Enhanced Recovery After Surgery

Maximizing patient's road to recovery

ANNUAL REPORT 2021

BAPTIST HEALTH

Changing Health Care for Good.®

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Cover: Allyson Daley (left), a patient at Baptist Medical Center South, is up and walking with Norri Boado, CNA (right) a day after her emergency Cesarean section thanks to implementing Baptist's ERAD protocol. To read Allyson's entire success story, go to pages 10 and 11.

Message from the Director

Francine Marabell, DNP
Director of Safety and Clinical Quality, Baptist Health

The Baptist Health mission is at the heart of our patient-centered care. Providing quality health care is the underpinning of Enhanced Recovery After Surgery (ERAS). Our journey began in 2018 when several esteemed surgeon champions brought forward the concept of ERAS. At that time, the concept of ERAS had already been frequently studied, published and implemented in hospitals all over the world for more than 10 years. At the core, ERAS is an evidenced-based set of guidelines designed to support patients throughout their entire surgical journey in order to minimize unexpected events and maximize their road to recovery.

This experience starts long before the surgery takes place when we seek to bring under manageable control chronic conditions such as diabetes, asthma/COPD, malnutrition or cardiac issues. Our preoperative team implements ERAS strategies to achieve the best possible outcomes such as antibiotic administration, maintaining patient core temperatures and blood glucose levels. The role of the surgeon leading the intraoperative team provides attention to aseptic technique and care of the patient while under anesthesia. Finally, recovery after surgery includes several aims such as early mobility, addressing nutritional needs and taking care of pain using a multi-modal approach to reduce the dependence on opioid medication.

Since the implementation of ERAS in 2018, there have been three main benefits:

- The ability to restructure existing surgeon order sets and transforming our electronic ordering system
- Our data analytics team built transparent reports and a dashboard so that we could benchmark our progress both internally and externally
- The creation of comprehensive internal and external web pages to underscore the benefits of having surgery supported by enhanced recovery strategies

The success of this program is directly correlated with the strength of our team engagement and all aspects of the health system working together. This annual report serves to recognize these efforts by highlighting the Baptist Health team and how we are working together to achieve a better surgical experience for our patients.

Very sincerely,

Francine Marabell, DNP

Dashboard helps establish system goals for quality metrics

Sherry Sweek
System Administrator, Data & Analytics, Clinical Quality Analytics, Baptist Heatlh

To help monitor the success of Enhanced Recovery After Surgery pathways and identify opportunities for improvement across service lines, a data team at Baptist Health, led by Sherry Sweek, vice president of Quality & Analytics, created an intuitive dashboard that pulls in real-time data from the Electronic Medical Record (EMR).

The ERAS dashboard, which extracts data from the EMR once a day, consists of tabs for:

- **ERAS Volumes** by facility, service line and surgeon
- **ERAS Measures** for length of stay (LOS), mortality and compliance with specific care
- **ERAS Patient List** for surgeries, including a color-coded compliance column indicating which measures were met and not met.

All three tabs include filters to limit the views by facility, surgical area, ERAS service type, surgeons and date ranges.

"Each service line of ERAS has very specific and detailed qualifications, so it took time to develop an efficient method of 'gathering' all the components to identify the service lines as well as their related measures," said Melissa Kennedy, a lead enterprise data architect with Data Analytics, who created the dashboard with David Hurse, a business intelligence developer.

"I developed the data structure and David created all the visualizations for it. Once we had a process, it became easy to incorporate new service lines."

Benchmarking software like Care Discovery and now Vizient allows the ERAS team to focus on where improvements need to be made for quality of care and helps establish system goals for quality metrics.

"Another way we are looking at the data is by how many cases of harm we have prevented with the implementation of ERAS protocols," said Kennedy.

Sweek said the value of any dashboard is understanding what is needed to arrive at meaningful data and information that users can take action on.

"And David and Melissa can enhance and add additional functionality as needed," she said.

Future build outs could take into account data on Enhanced Recovery After Delivery (ERAD), pediatric surgeries and the impact of the Epic EMR implementation on ERAS.

"The dashboard is reviewed in real time at monthly ERAS team meetings and Sherry provides the outcome measures and financial impact from Vizient, which leads the team to focus attention on areas for improvement," said Francine Marabell, DNP, ERAS executive leader and director of Safety and Clinical Quality for Baptist Health.

