

Gynae-Oncology Enhanced Recovery After Surgery (ERAS)

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WHAT IS ERAS?



▶ **ERAS** = **E**nhanced **R**ecovery **A**fter **S**urgery

▶ Background

Concept first mooted by Danish surgeon Henri Kehlet in 1990's

▶ Patients presenting on DOS -anxious

- ill-informed

- dehydrated/starving

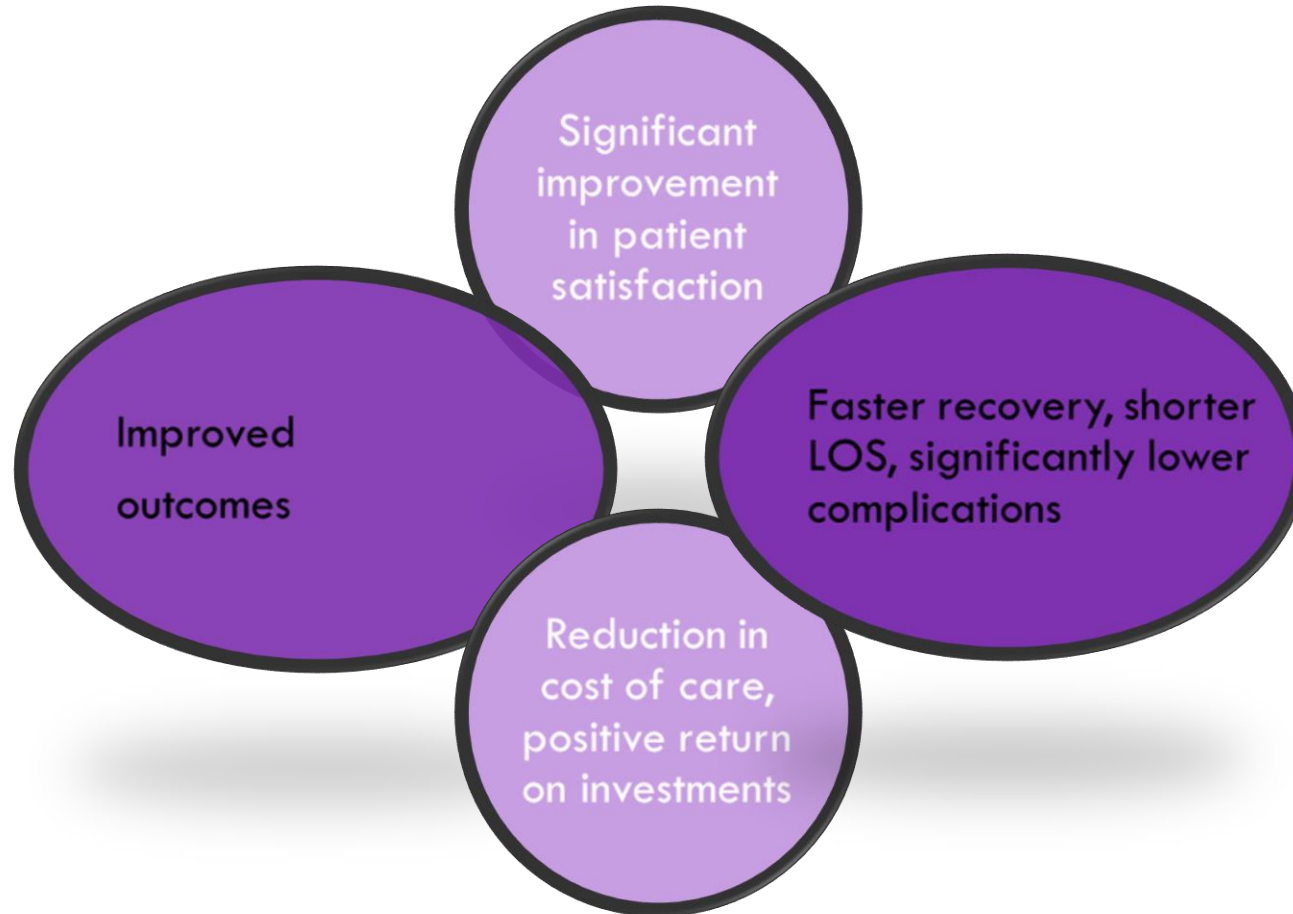
▶ LOS 8-14 days post-op

▶ Readmissions with complications not uncommon

▶ Initially developed for use in Colorectal, now used in other disciplines
e.g. orthopedics, vascular, thoracic, etc.

Why adopt ERAS?

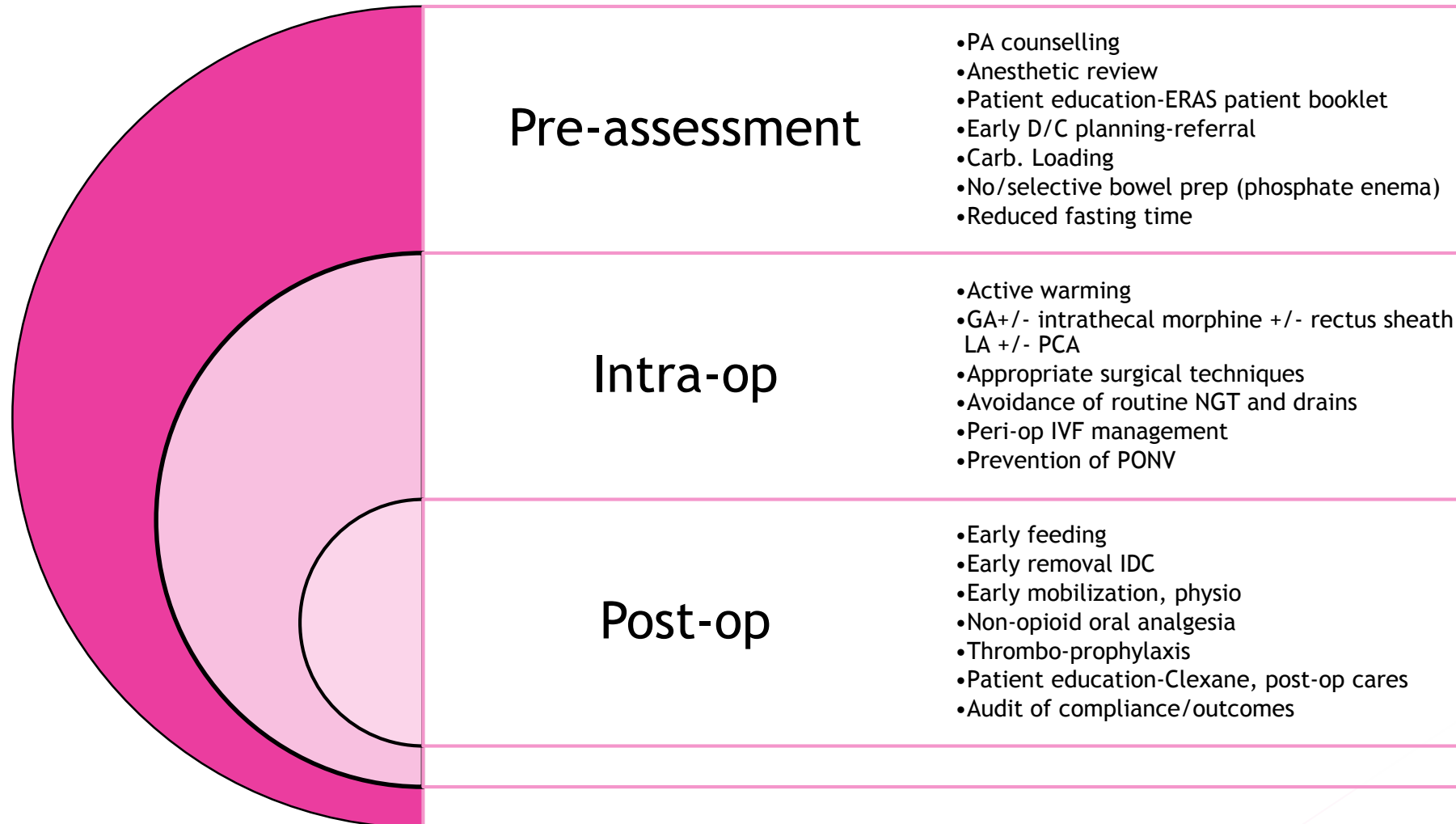
▶ Research shows adoption of ERAS leads to:



