Enhanced Recovery After Thoracic Surgery (ERATS)



So much more than just a protocol!

Erik von Meyenfeldt, Eric van Thiel, Netty de Graaf, Geertruid Marres Centre for Lung Cancer, Albert Schweitzer Hospital, Dordrecht, The Netherlands. E.M.von.Meyenfeldt@asz.nl

CONCLUSION

- Introduction of a standardised Enhanced Recovery After Thoracic Surgery protocol (ERATS) and matching information has increased satisfaction and clarity for our patients undergoing lung resection and our staff.
- Introducing ERATS turned out to be more than writing a protocol. Involvement of all staff members, evaluation of the organisation of care and appropriate
 patient information are key to ensure successful implementation.
- Challenges remain to turn working according to protocol with clearly defined daily goals and consistent patient information into the new standard.

BACKGROUND

- 2016; all healthcare providers contributing to the care of lung cancer patients in the Albert Schweitzer hospital, a large teaching hospital in the Netherlands, merged into the multidisciplinary Centre for Lung Cancer.
- Up to this point, perioperative care for our lung cancer surgery patients
 was delivered according to the preference and experience of each of
 the attending healthcare professionals; an integrated approach was
 lacking.
- This situation resulted in inconsistencies in perioperative care and information, leading to uncertainty for our patients, but also for junior staff and nurses.
- As a surrogate outcome measure for efficiency of perioperative care, we signalled that our postoperative length of stay had been longer than the Dutch benchmark (Median 7-8 days vs 6) in previous years.
- In discussions with our patients and fellow healthcare professionals we agreed that we needed a common perioperative care protocol as a basis for our work as a multidisciplinary team.

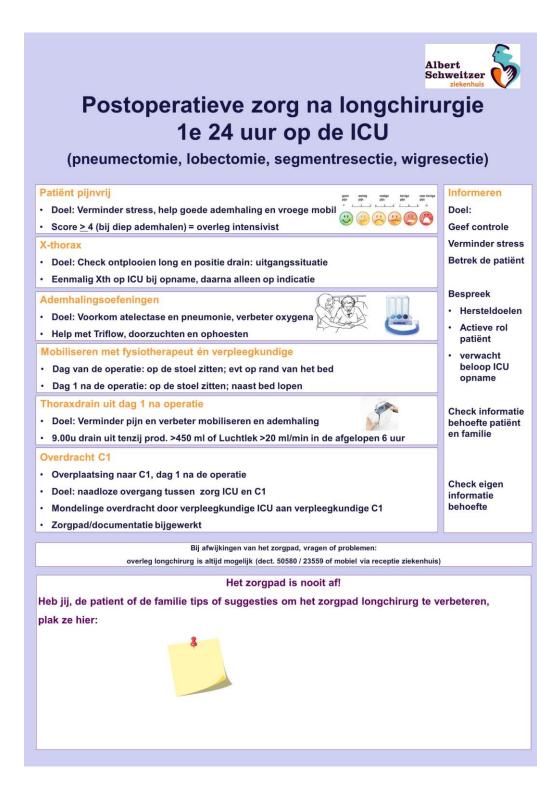
RESULTS



Multidisciplinary team
Creating ERATS;
an integrated multidisciplinary perioperative care protocol

