Featured Article

Team Member Education Is Essential For A Successful Enhanced Recovery Program; Experiences From 34 ERAS Coordinators Across the United States

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President’s Message

By Timothy Miller, MD, ChB, FARCA, President

Dear Colleagues,

A lot has happened since the last ASER Newsletter in February 2019. Since then, the USA and the World has been dealing with two pandemics – the Covid-19 virus, and systemic racism brought to the attention of all by the Black Lives Matter movement.

This has been a challenging time for all organizations, including ASER. The Covid-19 pandemic started just before our ASER 2020 Meeting in April, so we made the swift and correct decision to cancel the meeting. We decided against a virtual meeting as everyone was occupied locally with the first wave of the virus.

As we have adapted to our new normal, it has become apparent that there is a significant need for education, collaboration, and networking through organizations like ASER. Most hospitals have restarted elective surgery alongside coping with the financial, staff, and bed constraints of dealing with the pandemic; therefore, the delivery of effective Enhanced Recovery programs to optimize recovery, reduce hospital length of stay, complications, and costs is greater than ever.

ASER planned and executed the first virtual fall conference just before the ASA Meeting. I would like to thank Matt McEvoy, Traci Hedrick, TJ Gan and Bethany Sarosiek for working with me to put together a superb program, which highlighted the core and emerging principals of Enhanced Recovery, as well as emphasizing diversity both within the speakers, and topics. We are particularly thankful that Daniel Chu could deliver his superb presentation on “racial disparities and Enhanced Recovery” that is highlighted later in this Newsletter.

The benefits of a virtual meeting are that it can reach a wider audience, and we made the decision to maximize this opportunity with free registration. This is made possible by industry sponsorship for which we are very grateful, and we were delighted that we reached our largest ever number of attendees, many of whom have not attended a previous ASER meeting. The presentations were superb and were available on the meeting platform for over a month so that they could be watched by all attendees.

We think the format of the virtual meeting went very well, with recorded presentations and live/recorded panels, but of course this is new territory and we have sent out a survey to get feedback from you, our membership. The Spring meeting, as you may imagine, is likely to be virtual, so we want members to have the best experience with virtual meetings.

We have included some highlights from the Fall conference in this Newsletter, and many of the presentations will be on the ASER website for our membership. We want this newsletter to be valuable for you, so please share your feedback and suggestions to help us improve and forward it to friends and colleagues. Enjoy reading, and I hope to be able to see you in person in the not too distant future.

Best Wishes!
ABOUT ASER
The American Society for Enhanced Recovery is a nonprofit organization with international membership dedicated to the practice of enhanced recovery in the perioperative patient and committed to research and education in perioperative medicine and enhanced recovery.

THE ASER MISSION
To advance the practice of perioperative enhanced recovery by contributing to its growth, encouraging research, and promoting education, public policies, programs, and scientific progress.

ASER HISTORY
The medical field is always looking for ways to provide increased access to care for an ever-growing patient population with a broad range of complex pathologies. However, with increasing patient comorbidities and complex surgeries came prolonged hospital stays, issues with pain management, and difficult recoveries that delayed patient discharges with subsequent patient dissatisfaction. This led to the concept of enhanced recovery, or fast-tracking patients through the perioperative process. By focusing on patient nutrition, perioperative fluid status, early postoperative mobilization, and appropriate pain control through the use of multi-modal analgesia, patients are experiencing faster recovery times and shortened hospital stays. Starting solely in colorectal surgery, enhanced recovery has broadened throughout the surgical spectrum, now including many other surgical subspecialities. The American Society for Enhanced Recovery was founded to become a worldwide leader in furthering education and research with the common vision to find the best way of shepherding patients through the perioperative arena while achieving the goal of faster patient recovery and improved patient satisfaction.

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Team Member Education Is Essential For A Successful Enhanced Recovery Program; Experiences From 34 ERAS Coordinators Across the United States

By Vicki Morton-Bailey, DNP, MSN, AGNP-BC, Michelle Ruther, MBA, MSN, RN, NE-BC, and Tracy Donaldson, MSN, RN, ERAS Care Coordinator

Enhanced Recovery After Surgery (ERAS) is becoming more widely implemented in hospital systems across the country since its introduction in the late 1990’s. We know ERAS programs aim to reduce length of stay, complication rates, readmission rates, and opioid consumption among many other benefits. While ERAS started in colorectal surgery, the mentioned benefits are inclusive to any surgical service line. The success of an ERAS program is dependent upon a combination of factors: having cohesive multidisciplinary team involvement, support from hospital leadership, surgeon and anesthesia champions, a well-communicated plan, patient education, and thorough team member education. The latter tends to be challenging due to the large scope of need and frequent staff turnover yet is one of the most important factors of a successful ERAS program. The question of “how?” is common amongst new and existing programs across the country. In effort to better understand the various team member education approaches, a survey was sent to 50 ERAS Coordinators across the United States with the following questions:

1. What are your current responsibilities as an ERAS Coordinator?
2. Does your hospital system have a corporate clinical education department?
3. Currently, how do you provide education to team members?
4. Currently, who provides ERAS education to team members?
5. Is your team member education standardized?
6. What modes of team member education are currently working well? Why?
7. What modes of team member education are currently NOT working well? Why?
8. When do you hold ERAS education for team members?
9. How do you determine if/when re-education needs to occur?

