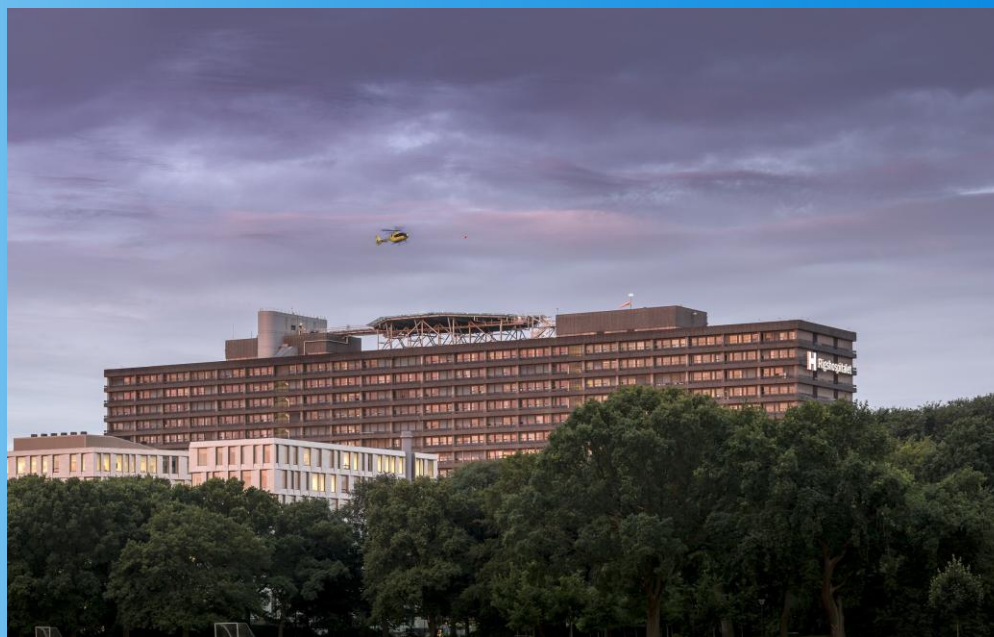


Rigshospitalet

How to Maintain good Quality in Nursing Care and Patient Involvement?

REGION



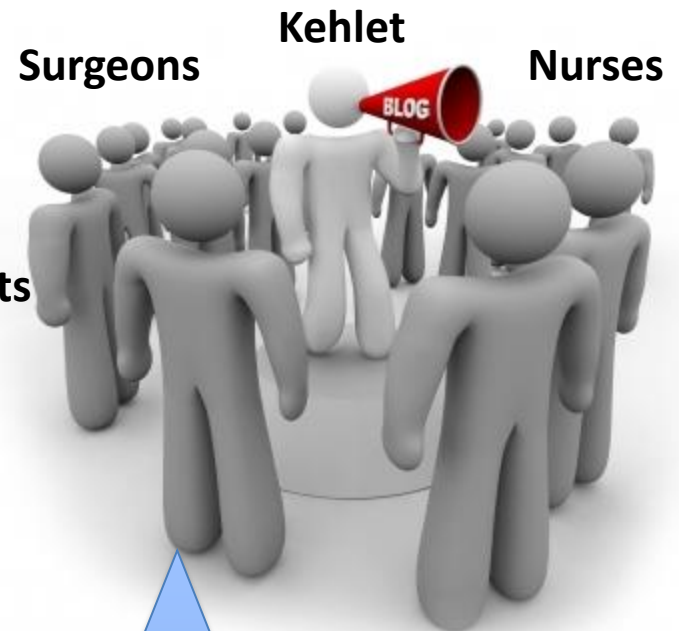
Dorthe Hjort Jakobsen
Master of Clinical Nursing
ERAS Unit, Rigshospitalet, Denmark

Turning point – Hvidovre Hospital 1997

Surgical
stress
response



Anaesthesiologists



Fast track
program

ERAS Study Group→ERAS Society

Highlights:

2001: Initiation

2003: Database

2005: 1st protocol

2006: Implementation

2009: 2nd protocol

2010
ERAS Society



'Enhanced Recovery After Surgery A Review

Olle Ljungqvist, MD, PhD; Michael Scott, MD; Kenneth C. Fearon, MD, PhD[†]
Jama Surg 2017;152:292-8.

