Hospitals face challenges when implementing enhanced recovery programs for surgery

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Enhanced recovery programs (ERPs) provide hospitals with the highest-quality resources to improve patient care for surgery, but many hospitals still struggle to successfully implement these programs and may need

more structured resources to boost compliance rates, according to findings published in the *Journal of the American College of Surgeons* (*JACS*).

"Enhanced recovery programs have been instrumental in promoting evidence-based, standardized perioperative care that focuses on engaging patients from the moment it's decided they will have surgery, all the way to their transition back into the community," said Elizabeth Wick, MD, FACS, a professor of surgery at the University of California, San Francisco (UCSF) and a study co-author.

"While some previous studies have reported substantial improvements when hospitals implement these programs, the goal of this study was to take a deep dive into process compliance and understand how successful these hospitals were at implementing enhanced recovery programs."

The research stems from the Improving Surgical Care and Recovery Collaborative (ISCR), a partnership between the American College of Surgeons (ACS), the Agency for Healthcare Research and Quality, and the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality.

That collaboration began in 2016 with the goal of helping hospitals implement ERPs, also known as enhanced recovery after surgery, around the country by providing them with centralized support and tools for standardizing patient care—from guidelines on infection control to optimal nutrition. The program ran until 2022 and assisted about 300 hospitals in initiating and spreading ERPs across multiple surgical specialties, according to Dr. Wick.

"Another principle we try to emphasize through the program is the importance of multidisciplinary or collaborative surgical care with surgeons, anesthesiologists, hospitals, and nurses," Dr. Wick explained.

"All members of the team need to come together to provide the best surgical care for patients and their families."

For this study, researchers analyzed data from 151 hospitals enrolled in an ISCR protocol for colorectal surgery to determine if they got better or worse at complying with ERP process measures—and by how much—over an 18-month period. Participating hospitals, which were located throughout the country but were mostly teaching hospitals in urban areas, entered data on process measure compliance and 30-day patient outcomes into a customized registry through the ACS National Surgical Quality Improvement Program (ACS NSQIP).

The researchers looked at six common components of an ERP protocol for colorectal surgery:

- **Oral antibiotics:** Did the patient receive oral antibiotics within 24 hours of the operation?
- **Mechanical bowel preparation:** Did the patient complete a mechanical bowel preparation (oral medication used to cleanse the large bowel of fecal matter) before the operation?
- **Multimodal pain control:** Did the patient use scheduled, nonopioid pain medication in addition to, or in place of, opioid pain medication within 24 hours of the operation?
- **Early mobilization:** Was the patient mobile (able to walk and stand) within 24 hours of the operation?
- **Early liquid intake:** Did the patient receive liquid within 24 hours of the operation?
- **Early solid intake:** Did the patient receive solid food within 48 hours of the operation?

Looking at changes in process measure compliance from the start of the program to the end, the team divided compliance rate changes into three categories: worsening (