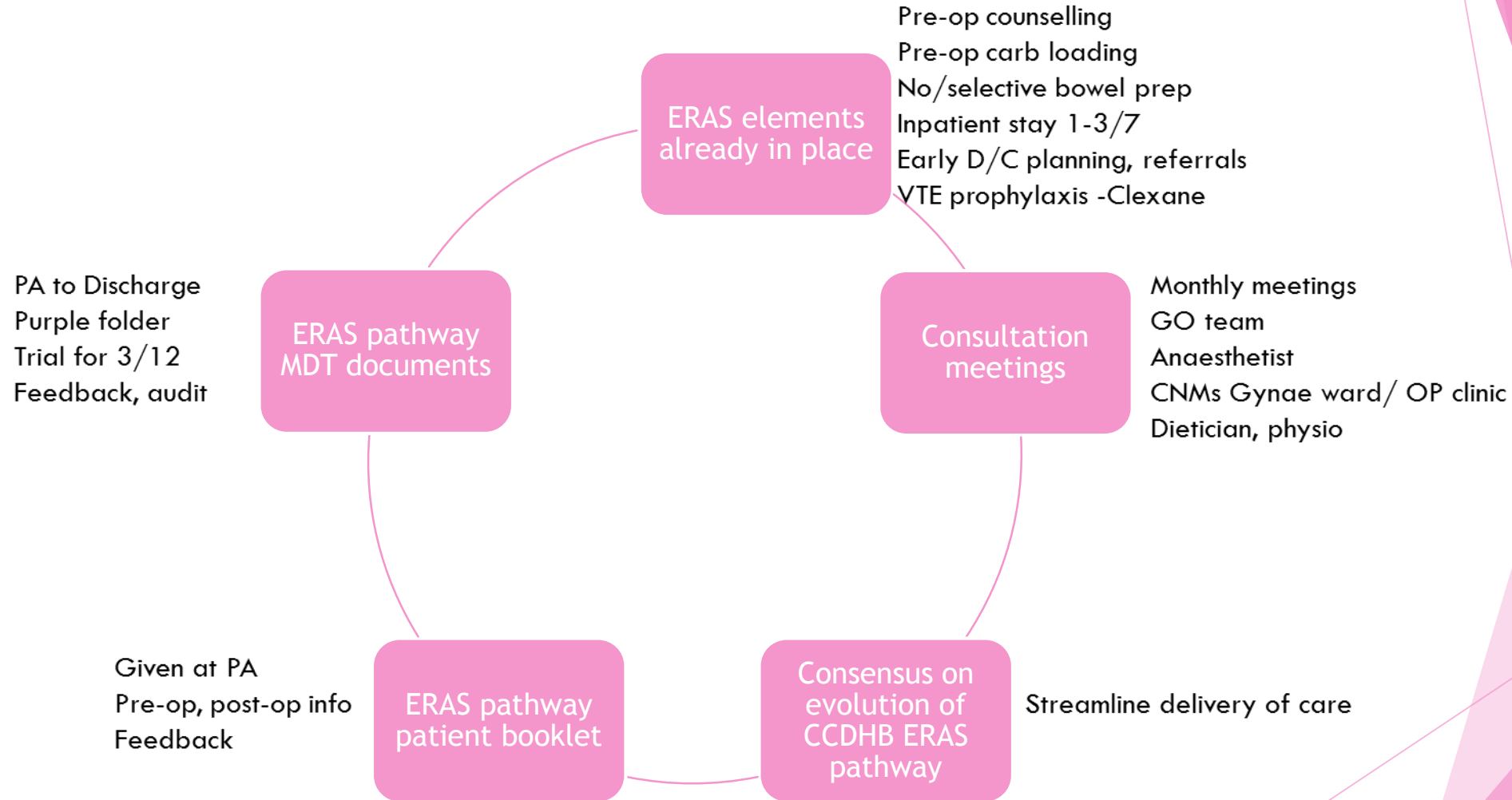
PRINCIPLES OF ERAS

- ▶ MDT working together around the patient
- ▶ Multi-modal approach to resolving issues that delay recovery and cause complications
- ▶ Scientific evidence-based approach to care protocols
- ▶ Change in management using interactive and continuous audit

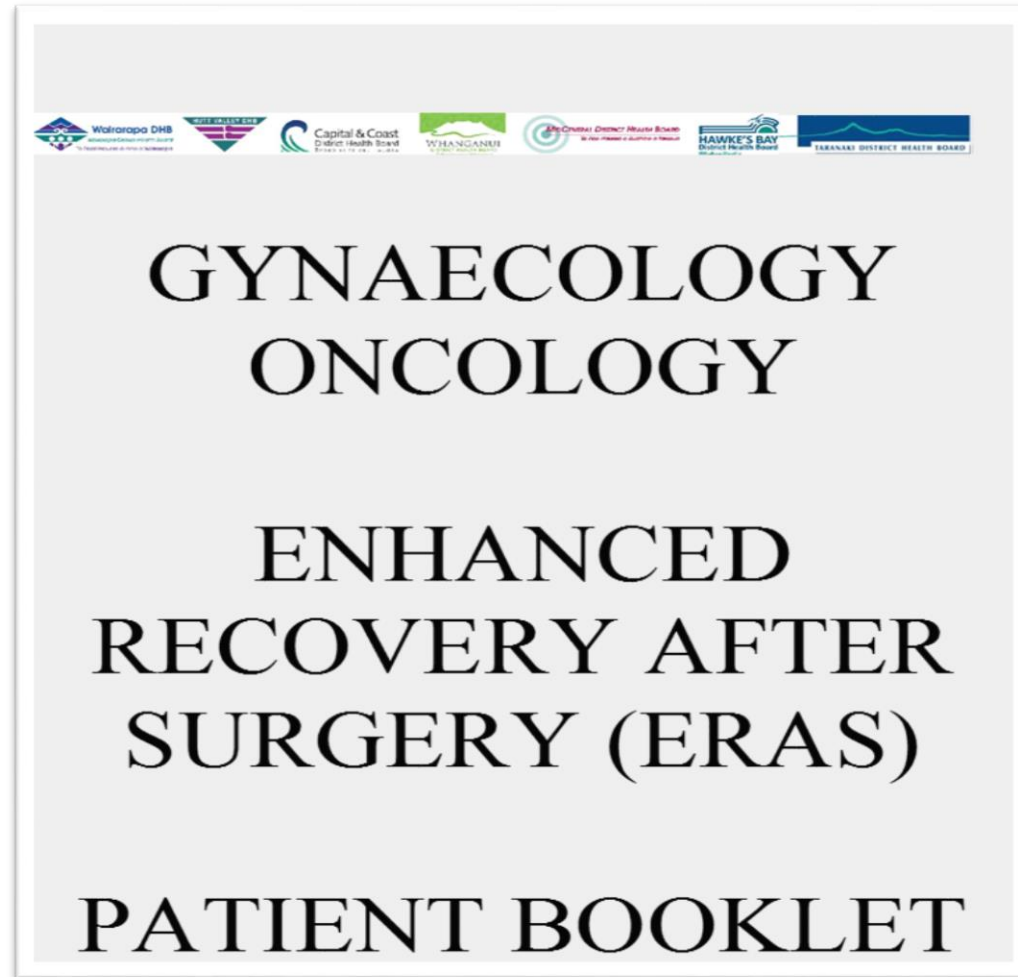
ERAS Components



Developing Gynae-Oncology ERAS pathway



Gynae-Oncology ERAS patient booklet



Contents

Page

Getting ready for surgery

- Pre - assessment clinic
- Nutrition
- Exercise and keeping active
- Smoking cessation
- Bowel preparation (Cleanout)
- Day of surgery

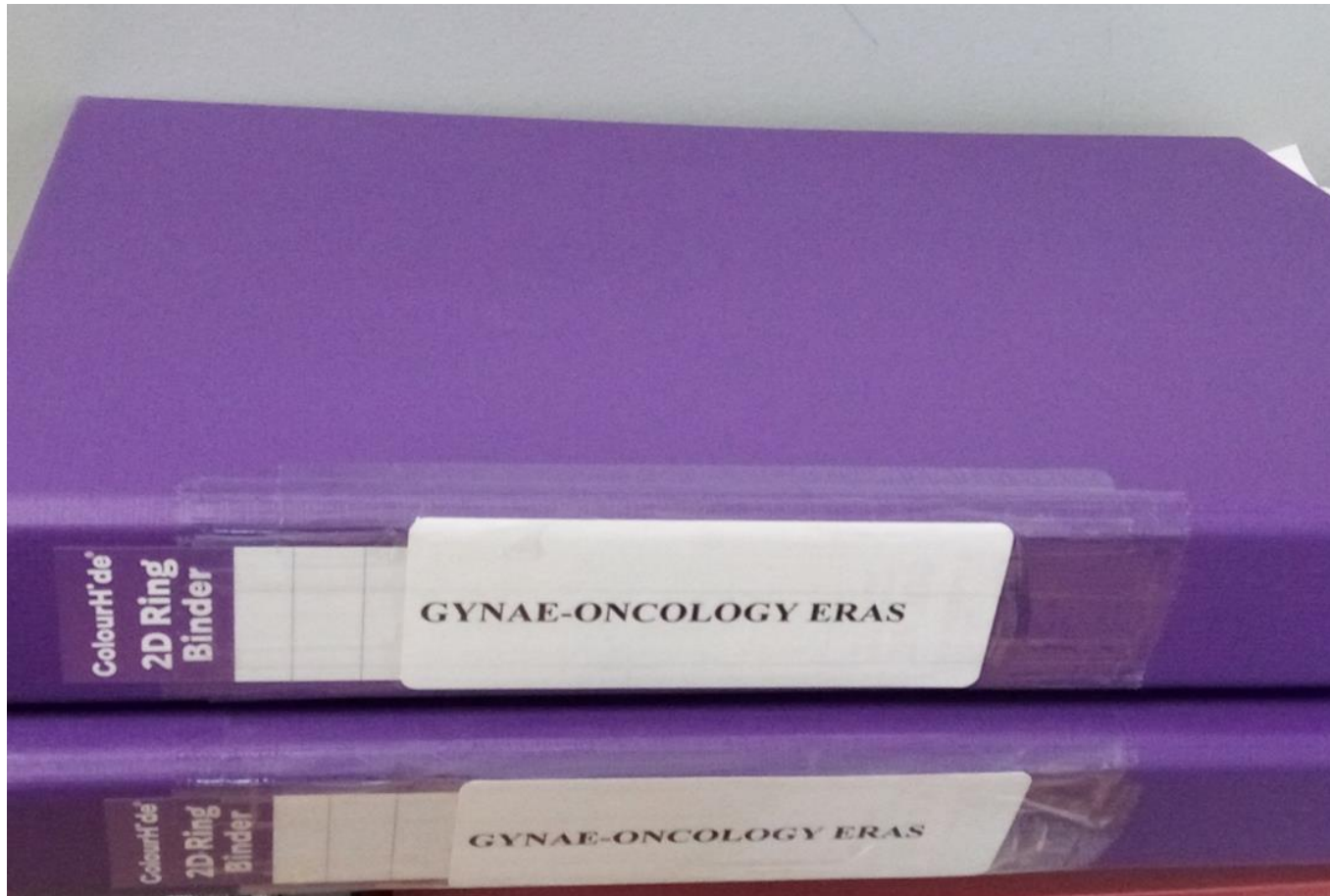
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4
5
7
8
8
9

Recovering after surgery

- Pain management
- Nutrition – following surgery
- Early mobilization
- Exercise and rest
- Returning to normal activities
- Enoxaparin (Clexane) education
- Referrals
- Discharge and follow-up
- Contact details
- Post-operative diary
- References

9
9
10
15
16
17
18
19
19
20
23
30

ERAS Gynae-Oncology Folders



ERAS Folder Index

1	PIF & STICKIES
2	PRE-ADMISSION ASSESSMENT LIAISON PADP (Page 1) VIP SCREENING SMOKING DEPENDENCE
3	PINK SHEET (OUTPATIENT CLINIC CASE SHEET) CONSENT (SURGICAL) GYNAECOLOGY ONCOLOGY MULTIDISCIPLINARY MEETING
4	PRE-ANAESTHETIC ASSESSMENT CONSENT (ANAESTHETIC)
5	PRE-OP CHECKLIST OPERATION RECORD
6	PADP – ADMISSION CHECKLIST FALLS RISK ASSESSMENT TOOL & BRADEN SCALE NUTRITION SCREENING DELIRIUM ASSESSMENT
7	NURSING CARE PLAN: DAY 0 / DAY 1 / DAY 2 / DAY 3 PROGRESS NOTES DISCHARGE CHECKLIST
8	LABORATORY REPORTS RADIOLOGY REPORTS
9	REFERRALS CONSULTATION FORMS
10	CHARTS .e.g. Medicine, Observations

ERAS Inclusion/Exclusion Criteria

- ▶ Developed as a result of feedback from gynaecology ward nurses
- ▶ Resource

GYNAE-ONCOLOGY ERAS

Inclusion criteria

- Laparotomy and Laparoscopic surgery
- Suitable for admission day of surgery
- Expected discharge 2-3/7

Exclusion criteria

- Vulval surgery, day cases (e.g. EUA, hysteroscopy, D+C)
- Patients requiring admission day before surgery (e.g. GIK infusion, dialysis, anticoagulation)
- Patients with multiple co-morbidities

When is a patient removed from the ERAS pathway?

