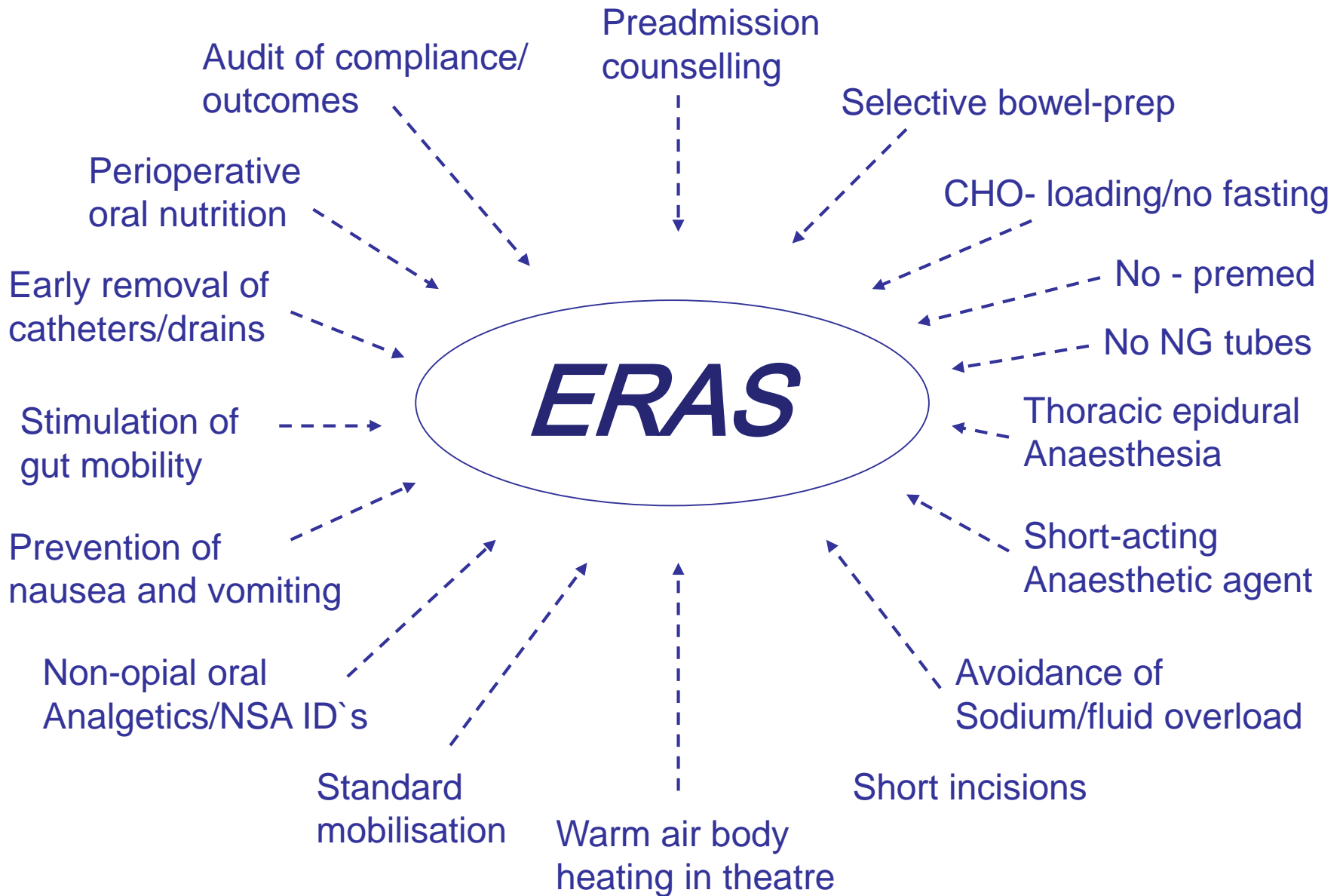
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Received 26 January 2005; accepted 8 February 2005