- **> 25 yrs development**
- **LOS ↓**
- **medical complications ↓ (30 - 50 %)**
- **costs ↓**
- **ERAS guidelines for implementation**
- **conclusion: surgical value-based care**

**We know, What to do –
BUT
How do we do it ??**



organization and implementation

ERAS UNIT - Rigshospitalet

Aim

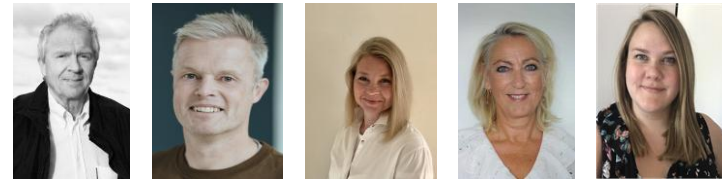
- to ensure implementation and maintaining the good quality of ERAS programs in all surgical specialties at Rigshospitalet (since 2012)



Employees at the ERAS Unit

The team

- 1 surgeon
- 1 anesthesiologist
- 2 nursing specialists
- 1 data scientist



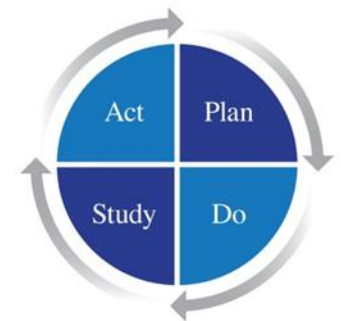
Data

- 215 surgical procedures at 14 surgical specialties

ERAS UNIT - Rigshospitalet

Methods

- Twice a year all surgical specialties receive procedure-specific data such as LOS, re-admission and death within 30 days
- Analysis of readmitted cases or an audit can be done in order to clarify any challenges/problems
- Help to pain management, nursing care plans, teaching etc.



How to Maintain good Quality in Nursing Care?




What is good Quality in Surgical Nursing care?

Guidelines for Perioperative Care in Elective Colorectal Surgery: Enhanced Recovery After Surgery (ERAS®) Society Recommendations: 2018

Scientific Review | [Open access](#) | Published: 13 November 2018

Volume 43, pages 659–695, (2019) [Cite this article](#)

Download PDF 


 You have full access to this [open access](#) article



[World Journal of Surgery](#)

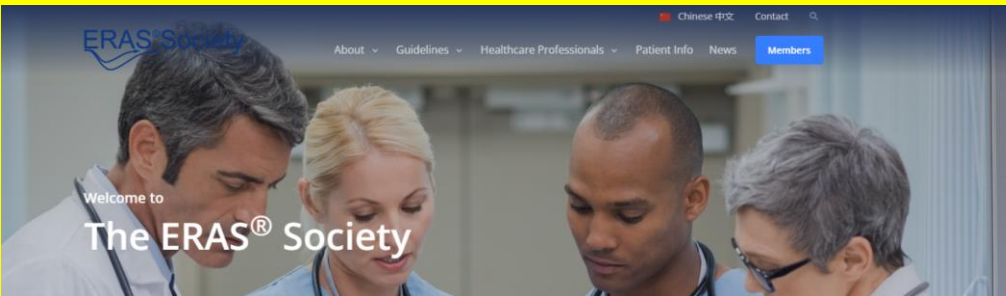
[Aims and scope](#) →

[Submit manuscript](#) →

U. O. Gustafsson , M. J. Scott, M. Hubner, J. Nygren, N. Demartines, N. Francis, T. A. Rockall, T. M. Young-Fadok, A. G. Hill, M. Soop, H. D. de Boer, R. D. Urman, G. J. Chang, A. Fichera, H. Kessler, F. Grass, E. E. Whang, W. J. Fawcett, F. Carli, D. N. Lobo, K. E. Rollins, A. Balfour, G. Baldini, B. Riedel & O. Ljungqvist

[Use our pre-submission checklist](#) →

Avoid common mistakes on your manuscript.