- Any intra-operative complications e.g. bladder, bowel injury
- Patients requiring HDU/ICU stay post-op
- Return to ward with NGT, drain, stoma
- Post-op complications e.g. ileus, intra-abdominal bleeding, infection
- Return to theatre for further surgery
- Expected discharge > 3/7

What to do when a patient is removed from the ERAS pathway?

- All patient notes to be transferred to a red folder.
- This should be a direct transfer from purple to red folder (e.g. section 1 to section 1 etc.)
- Add PADP nursing care plan and discharge checklist.
- Discontinue ERAS care plan and discharge checklist

ERAS PATHWAY

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graph TD; A[ERAS PATHWAY] --> B[YES]; A --> C[NO]; B --> D[PURPLE FOLDER]; C --> E[RED FOLDER]; D --> F[NO COMPLICATIONS]; D --> G[COMPLICATIONS]; F --> H[REMAIN ON ERAS PATHWAY]; H --> I[DISCHARGE]; G --> E; E --> I;
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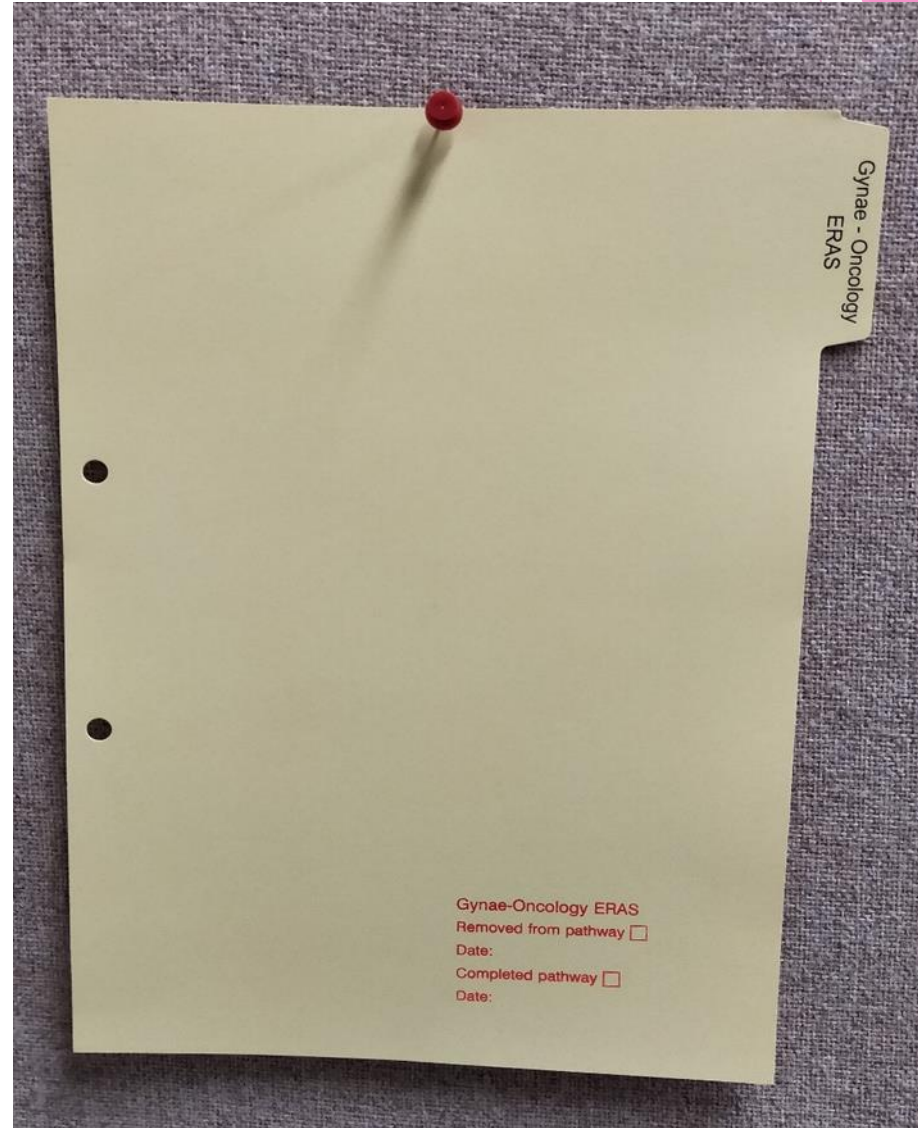
NB:

- 1) Black folders are not to be used for Gynae-Oncology patients.
- 2) On D/C, leave folders in Pathmini's office.
- 3) For ERAS pathway, please use ERAS nursing care plan and discharge checklist.
- 4) If removed from ERAS pathway, discontinue ERAS care plan. Please remember to use PADP and discharge checklist.

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Gynae-Oncology ERAS Yellow Divider

- ▶ Identify patients on ERAS pathway- for audit



Pre-op drink PIB

Gynae-Oncology Pre-operative Carbohydrate Loading

Information for patients

Women's Health Service, Wellington Regional Hospital

Pre-Op is a carbohydrate drink for dietary management of patients before surgery. It is safe to drink Pre-Op up to 2 hours before your surgery.

Pre-Op contains 100kcal in every 200mLs.

Advantages of Pre-Op

There are many advantages of drinking Pre-Op before surgery. Such as:

- Decreased feeling of hunger, thirst, anxiety or nausea before surgery
- A reduced physiological stress response within the body
- Decreased risk of post-operative infections
- Reduced experience of nausea and vomiting after surgery
- Pre-Op helps to reduce insulin resistance after surgery

Directions for taking Pre-Op

Pre-Op is a clear lemon flavoured drink and tastes best when chilled. Shake well before drinking.

If you are booked for morning surgery;

- You may eat and drink anything until midnight
- You may drink water only until 6am on the day of your surgery
- At 6am on the day of your surgery drink 2 bottles of 200mL Pre-Op
- Do not drink or eat anything after 6am, this includes chewing gum, boiled lollies or smoking cigarettes

If you are booked for afternoon surgery;

- You may eat or drink anything until 6am. If you would like breakfast on the day of surgery please make sure you have finished eating at 6am.
- You may drink water only until 10am
- At 10am please drink 2 bottles of 200mL Pre-Op
- Do not drink or eat anything after 10am (this includes chewing gum, boiled lollies or smoking cigarettes)

If you have any questions or concerns please contact Ward 4 North (04) 806 0881

Bowel Prep PIB

gyn onc bowel prep.pdf (SECURED) - Adobe Reader

File Edit View Window Help

1 / 1 103% Fill & Sign Comment

Bowel Preparation

Gynae-Oncology Outpatient Pre-Surgery Bowel Preparation

Patient Information

Capital & Coast District Health Board
ŪPOKO XI TE URU HAUORA

Women's Health Service

Your doctor has requested bowel preparation prior to your gynaecology surgery. Please read this brochure for more information.

What is bowel preparation?

Bowel preparation is needed:

1. when there is a possibility the bowel may be operated on during surgery
2. to increase the safety of this surgery particularly in women who are overweight.

Bowel preparation involves emptying the lower section of bowel.

You will be advised by your doctor and(or) nurse at the time of your appointment if you require bowel preparation.

How is bowel preparation done?

Bowel preparation occurs the evening before surgery and on the morning before your surgery to empty the lower bowel.

You will be given two fleet enemas to take home when you attend the gynae-oncology pre-

Nil by mouth instructions


It is very common to be 'nil by mouth' before surgery. This means you must not eat, drink or smoke for a period of time before surgery. For your nil by mouth start time, you will be contacted by Surgical Admissions Unit (SAU) *between 2-4pm on the last working day before your surgery*. If you have not received a call by 4pm, please contact SAU on 04-8060962.

Please avoid alcohol the day or evening before your surgery

Questions or concerns

If you have any concerns or questions about your bowel preparation please contact Ward 4 North Gynaecology: (04) 806 0881

Gynae-Oncology ERAS Nursing Care Plan



Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA

Gynae-Oncology
Enhanced Recovery
After Surgery (ERAS)
Nursing Care Plan

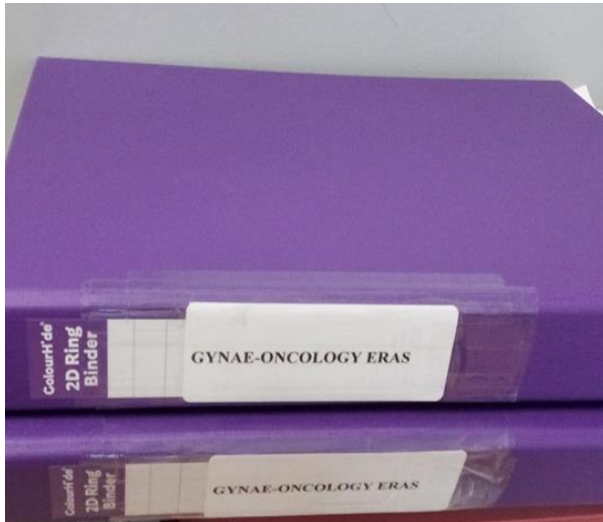
Day 0	Date:	Patient/sticky		
OBSERVATIONS				
1hrly BP, pulse, RR, temp, O ₂ satz (2 hrs)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
1hrly obs until stable	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4hrly obs (routine)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
EWS recorded and actioned as per protocol	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
PCA obs if appropriate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Phlebotis score 0	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDICATION				
PCA Morphine as per protocol	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Rectus sheath as per protocol	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Administer regular Paracetamol	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Administer routine medications	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Administer anti-emetics, if PONV	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Administer SC Oxycodone 6hrs post-op	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
SCDs	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
SKIN INTEGRITY 55				
Briden score				
Pressure areas checked	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pressure relieving mattress	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Wound dressing intact, clean and dry	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Drain site intact	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
MOBILITY K				
Falls risk tool completed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Falls risk explained to patient/family	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Effective deep breathing and coughing	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sat up/out of bed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Patient mobilised within the room	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
ELIMINATION/OUTPUT I				
IDC output target met: 0.3-0.5ml/kg/hr	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Drain output monitored and recorded	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Flatus	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
PV bleeding: Nil/Light/Moderate/Heavy	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Bowels open	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
HYDRATION/NUTRITION N				
IVF administered as prescribed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Tolerated free fluids	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Tolerated normal diet	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Fortisp/Fortijuce (10am and 3pm)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Fluid balance chart maintained	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Nausea/vomiting	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
DISCHARGE PLANS				
Discharge date discussed with patient/family	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Discharge planning commenced	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Referrals as required	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
AM Shift Time:	Name:	Signature:		
PM Shift Time:	Name:	Signature:		
Night Shift Time:	Name:	Signature:		

