

# Rethinking Recovery

## WTH Celebrates Success of Colon Surgery Pilot Project

Recovery from colon surgery isn't easy and typically requires a longer length of stay than many other surgical procedures. It isn't unusual for a patient to remain hospitalized for a week with open surgery and experience significant pain, changes to bowel function, nausea, heightened risk for complications, risk of surgical site infection, and higher readmission rates. By implementing best practices through a standardized Enhanced Recovery After Surgery (ERAS) protocol, Jackson-Madison County General Hospital, the flagship hospital of West Tennessee Healthcare (WTH), has successfully changed the post-op experience to the benefit of both patients and the health system.

The multi-modal protocol – which was developed in Europe to enhance and speed patient recovery following surgery – looks at the full continuum of the surgical process from pre-op to post-op to create a standardized care plan between all providers. “The main goals are to improve outcomes, improve patient experience and pain relief, and decrease length of stay,” explained WTH Quality Outcomes Director Amy Matthis, MSHA, MBA, CPHQ.

Matthis noted she first learned about the colon ERAS project through the Tennessee Hospital Association and American College of Surgeons in July 2017, about the time comprehensive guidelines for the colorectal surgical recovery bundle were released nationally. By December 2017, the hospital had begun enrolling patients in a pilot project utilizing the evidence-based

procedures to improve recovery. “As soon as AHRQ (the Agency for Healthcare Research and Quality) and Johns Hopkins started releasing best practices for us to see, we started changing the order sets our physicians use,” Matthis explained.

She continued, “We made one standardized patient education book for colon surgeries so all patients receive the same information and understand what their surgery is about and what the recovery will be like.” The educational component, she noted, has helped set realistic patient expectations for how they will feel after surgery

and underscored the necessity of pushing through anxiety to get up and move. “The sooner they can eat and get out of bed, the sooner they can get out of the hospital and have better outcomes,” Matthis said.

Lisa Twyman, RN, BSN, a clinical data abstractor with WTH, said the hospital also expanded the type of anesthesia used for colon surgeries to options that are more localized and multi-modal. “The anesthesiologists are using drugs that are opioid sparing. For patients having colon surgery, it allows the colon to wake up quicker, for the patients to get up and be mobile faster and to be able to drink that afternoon (after surgery),” she noted. “Getting them back to a normal state faster is one of the best reasons for doing the protocol,” Twyman added of re-thinking anesthesia options. “The whole goal is getting them home and back to a normal state of health with better outcomes in a timely manner.”

To hardwire the new protocol across clinical disciplines, Matthis said the standardized steps were embedded in the order set, including using antibiotics to ward off infection, administering medicines to keep patients from developing blood clots and decreasing catheter use to avoid infections common with prolonged catheterization. Internal education was also critical in the adoption process. “Surgeons and anesthesiologists were educated along with nurses, physical therapists and pharmacists,” she added.

Twyman said that education is a critical component of the plan, extending to the patients and their families. “It's so important to set those expectations, give the patient a piece of the process they can own and be a part of their care,” she explained. Patients are told that it will hurt to get up after surgery but doing so will help them not only avoid complications including blood clots and pneumonia but will also help get their stomach moving and get the anesthesia out of their system more rapidly.

“The quicker you get up and get moving, the better off you'll be – I think that's powerful for our patients to know prior to their operation,” Twyman noted. “They can change their outcomes. They can affect how long they have to stay here at the hospital.”

The pilot project launched at the end of 2017. By spring 2018, the clinical team had identified 40 cases that would qualify for using the colon surgery ERAS. Of that group, 19 cases were put on the full protocol, and 21 either weren't on the protocol at all or utilized only some of the measures. “The 19 that did use the protocol had one-third the complications as the others,” said Matthis. “The length-of-stay difference was 3.4 days vs. 6 days,” she added of the shortened hospital stay for those fully using the ERAS pilot program.

Anecdotally, she continued, “We actually have a patient who had colon surgery prior to the new protocol and one after. He said he felt so much better, so much faster after he was on the ERAS protocol.” Physicians have similarly reported positive patient comments.

“We had three patients in the ERAS group that actually went home on day two,” Twyman added of an overall decrease in hospital stay. “Just five years ago, the average person would stay seven days after having this surgery. I've been nursing for 33 years and have seen changes in other specialties around length of stay but nothing quite this dramatic.”

Matthis noted using the ERAS colon protocol reduces the variation of care, improving outcomes and decreasing costs. She added there was an immediate uptick in adoption of the protocol once surgeons saw the initial data from the pilot. “I see no downsides to this,” Matthis said of implementing ERAS.

Twyman noted, “As a nurse, if I were having this surgery today, I'd want to be put on this protocol.” She paused a second and then added with a laugh, “Actually, I would demand it.”

*The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.*



Amy Matthis



Lisa Twyman