"We're seeing the financial savings impact of ERAS. It's a key performance indicator."

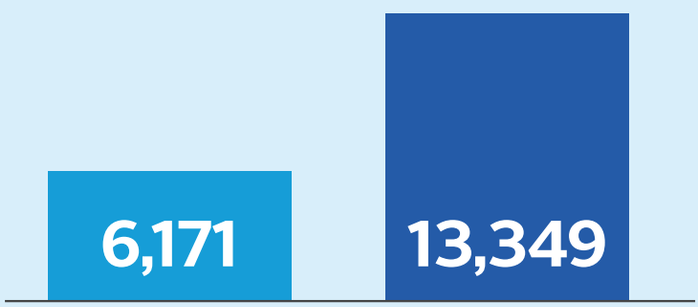
Trisha Brandes (left), Melissa Kennedy (center) and David Hurse (seated) of Data Analytics.

ERAS Program Highlights

September 2020 – August 2021

Hospital days*

(Note: lower number of days is better)



Baptist Health Hospital Days
Average Length of Stay: 2.39

National Hospital Days
Average Length of Stay: 6.32

Hospital Days Prevented:

7,178

**Hospital Days based on national comparison to Baptist Health for same ERAS surgeries.*

40
Complications prevented

61
Readmissions prevented

212
Types of surgical procedures using ERAS protocols

127
Number of surgeons using ERAS

ERAS Program Expansion

- **BMDA GYN ONC** — Dec. 2018
- **Colorectal** — Jan. 2019
- **Urology Major** — Jan. 2019
- **BMDA Thoracic** — May 2019
- **GYN Major Minor** — Sept. 2019
- **Plastics** — Jan. 2020
- **Ortho (Joints)** — June 2020
- **Obstetrics** — Sept. 2020
- **CV** — Sept. 2020
- **Bariatric** — Mar. 2021
- **Neuro** — May 2021
- **Ortho (All Cases)** — May 2021
- **General** — July 2021
- **Head & Neck/ENT** — Future rollout
- **Pediatrics** — Future rollout

Out of the hospital and back to the pool quicker

By Johnny Woodhouse

Johnny Woodhouse
Editor, Care Connection, *Baptist Health Marketing & Public Relations*

In February 2021, I had my aortic heart valve replaced at Baptist Medical Center Jacksonville.

Because all my coronary arteries were clear, I was a candidate for what's known as minimally invasive aortic valve replacement or mini AVR surgery. A mini AVR features a minimal incision as opposed to a conventional full sternotomy.

In other words, my surgeon Nathan Bates, MD, FACS, chief of Cardiothoracic Surgery at Baptist Medical Center Jacksonville, was able to replace my bad valve with a new one without "cracking" my chest wide open.

Dr. Bates replaced my diseased valve with one comprised of animal heart tissue mounted on a flexible frame.

The surgery took several hours and I was under general anesthesia the whole time.

I remember waking up in the recovery room around 5 pm and then being wheeled to my ICU room on the fourth floor of Baptist Heart Hospital.

My goal heading into the first major surgery of my life was to go in as strong as I could and finish stronger.

That's where Enhanced Recovery After Surgery (ERAS) protocols came in to play.

Prior to my surgery, I exercised regularly, including walking and swimming several times a week, and ate a well-balanced, protein-rich diet. I also drank plenty of water and other fluids like Gatorade and protein shakes leading up to my heart operation.

A few hours before I checked in to the hospital, I consumed a strawberry-flavored pre-surgery drink, which helps reduce nausea and vomiting after surgery. In pre-op, I was given some oral medications to help decrease postoperative pain.

The day after my surgery, I was out of bed and sitting in a chair for the majority of the day. I ate small meals and drank plenty of clear fluids. I also took my first walk from my room to the nursing station and back.

The second day after surgery, my catheter was taken out and I was able to use the bathroom without much assistance. My daily walk had expanded from the nursing station and back to a lap or two around the entire nursing floor.

By the third day in the hospital, my chest tubes and wires were removed and I was eating three full meals off the food service menu. I was also using my incentive spirometer as much as possible to strengthen my lungs and remove any extra mucous or fluid.

After minimally invasive aortic valve replacement in February 2021, Johnny Woodhouse was back to swimming laps in the pool.