<https://erassociety.org/>



Gynecologic Oncology

journal homepage: www.elsevier.com/locate/ygyno



Enhanced recovery after surgery (ERAS®) society guidelines for gynecologic oncology: Addressing implementation challenges - 2023 update



G. Nelson ^{a,*}, C. Fotopoulou ^b, J. Taylor ^c, G. Glaser ^d, J. Bakkum-Gamez ^d, L.A. Meyer ^c, R. Stone ^e, G. Mena ^f, K.M. Elias ^g, A.D. Altman ^h, S.P. Bisch ^a, P.T. Ramirez ^{c,i}, S.C. Dowdy ^d

Improved adherence to the ERAS protocol is significantly associated with improved clinical outcomes

**ANNALS
OF
SURGERY**

Postoperative ERAS Interventions Have the Greatest Impact on Optimal Recovery

Experience With Implementation of ERAS Across Multiple Hospitals

Aarts, Mary-Anne MD^{*,†}; Rotstein, Ori D. MD^{†,‡}; Pearsall, Emily A. MSc[†]; Victor, J. Charles MSc[§]; Okrainec, Allan MD^{†,¶}; McKenzie, Marg RN^{‡‡}; McCluskey, Stuart A. MD^{||,§§}; Conn, Lesley Gotlib PhD^{¶¶}; McLeod, Robin S. MD^{†,***,††}; on behalf of the iERAS group

Studies shows a relative low adherence to ward-based elements of ERAS pathways

**Digestive
Surgery**

Original Paper

Dig Surg 2017;34:220–226
DOI: 10.1159/000450685

Received: July 24, 2016
Accepted: September 6, 2016
Published online: December 10, 2016

Enhanced Recovery after Elective Colorectal Surgery – Reasons for Non-Compliance with the Protocol

Didier Roulin^a Mirza Muradbegovic^a Valérie Addor^a Catherine Blanc^b
Nicolas Demartines^a Martin Hübner^a

^aDepartment of Visceral Surgery, and ^bDepartment of Anesthesiology, University Hospital of Lausanne (CHUV), Lausanne, Switzerland

The most important challenge for ERAS-nursing in the future:

Improved adherence to ERAS components

Nursing care program Colonic resection, Hvidovre Hospital, Copenhagen		Patient date
1. Postoperative day		Date: B
7. Nutrition	Problems/nursing interventions	10. Wound
2000 ml orally		Problems /nursing interventions
Normal food		
Protein drinks		
8. Nausea/Vomiting		11. Intestinal function
Problems /nursing interventions		Flatus +/-
		Defecation +/-
		Problems /nursing interventions
9. Urination		12. Mobilisation
Problems /nursing interventions		Problems /nursing interventions
		Mobilized for meals
		Mobilized 2x2 Hours daytime
		Mobilized 2x2 Hours Afternoon / evening
		Walk around x 3

ERAS program has a major impact on nursing care

Nurses
have a
key
role



Nurses

Frontline staff



Nurse specialists



Nursing leaders



Wainwright TW, Hjort Jakobsen D, Kehlet H. The current and future role of nurses within enhanced recovery after surgery pathways. Br J Nursing 2022

Frontline staff



daily (24/7) contact and care of the patients



vital role for
compliance with the ERAS program

Nurse specialists

- facilitate implementation the ERAS program
- focus on compliance and clinical auditing of ERAS data
- staff education
- project management



Balfour, A., Burch, J., Fecher-Jones, I., & Carter, F. J. (2019). Exploring the fundamental aspects of the Enhanced Recovery After Surgery nurse's role. *Nursing standard (Royal College of Nursing, Great Britain)*

Watson D. J. (2017). The role of the nurse coordinator in the enhanced recovery after surgery program. *Nursing*, 47(9)

Nursing leaders



to create the right environment needed for the ERAS concept



securing supportive organisational culture



securing the necessary nursing resources and qualifications



securing evidence-based care



Improved adherence to ERAS components

Nursing care program Colonic resection, Hvidovre Hospital, Copenhagen		Patient date
1. Postoperative day		Date: B
7. Nutrition Problems/nursing interventions 2000 ml orally Normal food Protein drinks	10. Wound Problems /nursing interventions 11. Intestinal function Flatus +/- Defecation +/- Problems /nursing interventions	
8. Nausea/Vomiting Problems /nursing interventions	12. Mobilisation Problems /nursing interventions Mobilized for meals Mobilized 2x2 Hours daytime Mobilized 2x2 Hours Afternoon / evening Walk around x 3	
9. Urination Problems /nursing interventions		

- nurse education & better patient-to-nurse ratios are significantly related to lower mortality rates
- highly qualified nurses are a precondition for a successful ERAS patient course



NIH Public Access
Author Manuscript

Lancet. Available manuscript available in PMC 2015 May 24.

Published in final edited form as:
Lancet. 2014 May 24; 383(9931): 1824–1830. doi:10.1016/S0140-6736(13)62631-8.

Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study

Linda H Aiken, PhD.

Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, Philadelphia, PA, USA.

GOAL: Highly qualified nurses

- motivation and behavior change ➡ understanding “why” ERAS
- the frontline staff should be prioritized and qualified
- ERAS principles and evidence is insufficiently implemented in the educational institutions for nurses and AHP


continual staff training



Postgraduate course in evidence-based surgical nursing care

Mira Søgaard Jørgensen & Dorte Hjort Jakobsen
Eras Unit, Department of Quality and Data, Rigshospitalet, Denmark

REGION

BACKGROUND

The past 20 years the multidisciplinary concept of Enhanced Recovery After Surgery (ERAS) has been implemented in most surgical wards in Denmark and is widely adopted internationally. Although the ERAS principles of nursing care, has a well-documented effect, the maintaining of the care-principles needs a continuous focus and update of the latest evidence.

To ensure a continuous high compliance with ERAS programs at Rigshospitalet (RH), an ERAS unit was established ten years ago. The unit consist of two Clinical Nurse Specialists, Professor Henrik Kehlet (Surgeon), a part-time Professor (Anesthesiologist) and a part-time Data Specialist. Biannually the unit provides procedure specific data to all surgical wards on length of stay (LOS), readmission rate and death within 30 days. If data shows an increase in LOS or readmissions, the unit assists with audits (1).

A new initiative is the establishment of a postgraduate course twice a year in evidence-based surgical nursing care, for nurses across the surgical wards at RH. The purpose of the course is to add an ERAS education to keep focus on the ERAS principles.



"the course has contributed to me having the opportunity to obtain the latest evidence in several relevant areas within nursing, but also to discuss it with other colleagues (...) about what a newly qualified nurse is insecure about"

"as a newly qualified nurse, the course makes a lot of sense. It provides new knowledge within the latest evidence in relevant areas of nursing"

"there where good teachers and super relevant topics on the course. I would definitely recommend the course for everyone, but especially for newly qualified nurses"

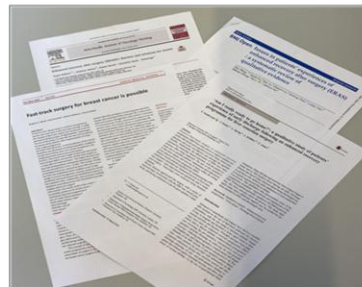


Different topics presented by Doctors, Administrators and Clinical Nurse Specialists

RESULTS & CONCLUSION

The course is thus a mix of presentations, groupwork, discussions in plenum and journal clubs. The speakers are Doctors, Administrators and Clinical Nurse Specialists.

The course is meeting a great demand and has already a waiting list for the next course in the fall 2023. The preliminary feedback has shown that the course contains relevant topics and good speakers, but needs more time for questions and discussions, therefore the next course will be a four-day course. By using primarily internal teachers the cost of the course is minimal. We hope that future audits will reflect a strengthened adherence to the ERAS program. The future perspectives are to expand the course to all hospitals in The Capital Region of Denmark.



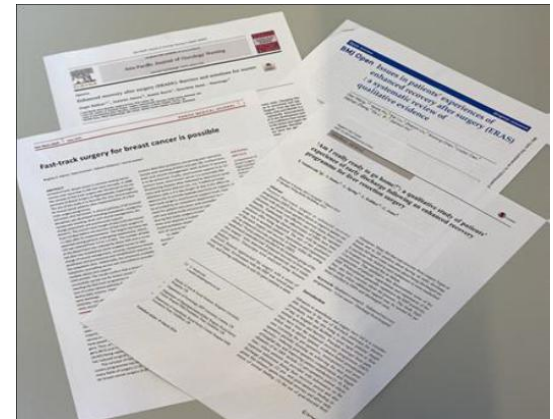
Journal club and plenary debate

Reference

1. Hjort Jakobsen D, Kehlet H. A simple method to secure Data-driven improvement of perioperative care. Br J Nurs 2020;29:516-519

Staff training ✓

- 4-days course twice a year
- Interdisciplinary teaching
- Evidencebased teaching
- ERAS principles
- Journal Club



METODE

Two ERAS nurses and a Postdoc nurse designed a Three-day course in "Evidence-based surgical nursing care" covering the patients journey from preoperatively to discharge.

