

Assess of Compliance
Review LOS, compic, readm
Preadmission counseling
No Bowel Preparation
OPD/Fluid loading to 2 hours preop

Development and Implementation of a PCS Residency Curriculum: ERAS, Surgical Home, or a 3rd Way?

Components

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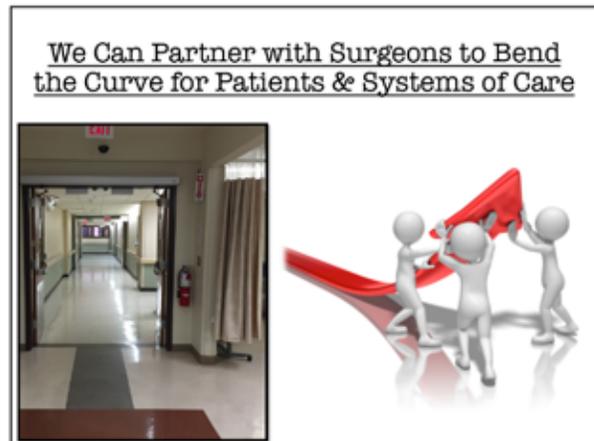
Structured review
Avoid IV Opioids*

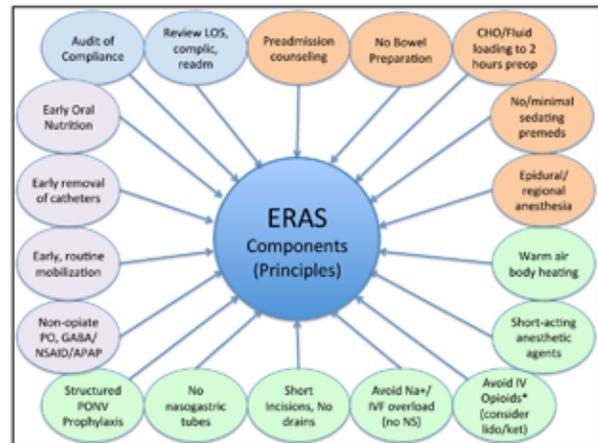
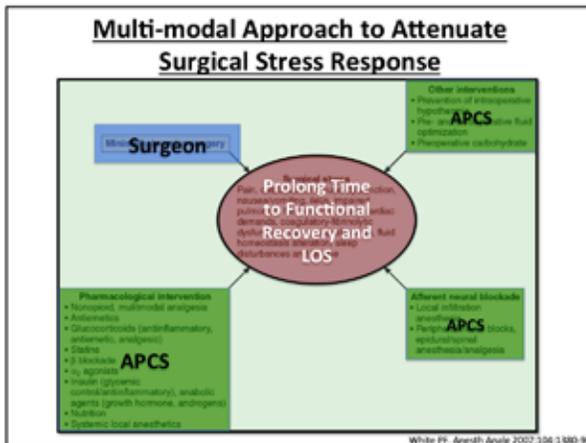
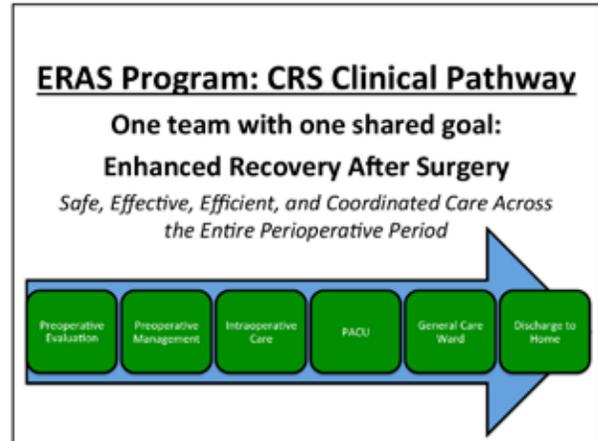
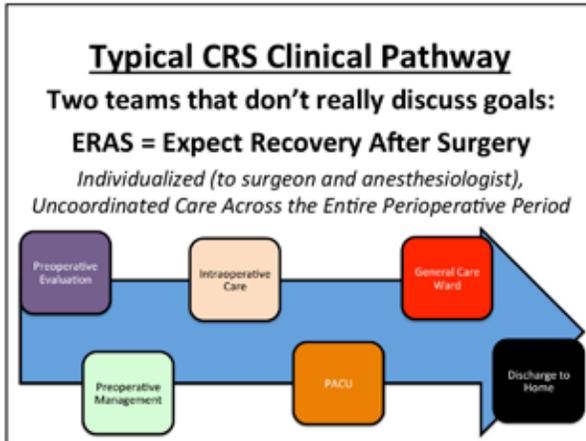
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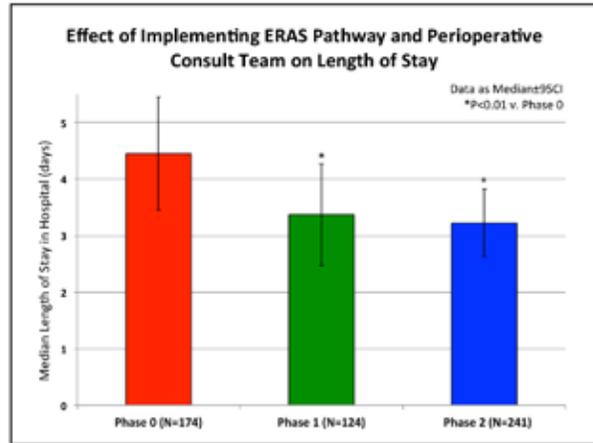
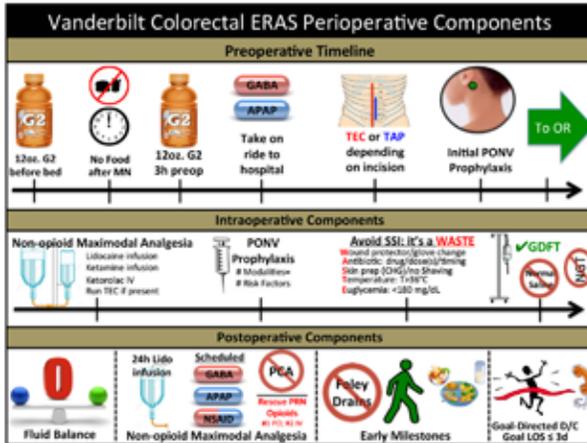
Goals and Objectives