Discharge checklist

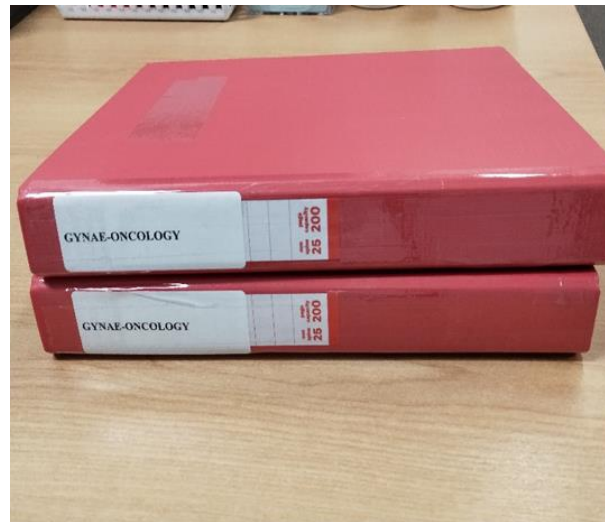
Discharge Checklist		Patient sticky										
DISCHARGE CRITERIA	AM	PM	NIGHT	COMMENTS								
Afebrile/obs stable last 24hrs	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Patient tolerating normal diet	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Pain controlled with oral analgesia	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Mobilising independently	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Wound open to air	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Rectus sheath catheter removed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
IV access device removed/patent	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
PRE-DISCHARGE TASKS												
Patient informed of discharge	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Patient's family/NOK/ rest home informed of discharge	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Patient to go to own home	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Discharge summary completed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Patient given copy of discharge summary	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Patient given prescription	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Clexane Special Authority completed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Staple remover given	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Clexane pack given	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Own medication returned	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Transport arranged	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Follow-up appt made/discussed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
<ul style="list-style-type: none"> • Phone • Referring DHB • CCDHB 												
MDM booked	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Pre-discharge information leaflets given and discussed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Referrals												
<ul style="list-style-type: none"> • Community health • District nurses • Hospice • Home community support services • Community ORA 	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Transfer Checklist	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Handover to nurse in receiving ward/hospital	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Current copies of medical records to go with pt	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
Discharge summary completed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Sample Signatures</td> </tr> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Signature</td> </tr> <tr> <td>Name</td> <td>Signature</td> </tr> <tr> <td>Name</td> <td>Signature</td> </tr> </table>					Sample Signatures		Name	Signature	Name	Signature	Name	Signature
Sample Signatures												
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What happens if pt. removed from ERAS pathway?

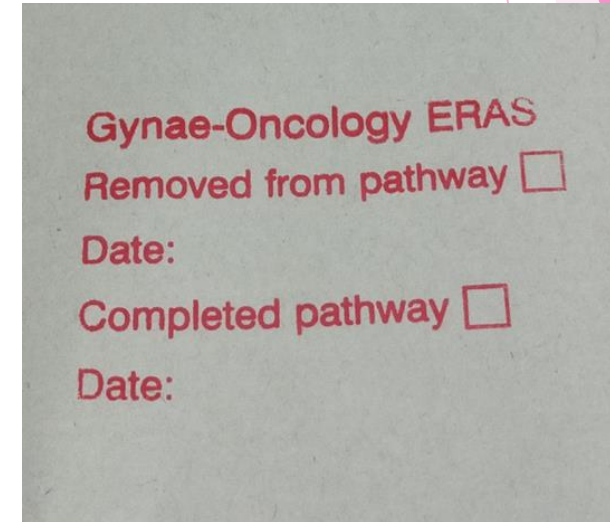
PURPLE FOLDER



RED FOLDER



STAMP



Progress so far.....

- ▶ ERAS patient booklet
 - rolled out august 2017
 - patient/ staff feedback on-going
 - changes/update as required

- ▶ ERAS pathway nursing care plan
 - rolled out June 2018
 - staff satisfaction survey (gynaecology ward nurses)

- ▶ ERAS pathway audit

Gynaecology Oncology Enhanced Recovery After Surgery (ERAS) Patient Booklet Feedback

- ▶ Feedback since August 2017
- ▶ Feedback form : Demographics -Age
 - : 9 questions
 - : Given to patient post-op
- ▶ Very positive feedback
- ▶ Excel spreadsheet-manual data entry

Feedback

Q1 What did you think about the booklet?

Very informative. Like the day by day coverage and what to expect and to know what is happening.

Excellent preparation on what to expect post-op. Plenty of good advice on diet, mobilisation. Easy, "plain" English too.

It answered all my doubts about what to expect before and after surgery.

Q2 Was there anything that was difficult to understand?

No, was well written and clear.

No-everything was explained in easy to understand language.

All suggestions seemed to maximise recovery and give reasons for a thorough recovery rather than a speedy recovery.

Q3 Is there any other information that you think would be useful to be included in the booklet?

Only to include any new info as it comes along.

It is good to include some contact details of accommodation for patients coming from out of Wellington.

In my point of view, it was perfect.

Q4 Did this booklet provide useful and helpful information?

Yes-good preparation and after care expectations.

It was straight forward and was clear to understand even if you don't have a medical background.

Yes, actually I brought it with me and followed it during my time in the hospital.

Q5 Did receiving the booklet before surgery help you to be better prepared for surgery?

Yes-hugely. It's about what one can expect and this was well explained.

Yes, prepared you for what was going to happen and what to expect.

Yes, it gave me a good sense of what to expect and I used it as a checklist to make sure I did the right things to prepare.

Q6 Has reading the booklet made you more or less anxious (or made no difference)?

Much less anxious. I like details on what is happening and why. Enabled me to ask questions if I didn't know something.

Less anxious. It normalises things and you can check back if you're not sure about something. Helped to understand how the hospital operates. Made me less anxious. Excellent for people travelling from other areas to Wellington for surgery.

Q7 Do you have any questions that have not been answered by the booklet?

The information was of the right length. You get lots of information prior to surgery and this pulled a lot of it together in one booklet.

All good.

No, all that could be answered was answered.

Q8 Do you have any comments on the layout of the booklet?

It was clear and informative and my husband found it helpful and answered some of his queries and questions.

Well set out-easy to read

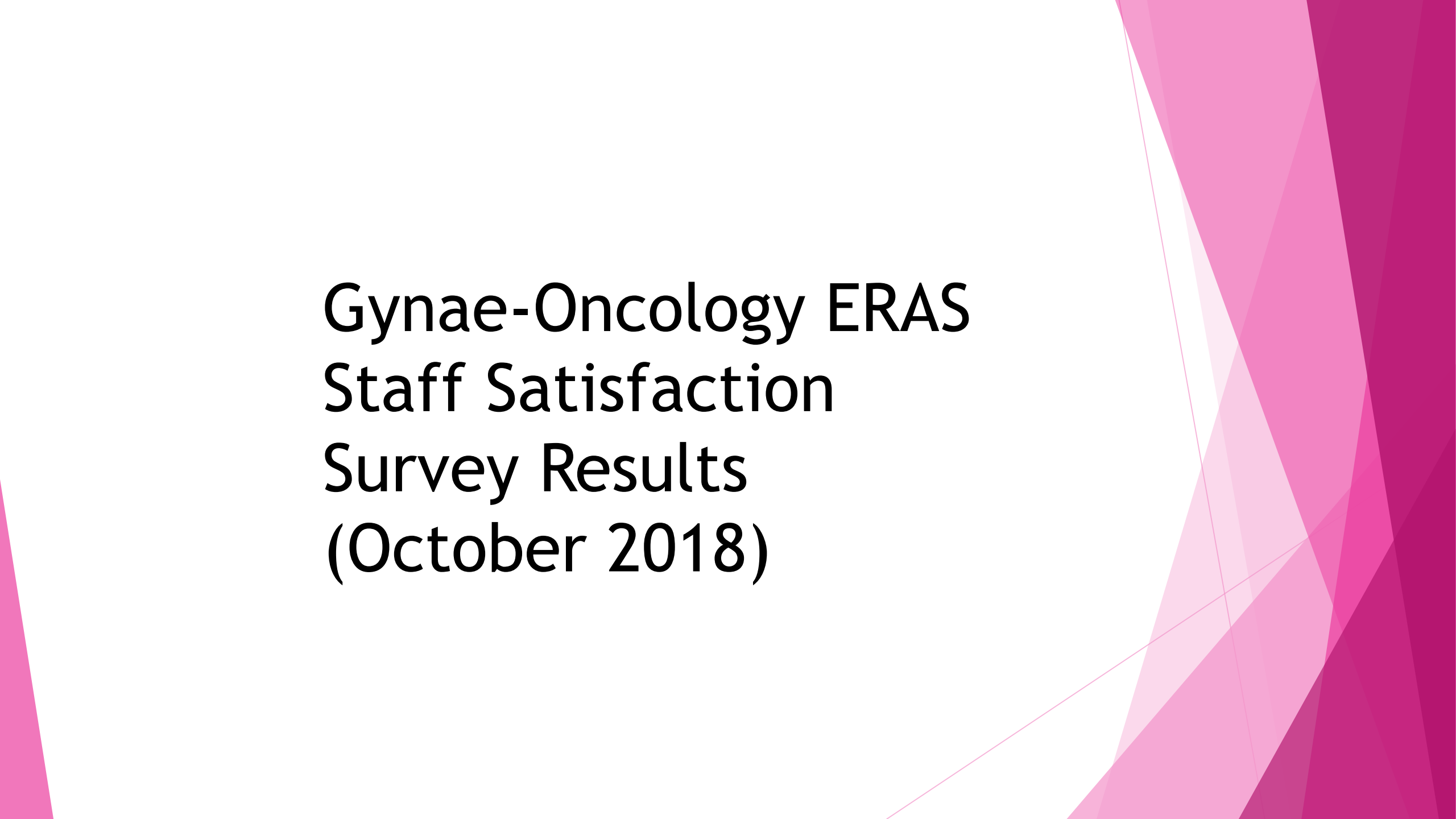
Clear from the beginning of visit, then what to expect Day 1, 2,3.