# Traditional Perioperative Care

- Starve
- Stress
- Drown

# Evidence-based practice



# Hospital length of stay

## ERAS: Shortened by 2.3 days

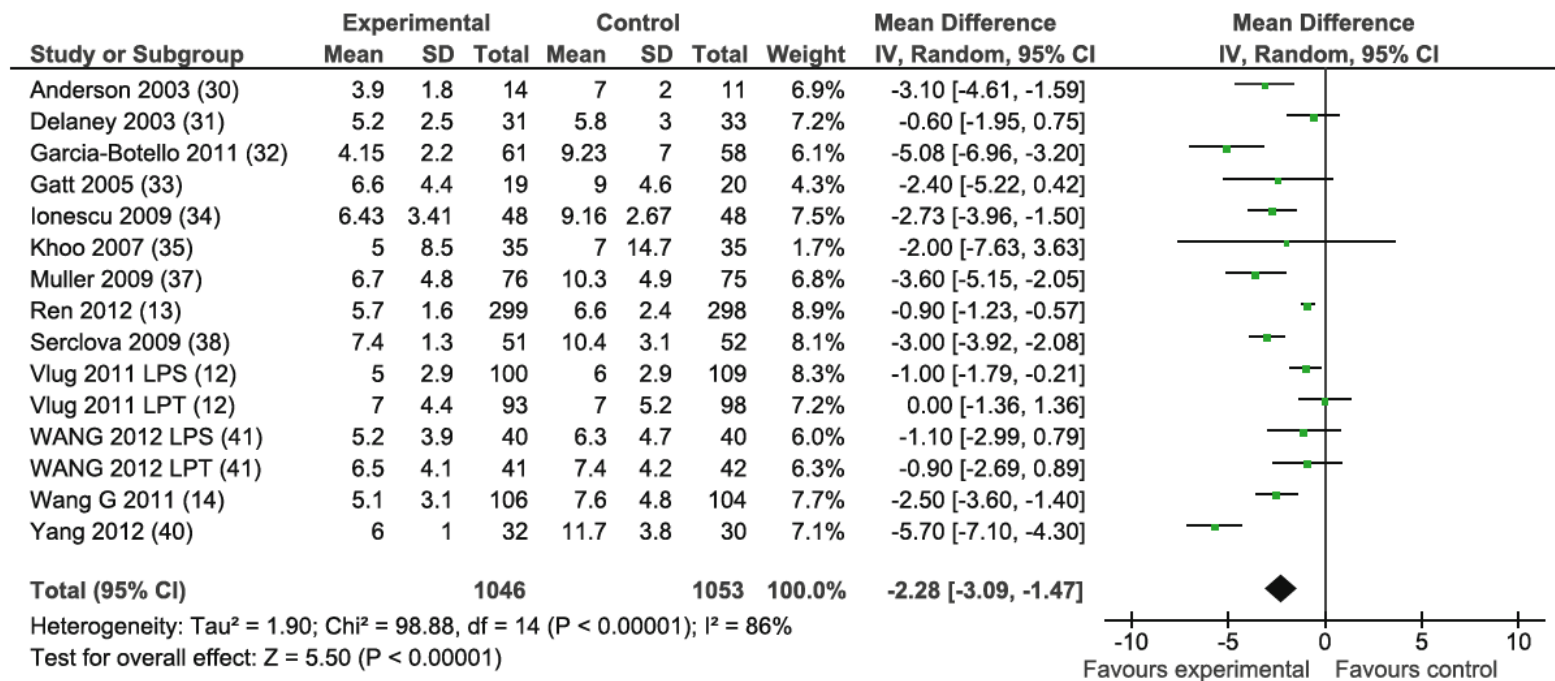
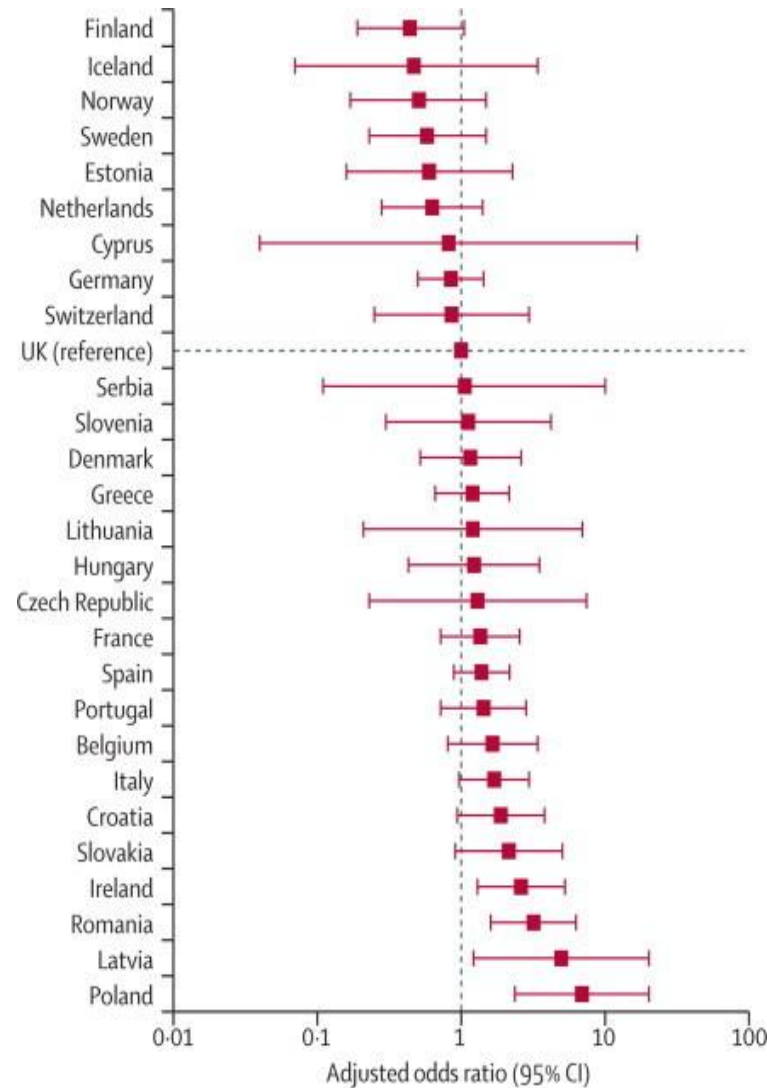


Fig. 6 Pooled estimates of length of hospital stay comparing enhanced recovery after surgery versus standard care. CI confidence interval, df degrees of freedom, RR risk ratio

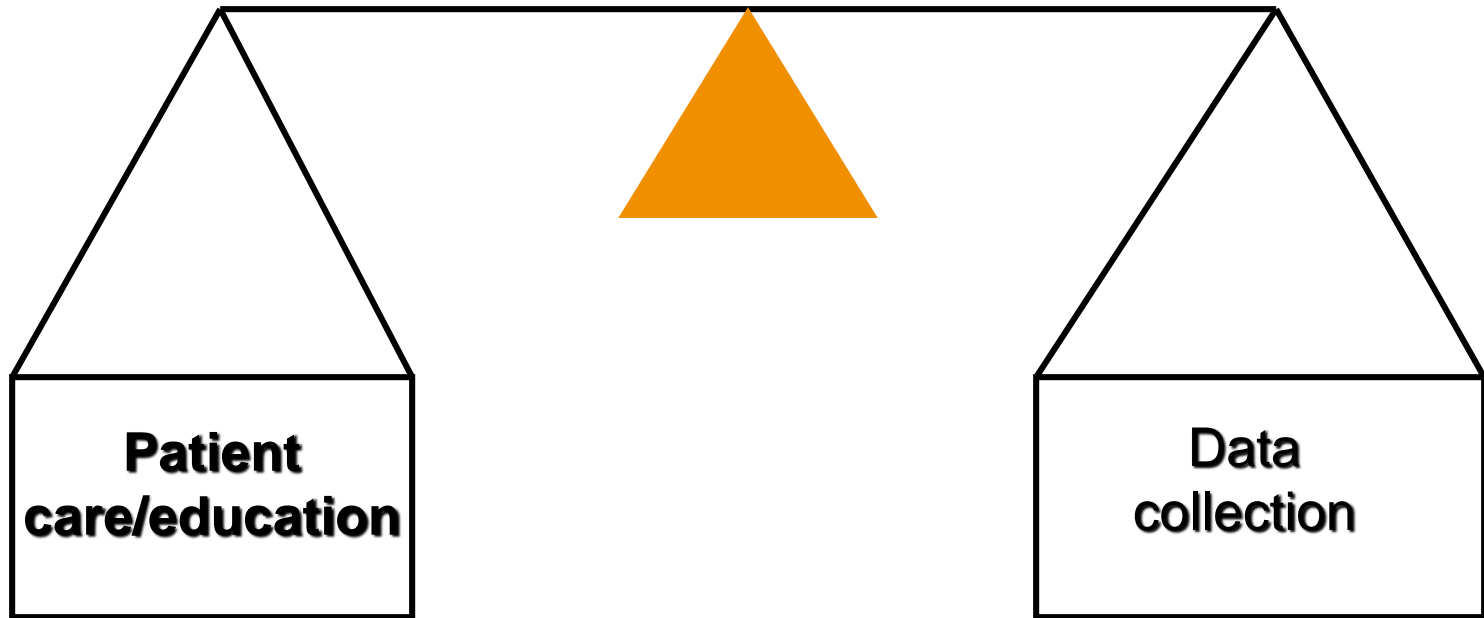


# Risk of death after non-cardiac surgery

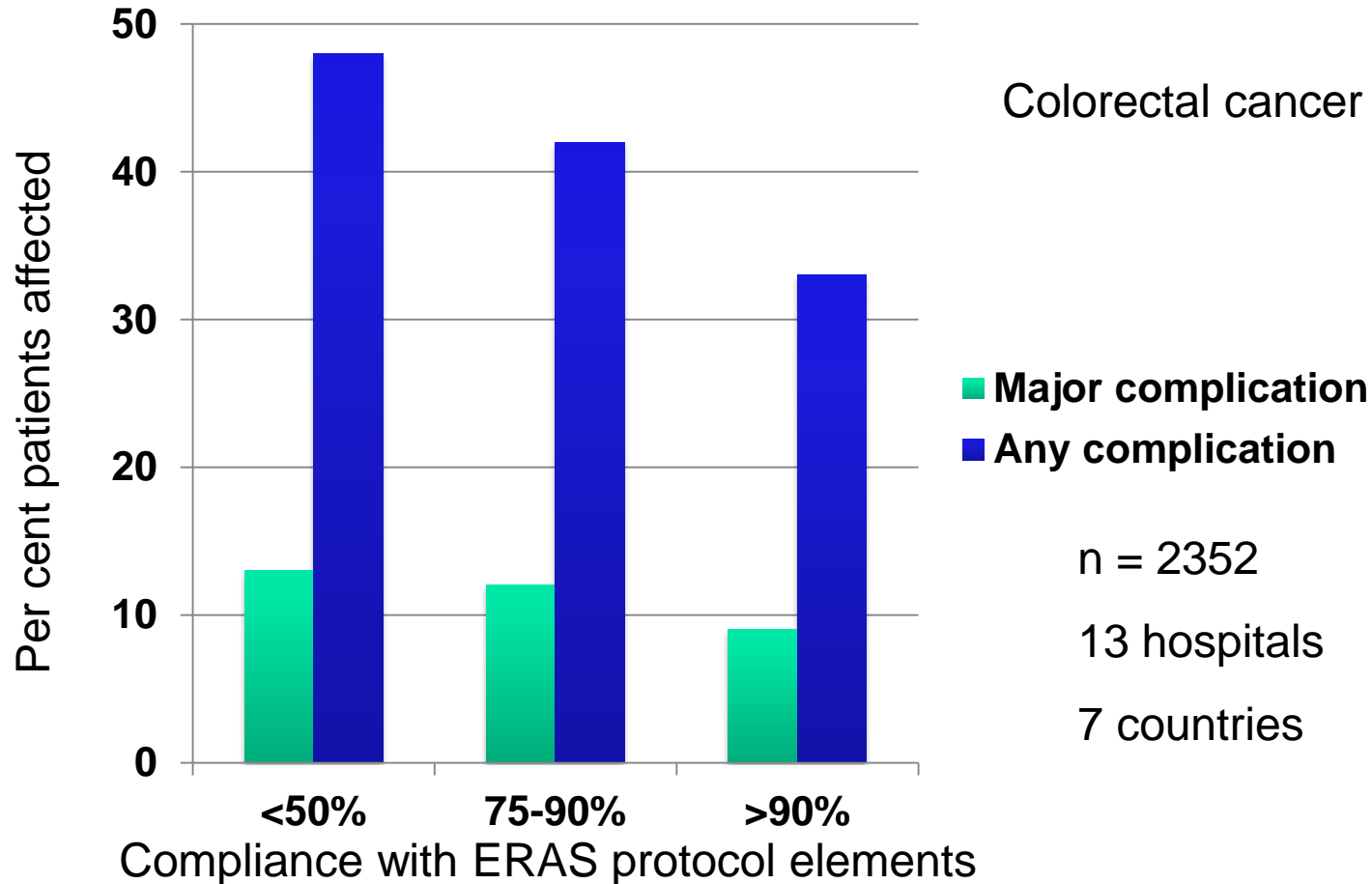


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# Role of the ERAS Nurse?



# Better ERAS compliance: Reduced complications



Multi center study, consecutive patients

## Patient optimization for gastrointestinal cancer surgery

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# Summary

- Focus on measurement and compliance
- Keep emphasis on patient outcomes/experience
- Look across UK to see what works
- Consider efficiency (esp in data collection)
- Consider research as a component of implementation

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