At the end of the presentation, the learner should be able to:

- Discuss the difference between Enhanced Recovery After Surgery Pathways (ERAS) and the Perioperative Surgical Home
- Describe the implementation of a successful Perioperative Consult Service (PCS) residency curriculum and the infrastructure it needs to succeed
- Understand the potential economic and training impact of implementing a PCS at their institution
- Describe possible future directions for a PCS curriculum at their institution, including target curricular content and service lines







Colorectal ERP

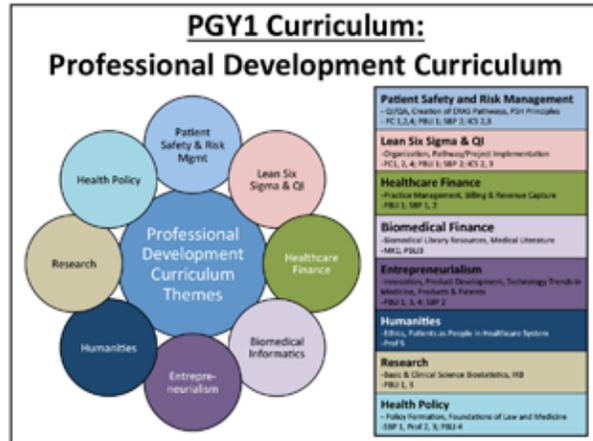
Effect of Implementation of Major Study Outcomes

	Phase 0 (N=179)	Phase 1 (N=124)	Phase 2 (N=241)	P		
Mean Resource LOS (days)	5.3	4.5	4.3	0 v. 1	1 v. 2	0 v. 2
Median Resource LOS (days)	4.24	3.32	3.32	<0.01*	0.61	<0.0001*
Reoperation	18 (10.1%)	13 (10.5%)	15 (6.22%)	1	0.15	0.20
Readmissions	21 (11.7%)	18 (14.5%)	34 (14.1%)	0.49	0.92	0.48
Hospital Cost	100%	98%	83%			0.05*

* significant at 5% level. † Non-parametric Median Test for no difference in median cost among all phases

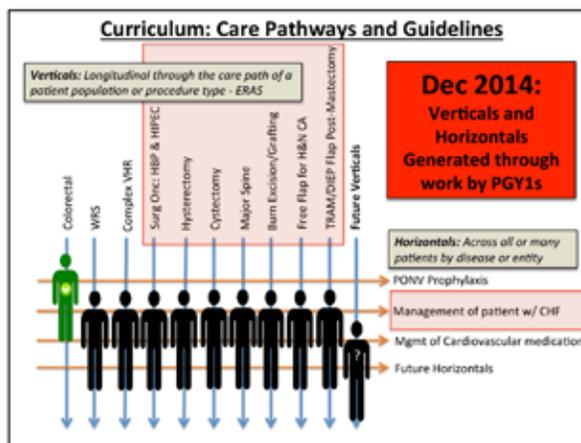
- Started June 2014: Exemplary Level (top decile) for LOS in NSQIP and have reduced median rLOS by 22% and cost by 17% since then.