Q9 Do you think it is a good idea to be given this booklet?

Definitely. Thank you.

Absolutely- "Knowledge is power"

Yes indeed. The better patients are prepared for what will happen, the less frightening an ordeal it is likely to be.



Gynae-Oncology ERAS Staff Satisfaction Survey Results (October 2018)

Q1



How would you describe your experience using the Gynae-Oncology ERAS nursing care plan?

Answered: 9 Skipped: 0

less time consuming

10/6/2018 10:33 PM

GOOD

10/5/2018 12:46 PM

I know people don't like change, but once you get the hang of it... it's easier and more efficient 👍

10/4/2018 8:03 PM

It is good. Reduces time.

10/4/2018 6:30 AM

easy to use, very comprehensive

Q2



Do you think the Gynae-Oncology ERAS nursing care plan addresses all areas of patient care from admission to discharge and streamlines delivery of post-op care for Gynae-Oncology patients?

Answered: 9 Skipped: 0

yes

10/20/2018 4:10 AM

I agree that it does - I like that it ensures that patient care is consistent for all gynae-onc patients on the pathway and the plan of care each day is straightforward and clearly documented for both nursing and medical staff and the patients/families.

10/8/2018 8:28 PM

Yes

10/7/2018 9:26 PM

yes. would be ideal if we could add notes eg assessment of wound/ pvb

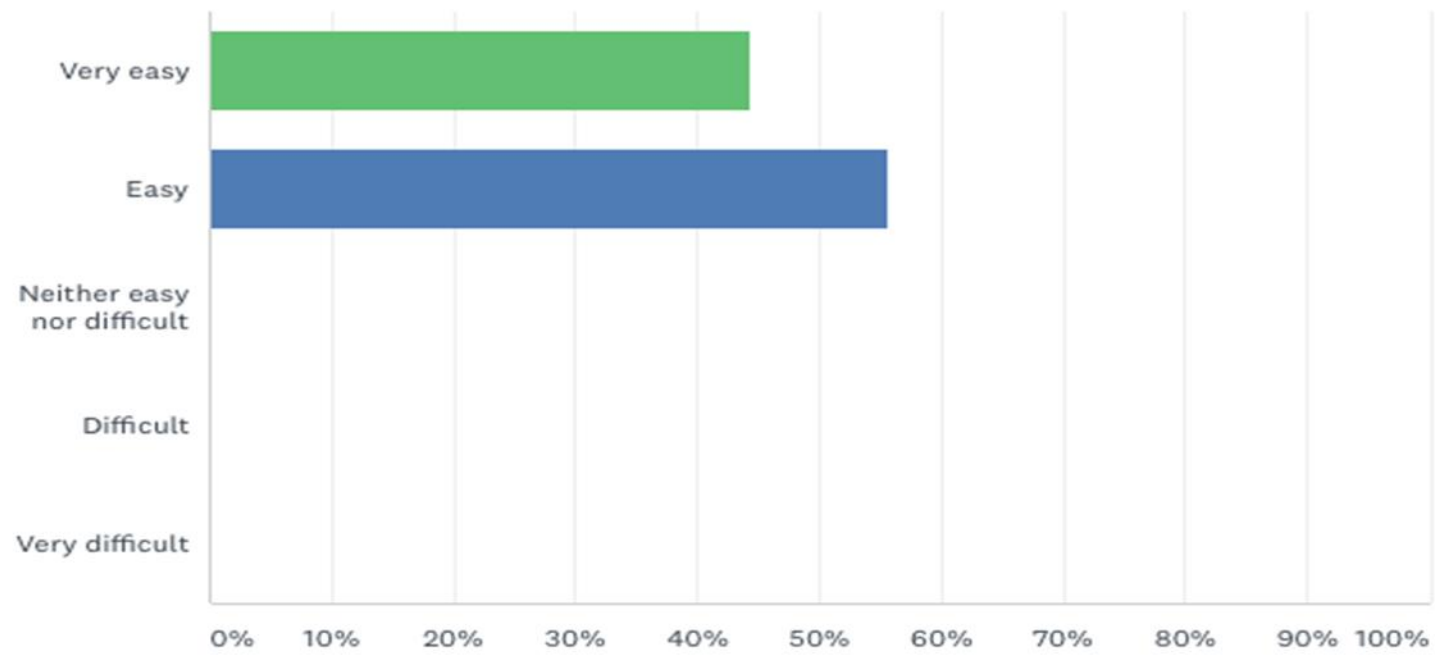
10/7/2018 11:49 AM

Q3



Do you find the Gynae-Oncology ERAS nursing care plan easy to use?

Answered: 9 Skipped: 0



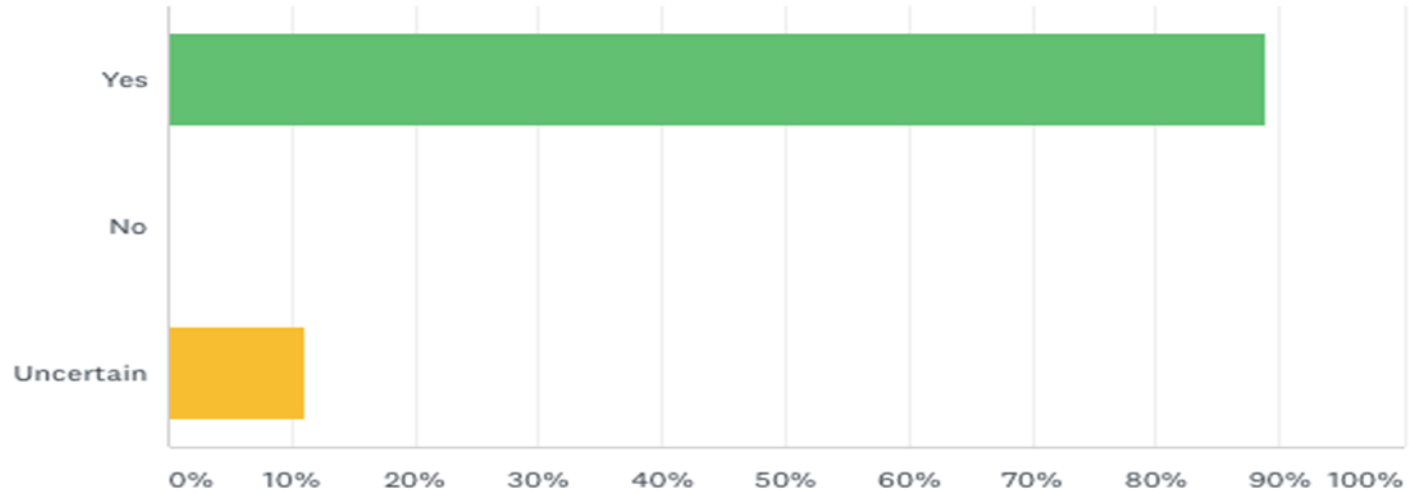
ANSWER CHOICES	RESPONSES	
Very easy	44.44%	4
Easy	55.56%	5
Neither easy nor difficult	0.00%	0
Difficult	0.00%	0
Very difficult	0.00%	0
TOTAL		9

Q4



Would you be happy to continue using the Gynae-Oncology ERAS nursing care plan?

Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	88.89%	8
No	0.00%	0
Uncertain	11.11%	1
TOTAL		9
Comments (1)		

Very easy to use and thorough

10/3/2018 10:27 PM

Q5



Are there any suggestions that you would like to make to improve the Gynae-Oncology ERAS nursing care plan?

Answered: 8 Skipped: 1

10/7/2018 9:26 PM

I think clexane education is written twice on day 1. Just being nit picky =)