Day 1: Preoperatively preparation and optimization such as pre-habilitation, blood management, diabetes, prepare the patient for surgery, information to patients and relatives, how to work with clinical guidelines and ERAS programmes

Day 2: Postoperative care at the ward
ERAS principles and the newest evidence, multimodal pain and ponv treatment, nutrition, physical activity, infection prevention, data driven quality improvement and the importance of documentation and data

Day 3: Patients with complex issues delirium, shared decision making, preparing for discharge and discharge criteria, rehabilitation and follow-up, journal club on ERAS principles and the patient perspective

How to Maintain good Quality in Nursing Care?



Nursing Care plan

ERAS Nursing Care



Preoperative teaching



**Invasive equipment
If Yes - How long?**

**Drain?
G-D Tube?
Bladder cath?**



Multimodal analgesia

ERAS Nursing Care



Early Nutrition

**Enforced
mobilization**

**Daily goals for
mobilization**



**Plan for day of Discharge
Discharge criteria**

ERAS Nursing Care Plan

Colonic resection

Day of surgery	out of bed 2 h 1 l orally 2 protein-enriched drinks, solid food chewing gum
1. postop day	out of bed > 8 h > 2 l orally 4 protein-enriched drinks, solid food chewing gum remove bladder cath.
2. postop day	Discharge
Discharge criterier	Patient feel confident about discharge Sufficient intake of food and fluid Flatus, normal bladder function No wound problems

Daily Care-maps essential !!!

Nursing care program Colonic resection, Hvidovre Hospital, Copenhagen		Patient date
1. Postoperative day		Date: B
7. Nutrition Problems/nursing interventions 2000 ml orally _____ Normal food _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protein drinks _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. Wound <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Problems /nursing interventions _____ _____ _____	
8. Nausea/Vomiting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Problems /nursing interventions _____ _____ _____	11. Intestinal function Flatus +/- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defecation +/- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Problems /nursing interventions _____ _____ _____	
9. Urination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Problems /nursing interventions _____ _____ _____	12. Mobilisation <div style="text-align: right;">Problems /nursing interventions</div> Mobilized for meals <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mobilized 2x2 Hours daytime <input type="checkbox"/> <input type="checkbox"/> Mobilized 2x2 Hours Afternoon / evening <input type="checkbox"/> <input type="checkbox"/> Walk around x 3 _____	
Nursing – observations and interventions Ad _____ Ad _____ Ad _____ Ad _____ Ad _____		
Careplan completed by: Init. ____/____ Init. ____/____ Init. ____/____		

Postoperative mobilization

- a complex and fundamental intervention
- one of the cornerstones of ERAS programs





How to ensure enforced mobilization

Nursing care program

Goal: Out of bed > 8 Hours

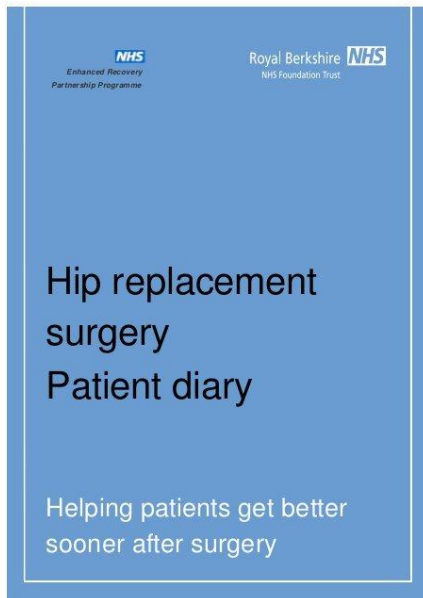
mobilized at meals	✓	✓	✓
mobilized 2 x 2 Hours day	✓	✓	
mobilized 2 x 2 Hours evening	✓	✓	
walk 120 meter x 2	✓	✓	



Patient board



Patient Diary



Patient diary

Daily goals for mobilization:

Day 0: 1 hour

Day 1: 3 hours

Day 2: 5 hours

Day 3: 8 hours

Activities	Minutes
Sit on bedside	
Sit in chair	
Walk to toilet	
Walk in hospital room	
Climb stairs	
Walk in hallway	
Other	

Chewing gum

Morning	Afternoon	Evening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Passed wind

Morning	Afternoon	Evening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bowel movement

Morning	Afternoon	Evening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nausea

	No	Mild	Moderate	Severe
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain

	No	Mild	Moderate	Severe
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Small things - great importance

Walking frame



Comfortable chairs



The degree of mobilization is influenced by:

The physical environment

The patient

Organizational factors



Wainwright TW, Hjort Jakobsen D, Kehlet H. The current and future role of nurses within enhanced recovery after surgery pathways. Br J Nursing 2022

How to Maintain good Quality in Nursing Care?