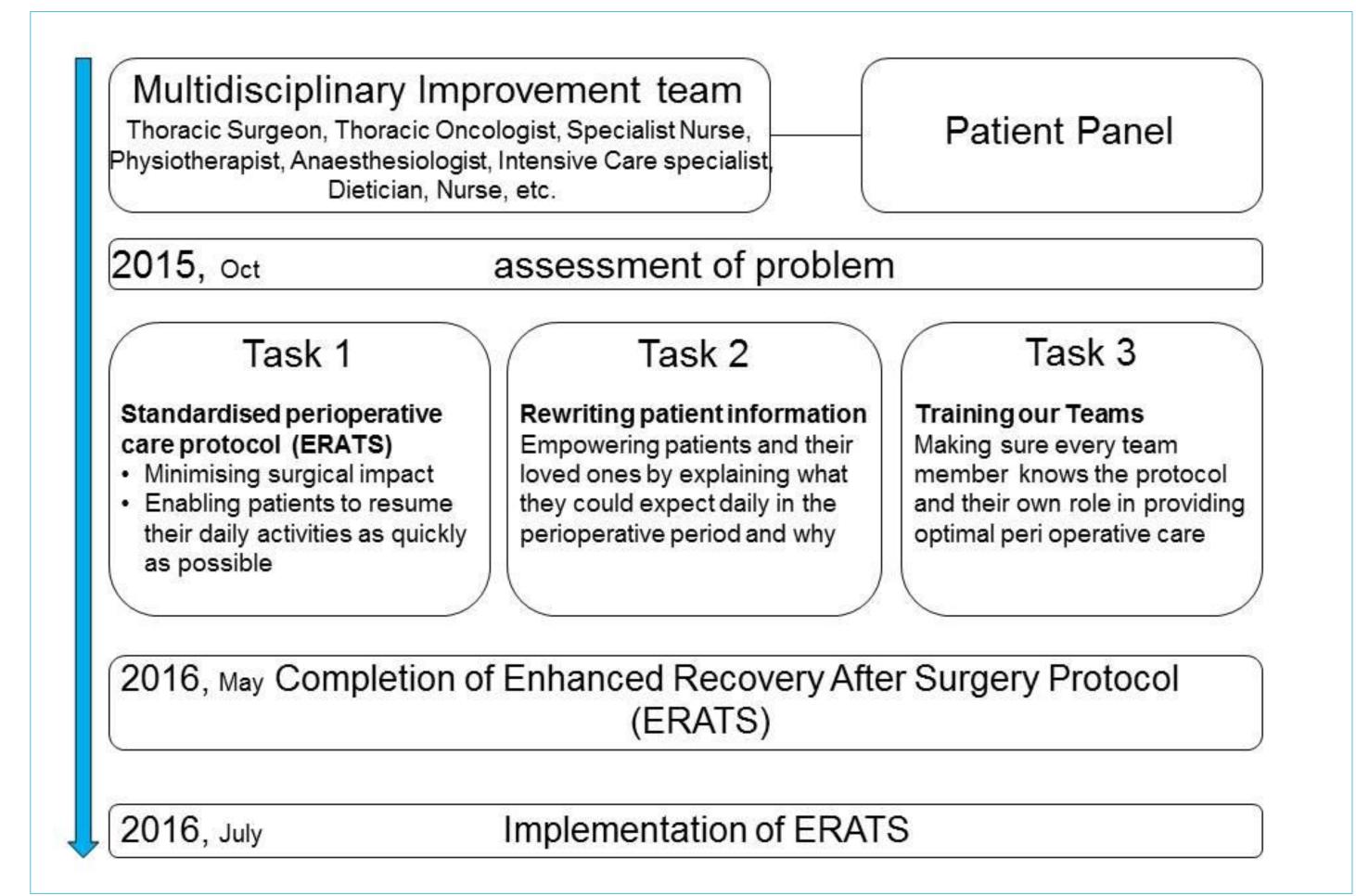


Patient information app/folder
The right information at the right time



Engaging our Teams
Poster for the ITU team:
Goals and rationale for the first postoperative 24 hours after lung resection

METHODS



RESULTS 2

July 2017, a year after the introduction of our protocol

- Our patients feel well informed at our multidisciplinary outpatient clinic (thoracic surgeon, specialist nurse, physiotherapist, anaesthesiologist)
- Our patients' experiences match the patient information (folder/app)
- The Surgical Team of the Centre for Lung cancer was given the patient centred care award by the hospital's Client Council.
- Junior staff, nurses and physiotherapists felt empowered to make decisions according to protocol, improving their ability to match patients' expectations.
- Post-operative length of stay dropped to a median of 5 days

DISCUSSION

- Due to junior staff rotation and the large number of nurses it is a challenge to keep everybody well informed about the protocol.
- Protocol adherence is highly dependent on intensive supervision.
- With the large number and high turnover of healthcare professionals involved, it is important to focus on consistent information for the patients and their loved ones.