10/7/2018 11:49 AM

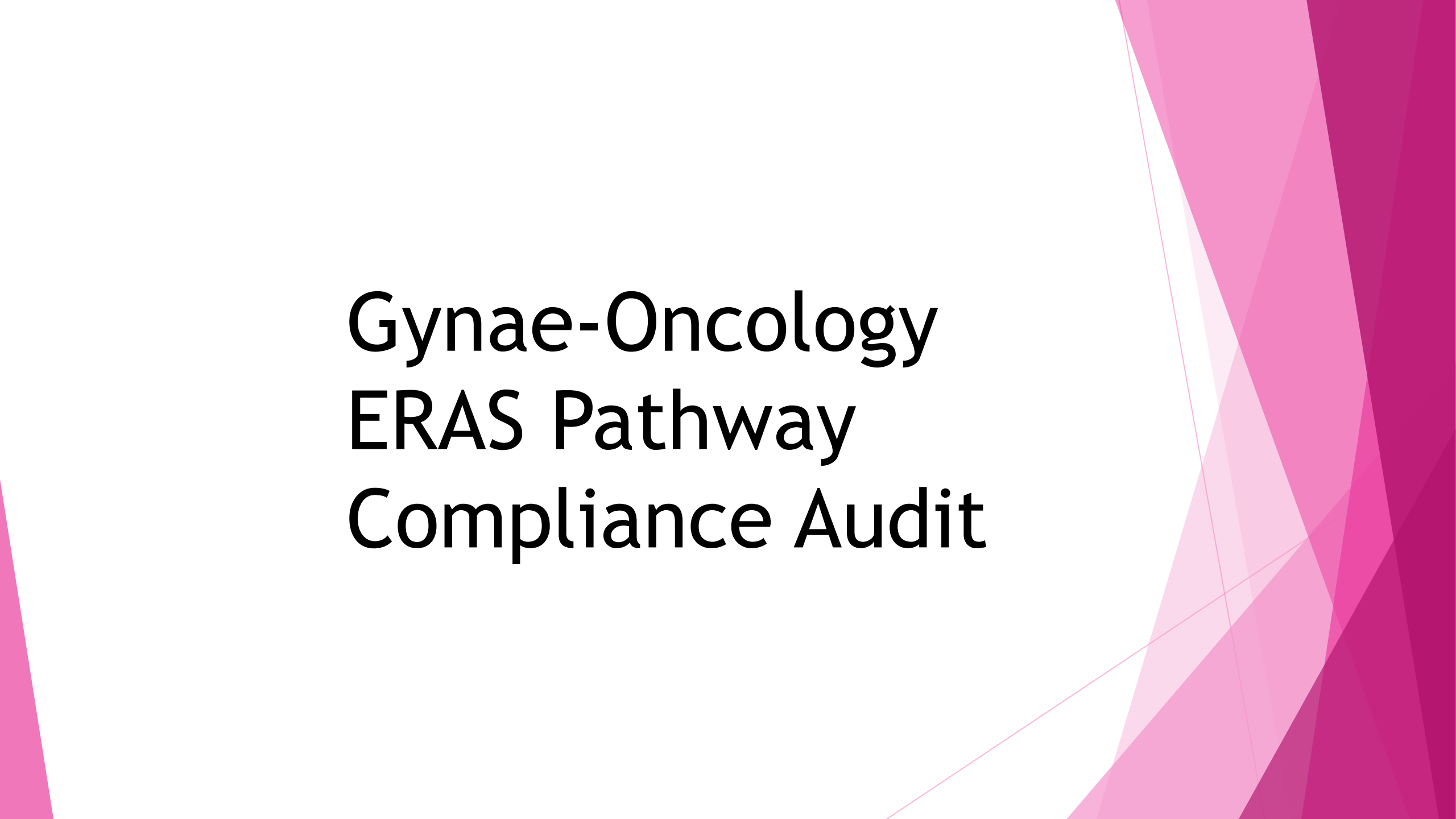
space to write any changes from a shift

10/6/2018 10:33 PM

NO

10/5/2018 12:46 PM

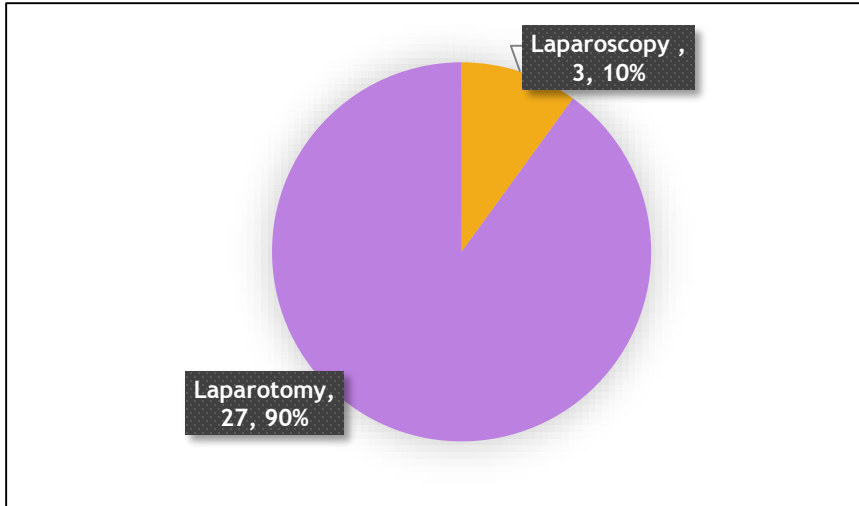
Predicting that they would stay longer than expected is sometimes hard, since we have to change them to the red-orange folder and add a bit more paperwork. Some gentle reminders like what you're doing Path is well appreciated 😊😊😊



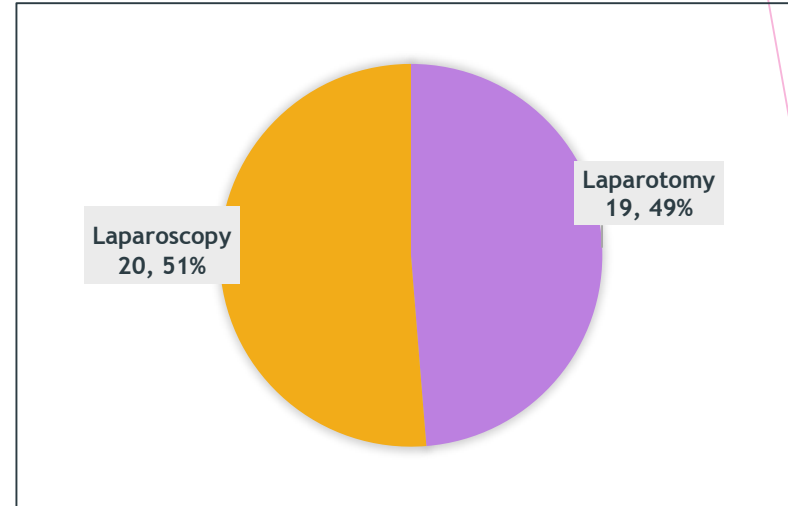
Gynae-Oncology ERAS Pathway Compliance Audit