McEvoy MD, et al. Periop Med, in submission



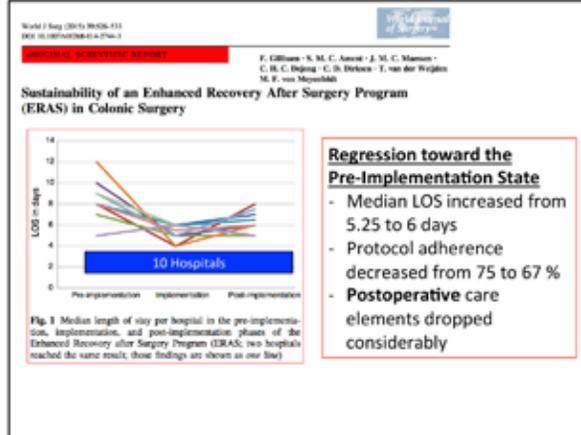
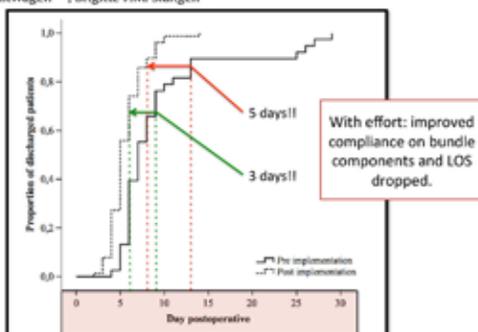
Curricular Components: Ecosystem

- **Departmental**
 - Vision:
 - Faculty:
- **Didactics**
 - Monthly Rotation Orientation
 - Book
 - Website: frequent updates
- **Experiential**
 - Daily Care Cycle (see below)
 - Monthly meetings with surgical services
 - Resident on the VUMC LOS Reduction Committee
 - Quarterly Grand Rounds to review data
 - Let them build and improve (e.g. preop workflow redesign and goal-directed discharge)



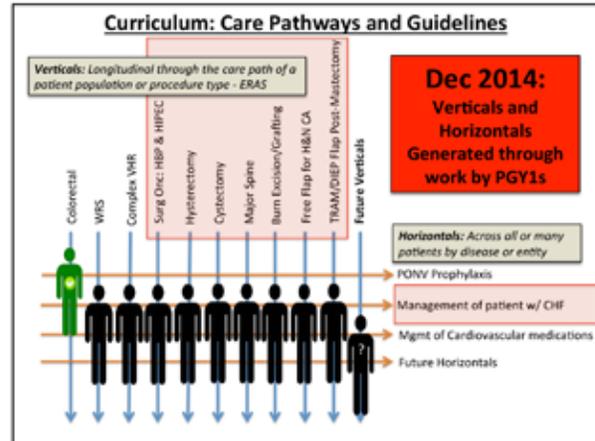
Diffusion of Enhanced Recovery principles in gynecologic oncology surgery: Is active implementation still necessary?

Jeanny JA. de Groot^{1,2,3,4}, Lilian E.J.M. van Es¹, Joël M.C. Maessen^{4,5}, Cornelis H.C. Dejong^{4,6}, Roy F.P.M. Kruitwagen^{3,4}, Brigitte F.M. Slangen^{3,4}



Surgical Oncology ERP

	Phase 0 (N=95)	Phase 1 (N=123)	Difference (days)	% change	P
Mean rLOS	8.26	6.61	-1.65	-20%	0.02
Median rLOS	6.26	5.32	-0.94	-15%	
SD	6.40	3.84	-2.55	-40%	



PERIOPERATIVE SURGICAL HOME

The Perioperative Surgical Home (PSH)

A Comprehensive Literature Review for the American Society of Anesthesiologists

By
 W. Scott Park, PhD, MBA, FRCPC
 Faculty of Health, Behavior, and Society
 Johns Hopkins University, Baltimore, MD, USA

Published in the American Journal of Anesthesiology (2014)
 June 15, 2014

DOI: 10.1097/AJA.0000000000000014
 Director of Global Policy Research, JHU

The PSH is a patient-centered, physician-led, multidisciplinary, and team-based system of coordinated care. It guides the patient through the entire surgical experience from decision for the need for surgery until 30 days post discharge from a medical facility. The goal is to create a better patient experience and make surgical care safer; thus, promoting a better medical outcome at a lower cost. **[AGREE with this, but what about their cited 'models?']**