Know your data



GOAL:

Improved adherence to
ward-based elements of

ERAS pathways →

**Auditing of
clinical practice**

Auditing of clinical practice



Day of surgery

out of bed 2 h
1 l orally
2 protein-enriched drinks, solid food
chewing gum

1. postop day

out of bed > 8 h
> 2 l orally
4 protein-enriched drinks, solid food
chewing gum
remove bladder cath.

2. postop day

Discharge

Purpose:

- ❖ clarify postoperative challenges (pain, nausea, intestinal paralysis etc)
- ❖ analyse adherence to ERAS elements

Included patients:

Patients with LOS > median LOS

Data-driven quality improvement after audit of clinical practice



- present audit results at interdisciplinary meeting
- agreement on a new interventions - offer of help for e.g. preparation of new care plans/pain management/teaching
- follow-up with a new audit



How to maintain Patient Involvement?



Patient involvement



Preoperative



Before discharge



Follow-up after discharge

Preoperative counselling

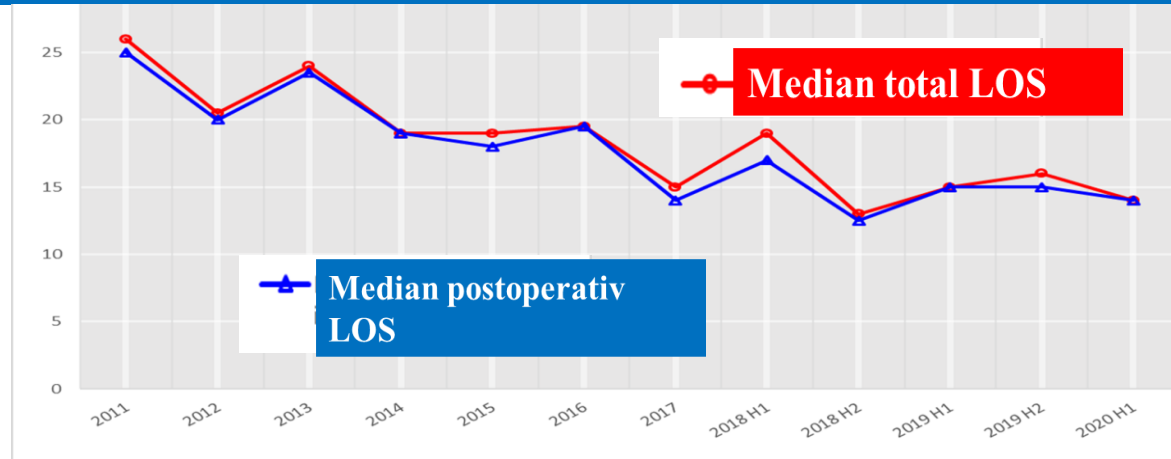


Goal:
to achieve an active and confident patient

McShane C, Honeysett A. What is the preadmission role in preparation of patients for fast track surgery? Australian Nursing J 2013;20:37-39.

Enhanced recovery

LOS



The recovery continues at home



The time after discharge

- **how do we prepare the patients ?**
- **how do we ensure the best recovery?**



Pre-discharge counselling

- to facilitate the transition from hospital to home
- to regain control in life after discharge
- managing symptoms and self-care at home
- to achieve an active and confident patient
- avoiding readmission



Clinical guideline for Pre-discharge counselling



	Fulfilled v
Pain management	
Nutrition	
Exercise – regain normal activity	
Bowel function	
Symptoms of complications	
Fatigue, psychological and social issues	
Follow-up	

Nurse-led outpatient follow-up



- **physical problems (dietary intake, tiredness and bowel function)**
- **psychological and social problems**

Burch J. Patients' need for nursing telephone follow-up after enhanced recovery.
Gast Nurs 2012;10:51-58.

The patients voice

Take home message

How to Maintain good Quality in Nursing Care and Patient Involvement?



- Nurses have a key role
- Highly qualified nurses are a precondition for a successful ERAS patient course
- Nursing care plans are essential
- Know your data -> clinical auditing
- Pre-operative and pre-discharge counselling & Nurse-led outpatient follow-up