Included in ERAS pathway

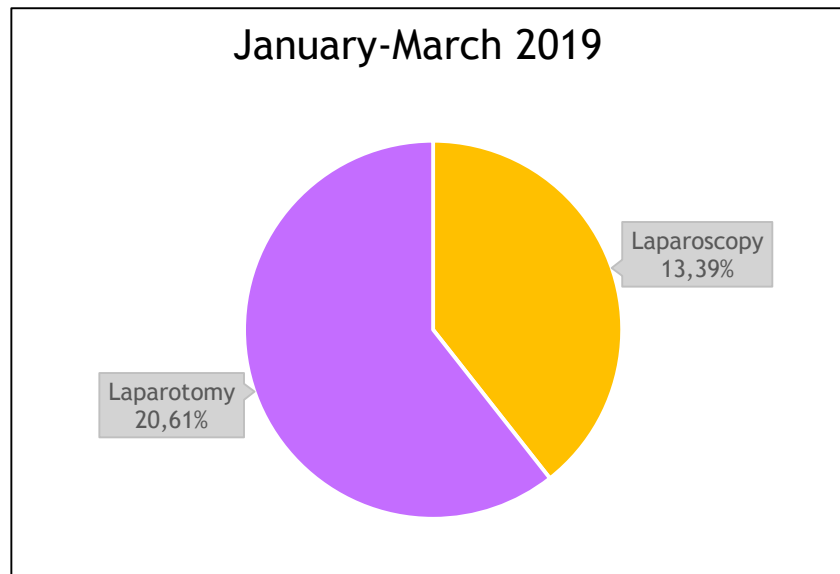
July-September 2018



October-December 2018

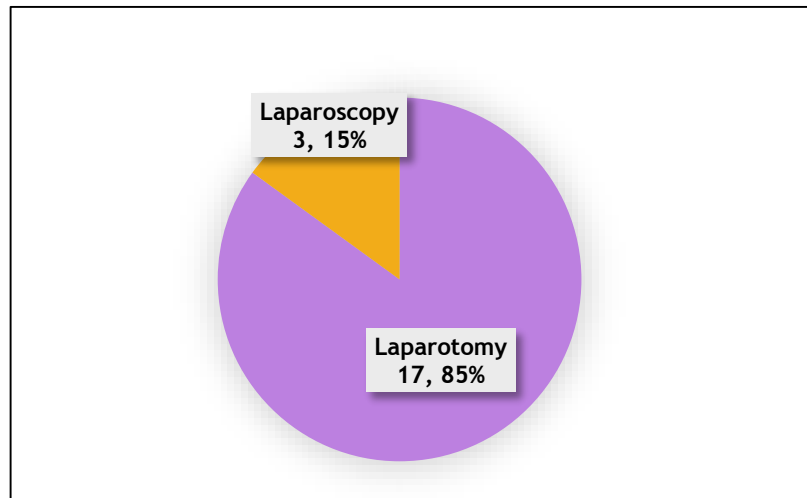


January-March 2019

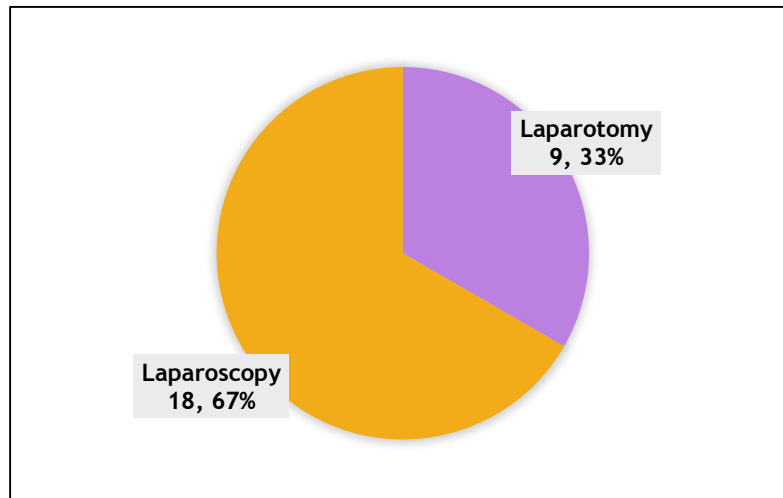


Compliant

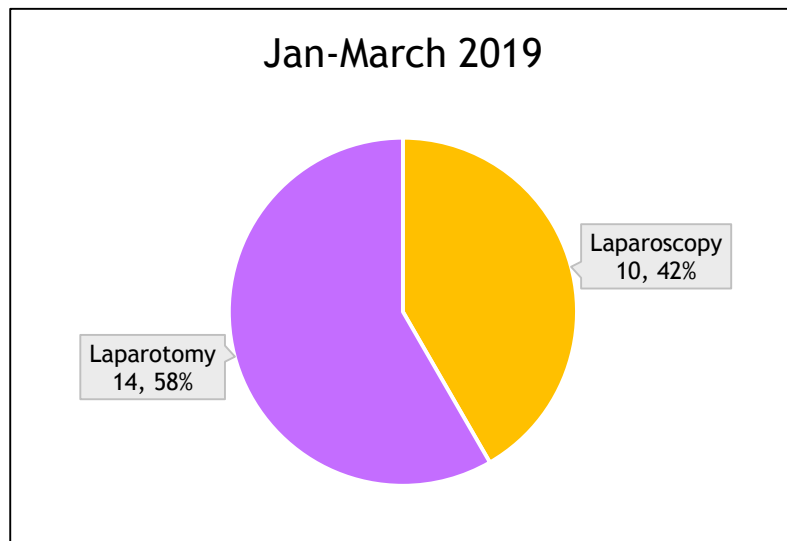
July-Sept. 2018



Oct-Dec. 2018

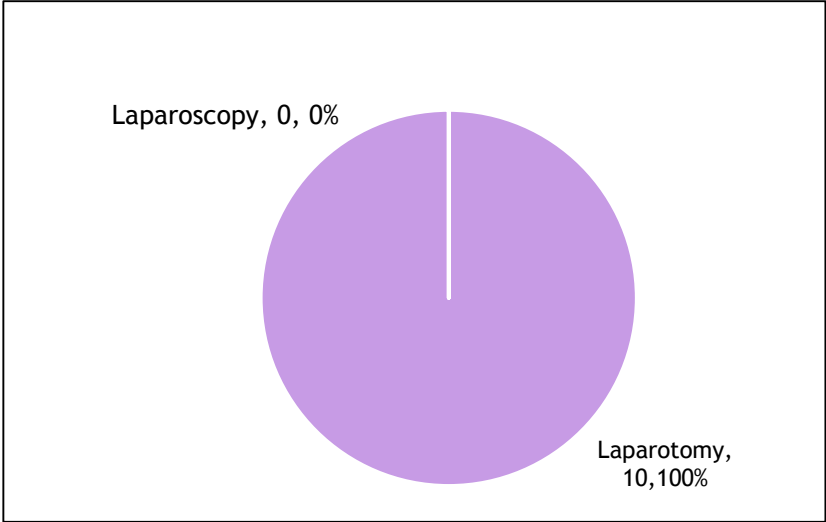


Jan-March 2019

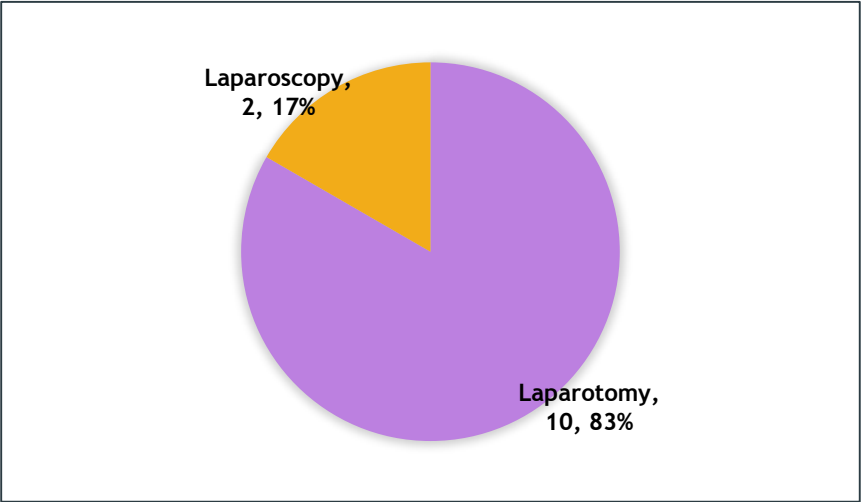


Non-Compliant

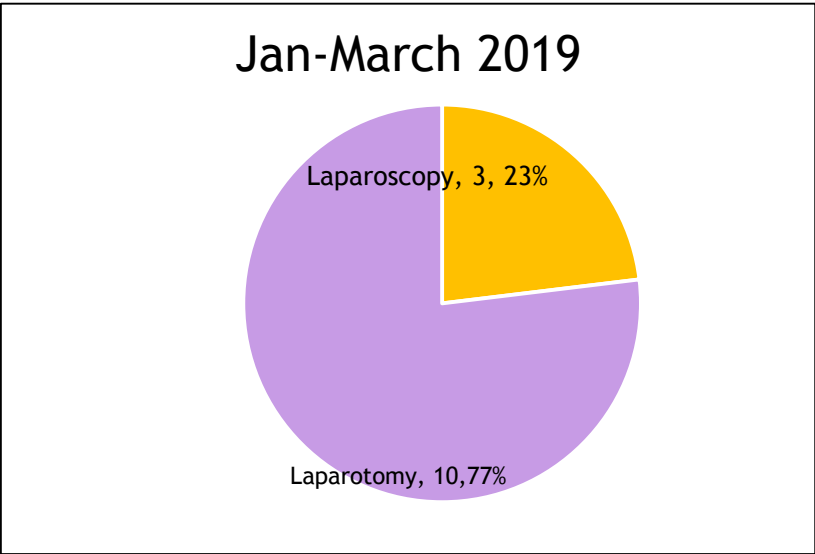
July-Sept 2018



Oct-Dec. 2018



Jan-March 2019

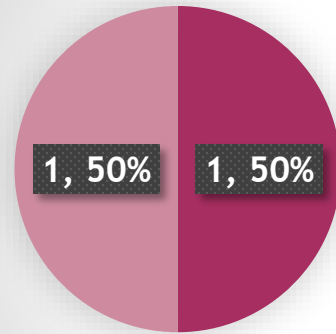


Laparoscopy Non-Compliance Factors

July-Sept.2018

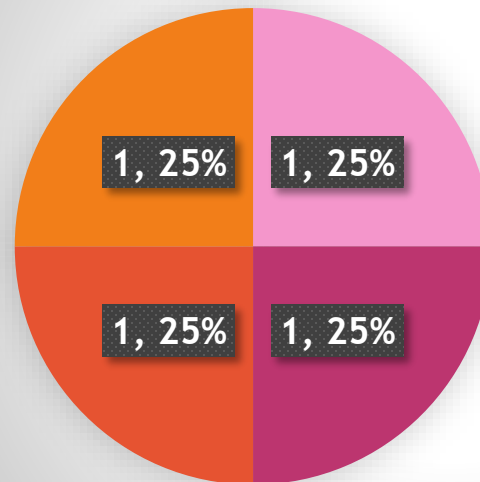
- ▶ Only 3 Laparoscopic cases included and all compliant so no data for comparison.

Oct-Dec. 2018



■ Post-op AKI
■ Wound complications

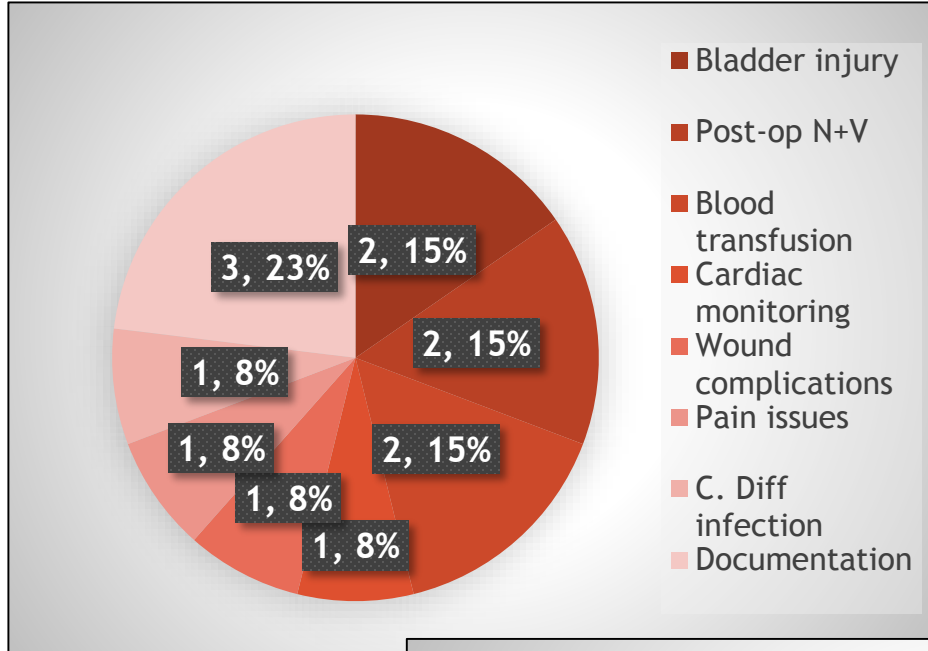
Jan-March 2019



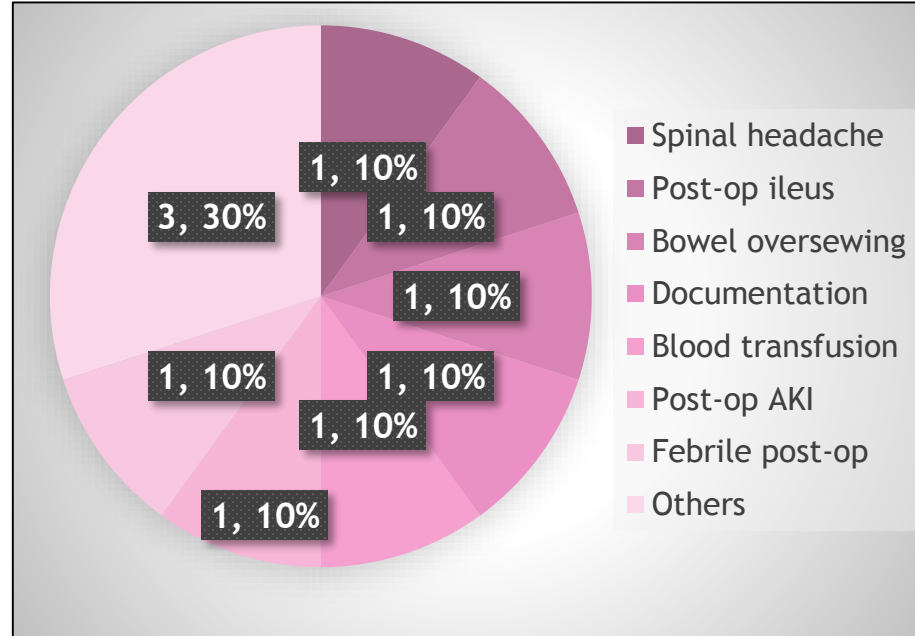
■ Post-op ileus
■ Bowel oversewing
■ Conversion laparotomy
■ ICU admission

Laparotomy Non-compliance Factor

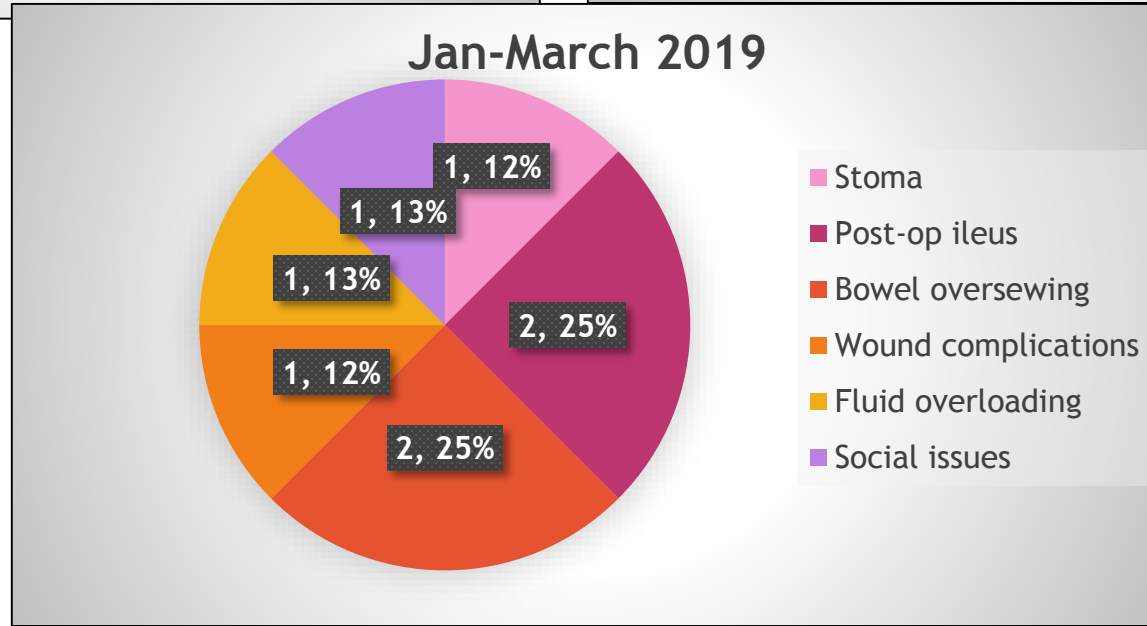
July-Sept. 2018



Oct-Dec. 2018



Jan-March 2019



Readmission (All DHBs)

