Implementing principles of enhanced recovery for surgical spine patients—
A two-year journey

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Background: In the beginning . . .
- Best practices not implemented for patients undergoing spine surgery which leads to increased complications, length of stay and cost
- Directive from Advocate Health Care to implement principles of enhanced recovery
- Created acronym “STAAR” (Surgical Team Approach to Advanced Recovery)

Why Enhanced Recovery??
- Better patient outcomes
- Reduce physiologic stress of surgery
- Expedite return to preoperative functional status
- Shorter LOS and increased throughput
- Averted complications
- Reduce postoperative organ dysfunction (morbidity)
- Improved patient satisfaction
- Reduced cost
- Encompasses Preoperative, Perioperative and Postoperative practice changes to achieve

Methods:
- Identify key stakeholders and administrative support and gain commitment to STAAR Core Team/Steering Committee in order to have champions in all areas:
  - Operations Improvement Leader
  - VP and Chief Medical Officer
  - Specialty Surgeon and Hospitalist
  - Head of Anesthesia Department
  - Nursing representative/CNS
  - System representative (Clinical Effectiveness)
  - Ad hoc membership as needed (PT, Care management, Clinical Informatics, Dietary, etc)
- Educate key members on Enhanced Recovery key elements, benefits, costs and GSAM approach
- Plan out timeline for implementation in phases to eventually encompass all surgical patients
- Set metrics, Target State, identify gaps for each pilot

Metrics:
- Cost savings with PT fitting braces
- Surgeon and PA support of standardized care using power plans
- Metrics being tracked at system level—operational definitions differ (see ongoing Results→)
- Challenge to address sacred cows (NPO after midnight, bedrest on day of surgery)
- Issue with high carb drink for diabetic patients
- Navigator position eliminated so data collection and follow-up was affected
- Variations in practice among surgeons—affects length of stay
- Education of staff on units and auditing showed improvement in mobilizing patients initially and then a decline—work ongoing for sustainment of gains

Spine Pilot Implementation:
- Identify metrics, baseline and target
- Collaborate with spine surgeons to create power plans for preoperative and postoperative care
- Create patient care pathway
- Hire a Spine Navigator
- Educate surgeons and physician assistants and gain their support
- Develop patient education—including preop class
- Present education to staff in all areas including RNs, UAPs, PT/OT, Presurgical Testing and Perioperative areas

Spine Go-Live September, 2016!!

Wins and Challenges: in the end? . . .
- Cost savings with PT fitting braces
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-Challenges to the change process
- We have silos in our delivery of care to spine patients
- Takes time to incorporate new processes into workflow for MDs, PAs, RNs & PCAs
- Managing large numbers of spine patients with last minute additions to surgical schedule
- Having a good pain management program especially for patients with acute on chronic pain
- Maintaining good communication with all stakeholders

Results (Initial): All Spine Fusions

Results (ongoing): Level 1 Lumbar Fusions

References: