Getting Onboard with ISCR: The Benefits of Improving Surgical Care and Recovery

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Purpose
To evaluate the success of implementing the Improving Surgical Care and Recovery (ISCR) protocols for colorectal surgical patients, introduce the protocols to other potential surgical service lines, and to bring awareness to staff hospital wide of the existing protocols.

Question
In patients undergoing colorectal surgeries, does use of the Enhanced Recovery After surgery (ERAS) protocols improve overall recovery by reducing postoperative complications and decrease length of hospital stay compared to patients utilizing conventional treatment?

Literature Review

The evidence fell into two categories:
Level II - 2 Quasi-experimental studies
Level III - 4 Non-experimental study

The evidence from the research articles consistently shows that the implementation of an ERAS protocols have significant benefits not only to patient outcomes but in all areas from preoperative through recovery. Financially the ERAS protocols is beneficial to facilities, patients, and health insurance carriers by saving an average of $2,245 per patient due to the decreased length of stay by 2.5 days on average, improved recovery rates, reduced readmission rates from 26% to 17.8%, and reduced rate of infection.

Methods

- Databases/Websites: OVID, Wolters Kluwer Health
- Criteria: Scholarly Articles <5 years old
- Keywords searched: abdominal, rectal, colon, ERAS, ISCR, cost, infection, recovery
- All articles were appraised using the Johns Hopkins Nursing Evidence-Based Practice appraisal tools

Background/Significance of the Problem

- Prior to these newly implemented surgical protocols, the standard prep for surgery included patients being NPO, inconsistent pain management techniques, delayed ambulation, and postponed alimentation. Many of these factors have been proven to not be in the best interest of the patients' recovery.
- With the introduction of the ISCR program, which uses ERAS protocols, new methods of care have been researched and proven to show an improvement in patient outcomes in all phases of the surgical process.
- Inconsistencies in the application of the protocols among surgeons can significantly affect patient outcomes as well as the organization's ability to capture reliable data.
- While the staff that were employed at the time of the initial rollout of the ISCR program are well versed on the process, there are some opportunities to train new staff that have come onboard since the initial rollout. Currently the protocols, guidelines and documents are available on the intranet as a resource for staff members.
- Patient education is a key piece to the process, if the patients and their support do not understand what they are being asked to do they likely will have difficulty complying. Some parts of the protocols go against everything they have ever heard in relationship to the surgical process, so making certain they understand the protocols and some of the data to back it up can go a long way in their compliance with the protocols.

Recommendations for Practice Change/Next steps to Translate Evidence into Practice

- Preformatted order sets available in EPIC for surgeons to implement ISCR protocols should aid in gaining the cooperation of all surgeons.
- Staff trained on protocols for consistency as well as universally acceptable guidelines to implement the ISCR protocols. In-service training and annual competencies through computer-based training would help staff remain consistent and up-to-date.
- It would be helpful to have a location where staff members can access information regarding the program, see updated statistics, and preview upcoming phases of the program.
- Education should be provided to all patients through the Patient Guide and should be thoroughly reviewed with patients and support prior to surgery. Possibly create a pre-surgery boot camp class and require patients to attend.
- Continue to evaluate data related to the process and compliance in all phases of the program.
- Data collected via chart audit and checklist to identify areas with opportunity for improvement.

Conclusions

The hospital currently falls short in some areas when it comes to compliance with ISCR protocols, including inconsistency in surgeons’ orders, compliance with all staff in implementing steps and having inadequately trained nursing staff carrying out protocols.

Increased collaboration and communication between Surgeons, Nursing staff, and patients would result in the following benefits:

- Consistency in implementation of ISCR procedures
- Decreased length of stay for total admission days
- Decreased readmission rates
- Lower surgical site infection rates
- Increased financial benefits for the hospital

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