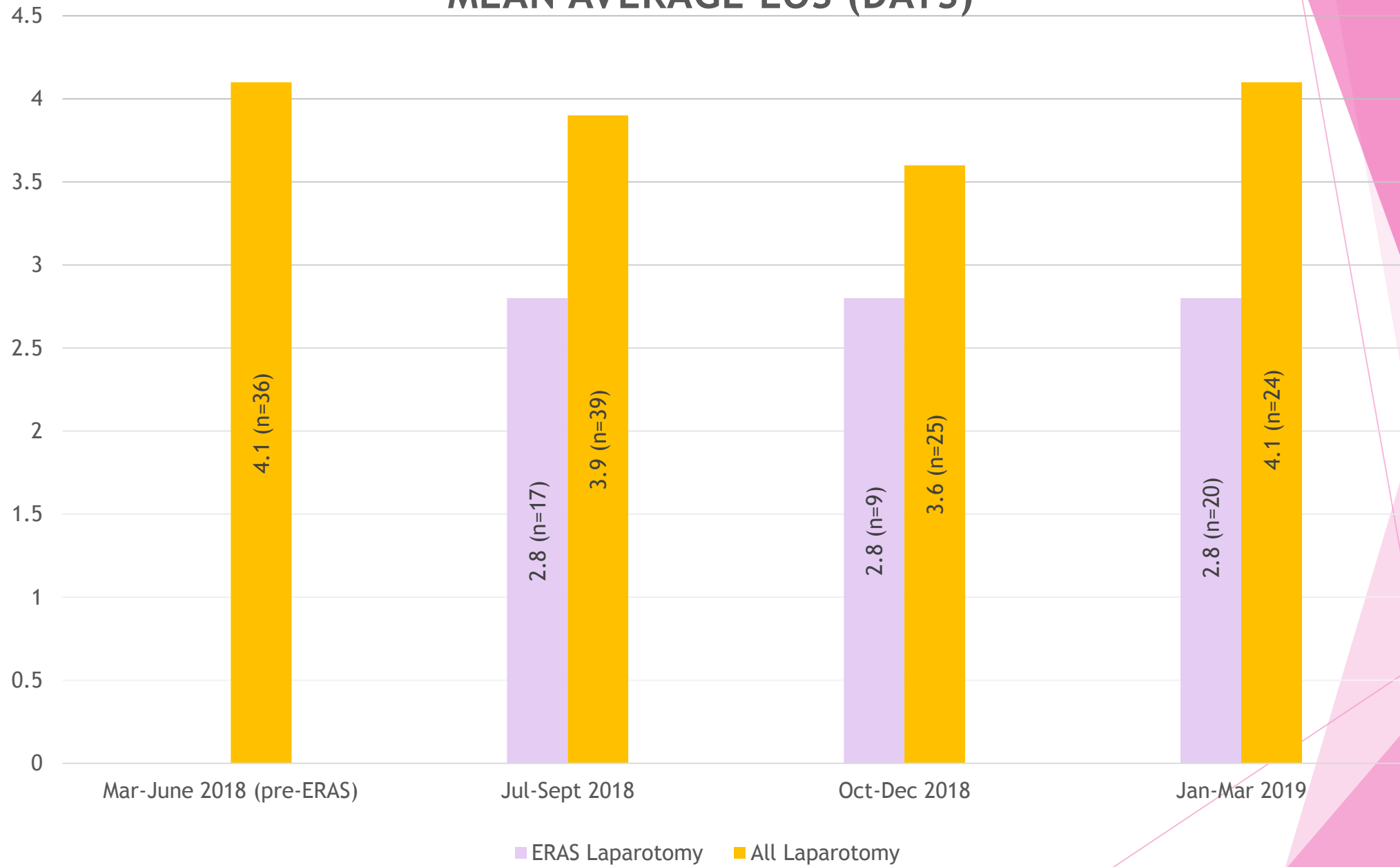
Laparoscopy

- ▶ July-Sept. 2018: 0% (0/3)
- ▶ Oct-Dec.2018: 0% (0/19)
- ▶ Jan-Mar. 2019: 0.1% (1/10)
 - x 1 MCDHB (necrotic bowel)

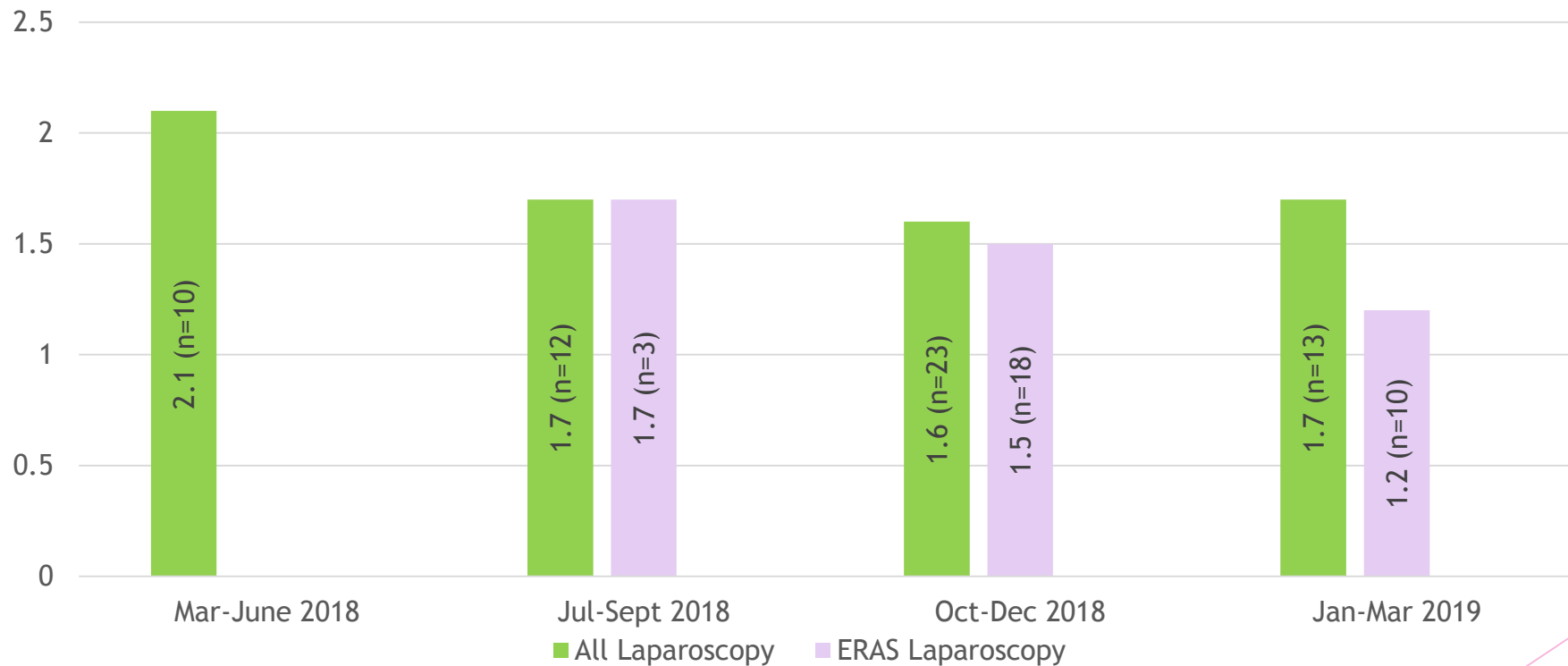
Laparotomy

- ▶ July-Sept. 2018: 0.1% (2/17)
 - x 1 CCDHB
 - x 1 MCDHB } (wound infection, dehiscence)
- ▶ Oct-Dec. 2018: 0.1% (1/9)
 - x 1 Wairarapa DHB (UTI-ESBL E.coli)
- ▶ Jan-Mar. 2019: no readmissions

MEAN AVERAGE LOS (DAYS)



MEAN AVERAGE LOS (Days)



Outcomes

- ▶ Streamlined delivery of care
- ▶ Patient oriented care-MDT approach
- ▶ Cost-effective -patient and organization
- ▶ Optimal care within appropriate timeframe
- ▶ Equality of care within the region

Moving forward.....

- 3 monthly audit-ongoing
- Patient feedback-ongoing
- Staff satisfaction survey end 2019
- Regional Gynae-Oncology service logo
- Finalise ERAS documentation
- Interest from General Gynae

My experience.....

- Huge learning curve
- Great support
- Networking



- ▶ GO team-Amanda Tristram (Consultant), Patrick Keating (Consultant), Howard Clentworth (Consultant), Donna Frewin (Gynae-Oncology Clinic Nurse Co-ordinator)
- ▶ ALL Gynaecology ward nurses+ admin. staff
- ▶ Denise Braid (CNM Women's OP clinic) and Sue Hazelwood (CNM Gynae ward)
- ▶ Aruntha Moorthy (Consultant Anesthesia)
- ▶ Jo Stewart (Dietitian)
- ▶ Chris Nash (Physiotherapist)
- ▶ Gordon Allen (Gynae-Oncology Data Manager)
- ▶ John Hornblow (RMO admin. Co-ordinator)
- ▶ Andrea Collins (Print room supervisor)
- ▶ Aimee Busse (Admin. Quality and Patient Safety)
- ▶ Heather Aldridge (Booking Clerk Gynaecology) + And Many others

ANY
QUESTIONS
?