As far as pain medication goes, I didn't use much. I took half a pain pill the first night to help me sleep and non-steroidal, anti-inflammatory drugs like ibuprofen and acetaminophen the remainder of my hospital stay.

I went into the hospital on a Friday morning and was on track to be discharged three days later before a blood test kept me over an additional 24 hours.

A few days after I returned home, a Home Health nurse came to check on me. When I met her at the front door, she looked at me and said, "Where's the patient?"

That was all the validation I needed to know that ERAS really works. The protocols not only helped me return to work quickly but also allowed me to get back in the swimming pool six weeks after surgery.

I would encourage anyone who is thinking about surgery to ask their doctors about ERAS. They won't regret it.

ERAD(icate) the pain

How one mother bounced back after her second C-section

On Oct. 30, Allyson Daley and her husband were on the way to Baptist Medical Center South to deliver their second baby boy. After having her first baby three years prior, Daley thought this delivery was going to be seamless.

Daley was admitted into the hospital at 9:58 am. Her water had broken sometime in the middle of the night, so she had been in labor for several hours. She was immediately placed in triage for observation.

While in triage, the ultrasound showed the baby was not responding normally. With every one of Daley's contractions, the baby's heartbeat was dipping. Daley's delivery team was made up of two registered nurses at Baptist Medical Center South, Nancy Tallyn and Melissa Kremser, and Jose Nieves, MD, obstetrician and gynecologist with Trogolo Obstetrics and Gynecology. The team feared it was a sign of placental abruption, and they knew they had to act fast.

Placental abruption occurs when the mother's placenta separates from the inner wall of the uterus before birth. This can deprive the baby of oxygen and nutrients, and in cases like Daley's, immediate delivery is needed.

According to Dr. Nieves, Daley was not in labor despite her water breaking. Daley's cervix was closed, and the baby's heart rate was slowing, and fluctuating quite a bit. Seeing that the baby was already undergoing signs of distress, the delivery team agreed with proceeding with a repeat Cesarean section.

The nursing team began gearing up Daley for the operating room to perform the emergency C-section. Daley, who had already had the procedure with her first child, was expecting to have a vaginal birth after Cesarean delivery (VBAC), so she was caught off guard when Dr. Nieves informed her of this change.

"The plan the whole time was to have a VBAC because I had already had the C-section with my first child," said Daley. "I was not expecting the doctors to come in and tell me I was about to go into an emergency C-section."

Daley was brought straight from triage into the operating room, where she gave birth to a healthy baby boy named Ethan.

During her emergency C-section, Daley did not have any complications and her operation went smoothly. The delivery team was able to get the baby's heart rate back to normal by using oxygen and IVFs, along with changing Daley's maternal position.

After the operation, Daley was introduced to the Enhanced Recovery After Delivery (ERAD) protocol to manage her pain post-partum. ERAD is a component of Baptist Health's Enhanced Recovery After Surgery (ERAS) protocol, which is an innovative and evidence-based approach to surgery that can result in improved outcomes for patients. This approach requires changes in the long-established routines before, during and after surgery that help people recover faster.

ERAD guidelines are used to help expecting mothers bounce back more quickly after delivery by implementing protocols that involve medication management, diet and physical activity.

ERAD has proven to:

- Effectively manage pain while limiting the use of narcotic painkillers
- Reduce unwanted side effects including nausea, constipation and swelling
- Enable patients to move, drink and eat more quickly after delivery
- Help patients feel better faster

"The doctors and nurses explained to me that they were implementing a new protocol where they limit the mother's use of narcotics after birth to increase the chances of a better, safer and quicker recovery with less complications," said Daley.

Daley was eager to try the ERAD protocol because she had already undergone one C-section with her first child, and she did not want to have to take narcotics again with her second child.

"I did not want to have to endure all the complications and side effects of taking narcotics," said Daley. "Sleepy baby, sleepy mommy — I didn't want that."

Daley was given non-steroidal anti-inflammatory drugs around the clock so that she was able to stay ahead of the game on her pain. Daley felt that her pain management allowed her more movement out of her hospital bed. She was able to manage her postoperative pain with an acetaminophen and ibuprofen rotation.

