Information Brief

For Board of Directors

Version: 1.0 (May-2016)

EXECUTIVE SUMMARY

Title	Enhanced Recovery
Purpose	Discuss the history and status of Enhanced Recovery in Interior Health.
Top Risks	1. (n/a) 2. (n/a) 3. (n/a)
Lead	Garth Vatkin, Quality Improvement Consultant
Sponsor	Susan Brown, VP of Hospitals and Communities

RECOMMENDATION

That Board of Directors accepts this brief for information only.

BACKGROUND

Enhanced Recovery is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery. It was originally introduced in Interior Health in 2011 by a multidisciplinary team of clinical stakeholders at Kelowna General Hospital. The initial pilot focused on general surgery patients who were undergoing major colorectal surgery and preliminary results showed positive outcomes including a decrease in length of stay, a decrease in adverse outcomes, and an increase in patient satisfaction.

Early success prompted interest from senior leadership and in 2013 the Enhanced Recovery program was expanded to seven additional sites again with a focus on patients undergoing colorectal surgery. Financial support for this expansion was provided through the Specialist Services Committee and each of the participating seven sites (Royal Inland Hospital, Penticton Regional Hospital, Vernon Jubilee Hospital, Kootenay Boundary Hospital, East Kootenay Regional Hospital, Caribou Memorial Hospital and Shuswap Lake General Hospital) all had varying levels of implementation success largely based on existing infrastructure and physician support.

In 2014, Kelowna General Hospital (KGH) and Royal Inland Hospital (RIH) joined the BC Enhanced Recovery Collaborative sponsored by the Specialist Services Committee. The Collaborative was composed of 11 hospitals representing all health authorities across BC and its focus was on colorectal surgery. Between the months of November 2014 – January 2016, team leads including physicians, nurses, allied health professionals, and administrators came together through a variety of formats including learning sessions, an outcomes congress, communities of practice, and monthly meetings to strengthen current Enhanced Recovery programs already established at some participating sites and provided support for other sites new to implementation. Results from KGH and RIH are shown in Appendix A.

DISCUSSION

The participation and success of the KGH and RIH colorectal Enhanced Recovery programs in the provincial Collaborative created interest and action by other surgical specialties in Interior Health. For example, urology at RIH has started to develop an Enhanced Recovery program for radical cystectomies, orthopedic services at KGH has incorporated Enhanced Recovery elements into their order sets and pathways for hip and knee replacement surgery, and the Trauma Network is interested in revising their trauma programs at KGH and RIH using Enhanced Recovery principles.

EVALUATION

n/a

ALTERNATIVES

n/a

CONSULTATION

n/a			

TIMELINES

Milestone	Lead	Date of Completion
Information brief written	Garth Vatkin, Quality Improvement Consultant	May 13, 2016

ENCLOSURES

Appendix A – KGH and RIH Enhanced Recovery Results

REFERENCES

n/a

APPROVAL / ENDORSEMENT

n/a

Appendix A – KGH and RIH Enhanced Recovery Results

	KGH		RIH	
	Baseline	Post Implementation (Jan 2015 – Dec 2015)	Baseline	Post Implementation (May 2014 - Dec 2015)
# of Elective Patients	16	218	137	171
Morbidity	19%	17 %	31%	23%
Median Length of Stay	7 days	5 days	4 days	3 days
Re-admission	0%	2.8%	8.4%	6.4%

*Note: Re-admission rate at baseline for KGH is based on a random sample of colorectal surgical patients, none of which were readmitted within 30 days of surgery. Literature states that approximately 10-25% of colorectal patients will be readmitted. Both KGH and RIH are below this bench mark.