

## Enhanced Recovery After Surgery

Best Practice Change Idea	Process Measure
<b>Pre-admission</b>	
Patients and their caregivers receive pre-admission education on ERAS and their expected recovery	% of patients and caregivers who received pre-admission education
Preop correction of anemia (if appropriate)	% of patients who had preop anemia corrected
<b>Preoperative Care</b>	
Patients receive preoperative mechanical bowel prep	% of patients who received preoperative mechanical bowel prep
Patients receive preoperative oral antibiotics	% of patients who received preoperative oral antibiotics
Patients receive preoperative venous thromboembolism (VTE) chemoprophylaxis	% of patients who received preoperative venous thromboembolism (VTE) chemoprophylaxis
Patients receive clear liquids up to 2 hours before surgery start	% of patients who received clear liquids up to 2 hours before surgery start
<b>Perioperative Care</b>	
Patients receive regional anesthesia	% of patients who received regional anesthesia
Patients receive perioperative multimodal pain management, with opioids added only when appropriate (Teams working on improving pain management can also consider <a href="#">these change ideas</a> )	% of patients who received perioperative multimodal pain management
Patients receive perioperative anti-emetic prophylaxis	% of patients who received perioperative anti-emetic prophylaxis
<b>Postoperative Care</b>	
Patients receive postoperative VTE chemoprophylaxis	% of patients who received postoperative VTE chemoprophylaxis
Patients receive early postop mobilization	% of patients appropriately mobilized
Patients receive early postop intake of liquids	% of patients with timely intake of liquids
Patients receive early postop intake of solids	% of patients with timely intake of solids
Patients receive timely foley removal	% patients with timely foley removal
Patients receive appropriate discontinuation of IV fluids	% of patients with timely IV fluid discontinuation
<b>Additional Change Ideas</b>	
Teams working on preventing surgical site infection can also consider <a href="#">these change ideas</a> .	
Teams working on preventing urinary tract infection can also consider <a href="#">these change ideas</a> .	
Teams working on preventing pneumonia can also consider <a href="#">these change ideas</a> .	

### Opioid Prescribing and Pain Management

Best Practice Change Ideas	Process Measure
Patients who are prescribed opioids receive the lowest effective dose of the least potent immediate-release opioid	% of patients prescribed opioids according to the common opioid prescribing protocol
Patients participate in nonpharmacological pain management strategies, such as physical therapy and relaxation techniques	% of patients who participate in nonpharmacological pain management strategies
Patients and their caregivers receive a written transition plan that includes appropriate use of opioids when transitioning from hospital to home	% of patients who receive a written transition plan that includes appropriate use of opioids when transitioning from hospital to home

### Pediatric Teams

Best Practice Change Ideas	Process measure
Patients and their caregivers receive pre-admission education on pain management and their expected recovery	% of patients and caregivers who received pre-admission education
Patients should bathe or shower before surgery	% of patients who shower or bathe before surgery
Appropriate bowel prep prior to surgery	% of patients who receive appropriate bowel prep prior to surgery
Remove hair only when necessary, using a clipper outside of the operating room	% of patients with appropriate hair removal
Select and administer the correct antibiotic prophylaxis (based on surgery type) at the appropriate time, dose and duration	% of patients with appropriate selection of prophylactic antibiotic % of patients with timely prophylactic antibiotic administration
Redose appropriately, based on antibiotic type, duration of surgery and blood loss	% of patients who received appropriate prophylactic antibiotic redosing
Select and apply appropriate skin antiseptics	% of patients with appropriate intraoperative skin antisepsis
Maintain normothermia preoperatively, intraoperatively and in the immediate postoperative period	% of patients with normothermic temperature maintained
Surgical closing protocol adhered to including changing gloves and use of new sterile towels and instruments	% of patients for whom a closing protocols were adhered to

### Preventing Surgical Site Infection

Best Practice Change Idea	Process Measure
<b>Pre-Operative Decolonization</b>	
Patients should bathe or shower before surgery	% of patients who received a pre-operative bath/shower
Select and apply appropriate skin antiseptics	% of patients with appropriate intra-operative skin antisepsis
<b>Anti-microbial Coverage</b>	
Select and administer the correct antibiotic prophylaxis (based on surgery type) at the appropriate time, dose, and duration	% of patients with appropriate selection of prophylactic antibiotic % of patients with timely prophylactic antibiotic administration
Redose appropriately, based on antibiotic type, duration of surgery and blood loss	% of patients who received appropriate prophylactic antibiotic redosing
<b>Hair Removal</b>	
Remove hair only when necessary, using a clipper outside of the operating room	% of patients with appropriate hair removal
<b>Glucose Control</b>	
Monitor and control perioperative blood glucose levels in surgical patients as appropriate	% of patients with appropriate blood glucose control
<b>Normothermia</b>	
Maintain normothermia pre-operatively, intra-operatively and in the immediate postoperative period	% of patients with normothermic temperature maintained
<b>Wound Care</b>	
Use of closing trays and wound protectors as appropriate	% of patients for whom a separate closing tray was used % of patients for whom wound protection was used
Manage surgical sites effectively in the postoperative period	% of patients with discharge instructions for wound care

### Preventing Urinary Tract Infection

Best Practice Change Idea	Process Measure
<b>Limited Use of Urinary Catheters in the Operating Room</b>	
Achieve consensus on the appropriate indications for urinary catheterization	% of patients with unnecessary urinary catheters
Implement restrictive insertion practices as appropriate	
Remove urinary catheters as soon as possible postoperatively, unless there are appropriate indications for continued use	% of patients with urinary catheters removed in the operating room or PACU

<b>Improving Urinary Catheter Insertion Technique</b>	
Use aseptic technique and sterile equipment for catheter insertion	% of patients with urinary catheters inserted using aseptic technique and sterile equipment
Only appropriately trained care providers should insert urinary catheters	% of appropriate staff trained on the correct technique of aseptic catheter insertion and maintenance
<b>Maintaining Urinary Catheters Appropriately</b>	
Maintain a closed drainage system	% of patients with urinary catheters maintained according to recommended Maintain unobstructed urine flow guidelines
Maintain unobstructed urine flow	
<b>Assess Continued Need for Urinary Catheters</b>	
Engage nurses in urinary catheter initiatives	% of nurses trained on correct catheter maintenance and indications for removal
Review urinary catheter necessity daily against prespecified criteria	% of patients with urinary catheter meeting pre-specified criteria
Select interventions for the early removal urinary catheters	

Preventing Pneumonia

<b>Best Practice Change Idea</b>	<b>Process Measure</b>
<b>Incentive Spirometry</b>	
Patients should complete deep breathing exercises 10 times each hour	% of patients who received education or assistance on incentive spirometry
<b>Cough and Deep Breaths</b>	
Patients should take deep breaths and cough every hour	% of patients who received education or assistance on coughing and deep breathing
<b>Oral Care</b>	
Patients should brush their teeth and use mouthwash twice a day	% of patients who received education or assistance on oral care
<b>Patient Education</b>	
Educate patients and family on active participation in recovery, including pain management, deep breathing, coughing, and mobility	% of patients who received appropriate education
<b>Mobility</b>	
Patients should get out of bed regularly	% of patients who received education on the importance of mobility during recovery
<b>Elevate the Head of the Bed</b>	

Elevate patients' heads of beds 30-45 degrees

% of patients who received education on or assistance with elevating the head of the bed