The morning after surgery, Daley was able to get up and out of her hospital bed and walk down the hallways — something she couldn't do after the first surgery. Daley was ambulating nine hours after surgery, and she was shocked she was able to recovery so quickly since her body was three years older than when she had her first child.

Allyson Daley and her family look over at the newest addition to their family, Ethan, who was born on Oct. 30, 2021, after a placental abruption resulted in Allyson undergoing an emergency cesarean section to deliver her son.

ERAD protocols are part of the care plan for maternity patients at all Baptist adult hospitals. In cases like Daley's, they are utilized following emergency C-sections, but they are also implemented for planned C-sections and vaginal deliveries. Since ERAD was implemented in late 2020, Baptist Health has seen a 10% decrease in 30-day readmissions and complications in 2021.

"I did not expect this time around to be as good, and definitely not better, than my first experience," said Daley. "I honestly didn't think my body would be able to bounce back after a repeated surgical incision."

Not only was Daley able to get up quicker and stand for longer periods of time, but she gained her appetite back and had increased energy levels.

"I was able to be present and focus on my baby instead of worrying about all of the side effects," said Daley. "You're able to get up faster, push yourself faster and get yourself out of the hospital faster, and ultimately get back to being you faster."

“Less Pain, More Gain”

When John Jones was referred to Baptist MD Anderson Cancer Center for surgery, he had no idea he was going to have a new outlook on his everyday life, from his diet, to his level of physical activity.

It runs in the family

Jones, 72, came to Baptist MD Anderson Cancer Center for a surgery consultation concerning his diagnosis of two unresectable colon polyps, which could not be easily removed through a colonoscopy. Colon cancer runs in Jones’ family, and he wanted to make sure he found the best treatment option for him. He met with Ron G. Landmann, MD, FACS, chief of Colon and Rectal Surgery at Baptist MD Anderson.

Dr. Landmann reviewed Jones’ case and recommended a minimally invasive robotic surgery. However, before the surgery took place, Dr. Landmann said that Jones would need to optimize his health.

Dr. Landmann guided him through this process, which is a key component of the Enhanced Recovery After Surgery (ERAS) protocol. Changes in the long-established routines before, during and after surgery are helping people recover faster, leading to a 37% reduction in length of stay and a 21% reduction in opioid use for colorectal surgery patients, according to data from Baptist MD Anderson and Baptist Health.

Pictured left: John Jones before.

Pictured right: John Jones embodies the ERAS theme “strong for surgery” after having a successful robotic colectomy. As an undiagnosed diabetic, Jones got his mind and body in optimal shape prior to surgery. Months later, Jones continues to prioritize his health with healthier eating habits and daily exercise — all thanks to ERAS.

"Patients need to prepare their bodies before surgery because it leads to a better outcome for the patient and their family," Dr. Landmann said.

Uncovering a hidden diagnosis

Improving Jones' health came with some sacrifice. During the surgical preparation process, Dr. Landmann discovered Jones was an undiagnosed diabetic. He needed to follow a healthier diet and exercise daily for his surgery to be successful.

Prior to surgery, Jones had to lower his A1C level to reduce the risk of diabetes complications. Jones' A1C was a 7.5, and Dr. Landmann explained to him that it was crucial that he lowered it to 6.5 before the operation to minimize wound and anastomotic (bowel) complications and for the best possible outcome.

With the support of his family, Jones started to make healthier choices.

"Dr. Landmann told me that he could do his part, but I would have to do my part," Jones said.

Dr. Landmann instructed Jones to eliminate excess sugars from his diet. He also recommended frequent exercise to improve Jones' cardiovascular health. Jones listened to Dr. Landmann's advice, taking daily two mile or more walks with his son around the neighborhood and cutting back on his energy drinks and sweet tea. Throughout the entire process, Jones lost a total of 30 pounds, five of which were after the surgery. Additionally, he got his A1C level down to a 6.

Strong for surgery

According to Dr. Landmann, when patients take the time to improve themselves for optimization prior to surgery, it will lead to better results.

"We know that improving patient's exercise tolerance, reducing excess body weight, smoking cessation, increasing nutritional status and protein levels and improving diabetes and blood sugar control have all been shown to reduce serious complications following colorectal surgery and simultaneously positively impact patient outcomes," said Dr. Landmann.

"Patients need to prepare their bodies before surgery because it leads to a better outcome for the patient and their family," he added.

