



ERASAlberta

Impacts of Initial Provincial Implementation to **Transform Surgical Care**

OPPORTUNITY

Each year in Alberta

- 280,000 surgeries in 57 sites
- Costing approximately 1 Billion dollars
- Wide variations in clinical practices, care delivery, patient and system outcomes
- Significant cost and capacity pressures





ACT TO IMPROVE

Provincial ERAS Implementation

- International guidelines based on evidence
- Multi-faceted clinical and system data
- Local interdisciplinary site teams
- Working with patients and researchers

HOW WE DID IT **PROVINCE-WIDE** COLLABORATION

- · Teams led by local clinicians

CONTINUOUS QUALITY IMPROVEMENT

- Evidence based practices
 Internationally researched
- · Tested and proven





AFTER SURGERY RETURNING TO NORMAL SOONER **BETTER OUTCOMES**

through eating, drinking, gum chewing, moving, walking LESS PAIN AND NAUSEA

FEWER COMPLICATIONS GOING HOME LESS READMISSIONS

> **PARTNERSHIP** between patient and unit team

ERAS PATIENTS

return to home, family, work and play us to 2.3 DAYS FASTER

HEALTH SYSTEM BENEFITS COST increased QUALITY savings greater bed CAPACITY

3024 DAYS OF BED CAPACITY given back to the system \$3.6-\$8.0 MILLION saved in first 21 months

MEASUREMENT & RESULTS

Between 2013 and 2015 (n=1333)

Over 1300 ERAS colorectal patients

At 6 major hospitals: GNCH, PLC, RAH, MCH, UAH, FMC

- Length of stay (approximately 2 days)
- Readmission rate (approximately 8%)
- Complication rate (approximately 20%)
- Adherence to ERAS Guidelines (achieved 60% overall)

SUSTAINABILITY: Enhanced Recovery After Surgery Alberta (ERASAlberta) is a priority provincial initiative within the Surgery Strategic Clinical NetworkTM. From 2016-2018, ERASAlberta will sustain and spread ERAS colorectal at 9 sites, and implement up to 10 more international ERAS guidelines at 3 large sites.