Of the 50 ERAS Coordinators who received the survey, the response rate was 65% (34/50). Although there were various responsibilities listed by the respondents, 100% of them have the responsibility of providing staff education even though 89% responded “yes” to their institution having a corporate clinical education department. When asked how ERAS education was being delivered to team members, 90% said staff meetings, 45% hold mandatory, structured mandatory staff education classes, 33% hold CE events, 44% educate during annual competency training, 22% utilize “road shows” and 33% add fliers to support their education. When asked who delivers the team member education, 100% deliver all ERAS education and 22% of those also enlist the aid of Advance Practice Providers to disseminate education. It is important that, whoever is delivering the education, the person must be an expert in ERAS so accurate information is provided and questions are given the correct answers. The ERAS Coordinators provide standardized education 67% of the time, depending upon if it is initial education or re-education.

During the COVID-19 pandemic, how to deliver team member education provides further challenges due to additional workload, being short staffed, and the inability to hold large, in-person classes. But, now, more than ever, implementing or sustaining a successful ERAS program is of the utmost importance. This survey was completed prior to the pandemic. When the ERAS Coordinators were asked what modes of education work well, 90% of the respondents have success with providing in-person education whether in small groups, large groups or one on one. The remaining 10% are still struggling to find a successful mode of engagement and education. In person education is the preferred approach as it allows for feedback and discussion. It also allows the team members to put a face to the ERAS program; to know who their “go to” person is when there are questions.
When asked what modes of education have NOT worked well, 100% listed either online or written education as not being effective. This is an important finding since many of us are forced to forego in-person team member education and resort to online learning modules.

When asked about the timing of ERAS education, the Coordinators had a mixed response. Prior to implementation and new hire training had equal responses of 67%. Other choices were yearly (56%), twice yearly (11%) and as needed (44%). The Coordinators could select more than one response. Lastly, determining when re-education for team members needs to occur was evaluated. Quality reports determined the need for re-education 100% of the time (providing treats always helps!). Additional determinants included patient feedback and feedback from the multidisciplinary group (22%).

Outside of the survey, ERAS Coordinators reported having frequent interactions with staff and providing outcome data has been beneficial in provoking informational conversations with team members. This is incredibly important as it affords the ERAS Coordinator an opportunity to hear feedback and suggestions from team members, thereby further engaging them.

Having a successful ERAS program is dependent upon many things but having well-educated team members is the most important as they can make or break your program. It isn’t easy and it is very time consuming, but ensuring thorough, effective education is a must.

Key Take-Aways:

1. Use your staff/department meetings wisely by adding ERAS to every agenda for a quick 2-3-minute update
2. Standardize your education – makes for less confusion for staff (all staff) and patients!
3. Over communication is better than no communication
4. Update Bulletin boards with ERAS updates and data – transparency is crucial

The next deadline for materials to be included in the ASER Alert Newsletter is February 15, 2021.

Articles submitted by members of the society, and judged by the ASER Newsletter Committee to be appropriate may be published in the Newsletter. Please contact ASER at info@aserhq.org to submit your article or announcement.

The nursing coordinator committee has resumed monthly phone conferences. During these meetings, some exciting updates have been identified for next year’s Congress.

If you are an ERAS coordinator, please contact Lorena McMahon at ASER to be added to these monthly calls.

ASER’s mission is to advance the practice of perioperative enhanced recovery, to contribute to its growth and influences, by fostering and encouraging research, education, public policies, programs and scientific progress.

Select presentations from the ASER 2020 Fall Virtual Meeting are available to active ASER members through your ASER account. Click here to login to your account and view.
ASER 2020 Fall Virtual Meeting
Presentation Highlights

The American Society for Enhanced Recovery (ASER) held its 8th annual meeting dedicated to Perioperative Medicine and Enhanced Recovery issues. The virtual program included five sessions scheduled over three days. ASER is happy to report that over 600 attendees registered for the meeting.

The ASER 2020 Fall Virtual Conference was a combination of on-demand presentations that were available to view prior to the scheduled live Q&A/Discussion sessions with presenters.

Sessions included: Preoperative Optimization; Facilitating Postoperative Recovery; Intraoperative Management; Implementation Strategies for Optimal Outcomes; and Updates in ERAS and Perioperative Medicine with a Keynote talk by Lee Fleisher on Anesthesia and the Brain Health: Are We Enhancing Recovery?

A short summary slide from three presentations have been included here, and select presentations from the ASER 2020 Fall Virtual Meeting are available to active ASER members through your ASER account.

Summary Slide 1: Racial Disparities and Enhanced Recovery, by Dr. Daniel Chu, MD, FACS

Summary Slide 2: Postoperative Troponin and BNP Screening: Should We Bother? by Dr. Duminda Wijeysundera, MD, PhD, FRCPC, FAHA

Summary Slide 3: Auditing Your Outcomes: Reporting Metrics and Dashboards by Dr. Jennifer Jayaram, MSN, APRN-BC

On behalf of the ASER Board, thank you to everyone that participated to help make the ASER 2020 Virtual Meeting a success!

We look forward to hosting you in the spring at the ASER 2021 Virtual Conference scheduled from April 7-9, 2021. Save the date!
SAVE THE DATE
ASER 2021 Virtual Conference
April 7-9, 2021
Join us this spring for the Annual Congress of Enhanced Recovery and Perioperative Medicine
Visit www.aserhq.org for conference information

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