Pictured right: During recovery, John Jones was able to get up on his own and walk with a walker.

Ron G. Landmann, MD, FACS, chief of the Colon and Rectal Surgery (center), and Selena Samuels, nurse manager (left), discuss Jones' recovery.

Jones underwent a robotic colectomy, and the surgery was successful. He returned home after just two days. During recovery, Jones was able to get up on his own, walk with a walker and eat full meals. When Jones felt a little pain immediately after surgery, the care team was able to subdue the pain with only non-narcotic/non-opioid analgesia based on his multi-modal opioid sparing pain management protocols. This medication leads to better sleep in the hospital, no nausea, no GI distress, better appetite and a faster ambulation after surgery. This has also shown to dramatically improve outcomes, minimize pain and shorten hospitalization.

"Dr. Landmann had plenty of confidence in me and my ability to improve myself, and I felt his confidence," Jones said. "He told me what I had to do, and I trusted him."

Trusting the experts

When Jones first arrived at Baptist MD Anderson, he had no idea he was going to trust a man who resembled one of his favorite rock and roll guitarists. But Jones found comfort throughout the entire process, especially when Dr. Landmann said he would play Eric Clapton's music over the speakers during his surgery.

"That was the beginning of our bonding," said Jones. "But in these type of situations, you have to have this level of comfort and trust in your doctor."

Jones' biggest piece of advice to people with similar circumstances is to do what your doctor asks you to do because if you cheat, you're only cheating yourself.

Q&A: Voices of Multi-disciplinary Team

Marsha Miles, MSN
Clinical Nurse Specialist
Baptist Heart Hospital

Q: Why is early mobility so important for surgical patients?

A: *Early mobility minimizes or prevents post-operative complications like pneumonia, blood clots and constipation from happening.*

Q: What are some of the benefits of early mobility?

A: *When you are up and out of the bed and walking, you can breathe better, your heart pumps blood more effectively and you don't run into kidney and GI tract problems. Patients who walk every day after surgery experience less muscle soreness and post-op pain.*

Q: How soon can heart surgery patients be out of bed?

A: *We are actually getting our heart surgery patients up and out of bed and into a chair as early as the first night of their surgery.*

Q: Why is sitting in a chair better than sitting in a hospital bed?

A: *Your body has to work harder to maintain an upright position in a chair versus just lying in bed where you have a lot of trunk and upper body support. Our lungs work better when we are sitting in a chair.*

Q: Are there any psychological benefits of early mobility?

A: *Patients progress much more rapidly when they start walking in the hospital. They feel like they are getting better and it gives them a goal to shoot for. Moving allows you to return home sooner. People who lay in the bed tend to take on a sick role which can result in an increased length of stay in the hospital.*

Liz Page, RDN
Clinical Nutrition Manager
Baptist Health

Q: What are your pre-op and post-op recommendations for surgical patients?

A: *From a nutrition standpoint, 'strong start' means eating a well-balanced diet with an emphasis on high-quality proteins in the weeks leading up to surgery. Surgery increases our bodies demand for protein for things like wound healing and immune function. Because it's difficult to meet these increased needs with diet alone, we often recommend the use of a high protein oral nutrition supplement or immunonutrition in the perioperative space.*

Q: Why is pre-op carb loading encouraged?

A: *Delivering the proper type and amount of carbohydrates before surgery via a quickly consumed carb drink can induce a metabolically fed state. When patients consume a carb-loading beverage prior to surgery they have less anxiety, feel less thirst and hunger, have fewer headaches, and are overall more satisfied with their surgical experience than those that are kept NPO.*

Q: Can surgical patients eat as early as four hours after surgery?

A: *Yes, early oral feeding immediately after major surgery is associated with a decrease in postoperative complications, total length of stay in the hospital and overall costs. When patients lose muscle, physically recovering from surgery can become difficult and can impact their quality of life.*

Petra Estep, PharmD, MHA
Clinical Pharmacist
Coordinator – Adult
Baptist Health

Q: Can narcotic painkillers complicate recovery by slowing bowel function and causing dizziness?

A: Narcotics act on opioid receptors in our gut and central nervous system. In our gut, this results in delayed return of intestinal movement as well as slowed emptying of the intestines which can result in nausea and constipation. In our brains, these drugs can cause confusion, drowsiness, and dizziness. Ultimately, this makes getting out of bed and moving around difficult and places patients at an increased risk of falls.

Q: Why are IV fluids kept to a minimum?

A: Our anesthesiologists give the perfect amount of fluids to increase blood volume and optimize the amount of blood the heart pumps with each squeeze. Giving fluids stretches the heart muscle and increases the force of each beat. However, too much fluid can overstretch the muscle actually weakening the contractions leading to diminishing return.

Q: What is multimodal analgesia and why is that important at discharge?

A: Multimodal pain management allows lower doses of drugs with unwanted negative side effects (e.g. narcotics) to be used sparingly with great pain control. Patients that are in pain don't sleep, eat, ambulate, and heal well. Patients who experience adverse effects from their pain medications don't participate in rehabilitation and physical therapy. The faster and more completely we can treat pain without unwanted side effects, the faster patients recover and head home.

Selena Samuels, BSN
Nurse Manager
Baptist MD Anderson
Cancer Center

Q: What impact does the outpatient team have on ERAS?

A: The outpatient team is an integral and pivotal part of the ERAS protocol. Our outpatient staff, including nursing, medical assistants, and advanced practice providers educate our patients and their families in terms of education regarding and preparation for the operation as well as expectations during the hospital stay and postoperative recuperation. Indeed, the outpatient team helps to appropriately educate and set expectations regarding the ERAS proctocol and its transformational impact, resulting in shorter hospital stays and decreased postoperative opioid use. Our care approach has been the delivery of an evidence-based standard of care to optimize surgical outcomes to our patient population. Overall, our team's efforts are the delivery of patient-centered high-quality, high-value healthcare.

Q: How does the team set the patient up for success?

A: We set our patients up for success in the pre-habilitative phase by establishing a "STRONG START" to empower them to achieve optimal outcomes, what we like to call a "STRONG FINIISH." Our focus is on educating the patient prior to their procedure by providing a step-by-step care plan to address the non-operative lifestyle behaviors they control to partner in maximizing their recovery. Active engagement of the patient and their family members in their care is imperative in achieving exceptional outcomes. These pathways ensure a more expedited return to the activities of daily living for our patients.

Enhanced Recovery Steering Committee

ADMINISTRATION

Francine Marabell, DNP
Director of Safety and Clinical Quality
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ANESTHESIOLOGY

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U.S. Anesthesia Partners of Florida, Inc.

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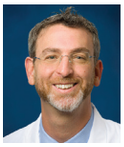

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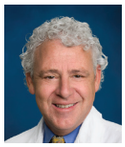

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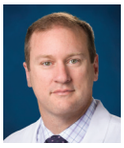

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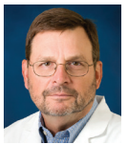
QUALITY



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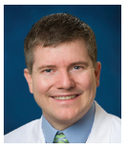

Jonathan Melquist, MD
Urologic Oncologist
Baptist MD Anderson Cancer Center

Enhanced Recovery After Surgery (ERAS)

A patient centered approach to care

PREOP (Strong Start)

- Antibiotic Prophylaxis
- Preadmission Optimization
- **Patient & Family ERAS Education**
- Solid Foods Up Until 8 Hours Prior to Surgery
- Liquids Up Until 2 Hours Prior to Surgery Arrival Time
- Carb Loading at 2 Hours Prior to Surgery Arrival Time
- Protein Supplementation
- Smoking Cessation
- Antiemetic
- Prophylactic Multimodal Pain Management

INTRAOP

- Opioid Sparing Multi-Modal Pain Management
- Normoglycemia
- Goal Directed Fluid Management
- Normothermia
- Minimally Invasive Techniques Where Applicable
- Antiemetic

POSTOP (Strong Finish)

- Patient & Family Education
- Early Removal of Tubes & Drains
- **Early Mobilization**
- Early Nutrition to Stimulate Mobility
- **Multimodal Pain Management to Minimize Narcotic Usage**
- Movement to Oral Pain Medication
- Decreased Length of Stay
- Protein Supplementation

ERAS education materials are available for physician practices.

*Email **Francine.Marabell@bmcjax.com** to request copies.*

BAPTIST HEALTH

Changing Health Care for Good.®

For more information, visit **baptistjax.com/ERAS**