

MultiCare Elective Colon Surgery Clinical Guideline

Presentation to WSHA Colon SSI Work Group

April 14, 2016

Collaborative Philosophy

- Collaborative Objectives:
 - Reduce clinical variation across MHS/ standardize care
 - Improve and monitor clinical outcomes
 - Improve patient satisfaction
 - Reduce costs
 - Improve documentation/collections
- Collaborative Workgroup Deliverables:
 - Written evidence-based guideline for patient populations
 - MHS Epic order set
 - Staff and patient education support materials
 - Process and clinical metrics
 - Implementation plan
 - Communication plan

Workgroup Timeline



PRIORITIZE

- Criteria for workgroup selection
- Prioritization of future work



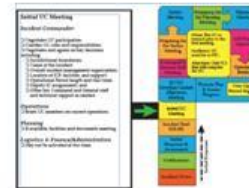
INVESTIGATE

- ID Root Cause for complex LOS, Readmits, and Mortality
- Pull data, vet & document baseline
- Identify best practice (Internal & External)



DEVELOPMENT

- Develop & Test interventions
- Create supporting documents – EPIC order sets, MHS policies, etc...
- Plan Implementation



IMPLEMENTATION

- Implement
- Obtain Med Staff Approval
- ILD → CBL's
- Conduct staff education & training
- 3 PDCA cycles = requirement to moving to stabilization phase



STABILIZATION

- Ongoing monitoring – monthly review of data application
- Reaction plan for “red” or not sustaining targets



Elective Colon Surgery Work Group

- Formed in Spring 2014 to develop an evidence based standard pathway and order set for elective colon surgery patients
- Participants included:
 - General and colorectal surgeons
 - Pharmacy
 - Infection control
 - Anesthesiologists
 - OR nurse leaders
 - Organizational effectiveness (process improvement specialists)
 - Administration/project management
 - Data analysts
 - Staff Education
- Met weekly during development phase, monthly during deployment and quarterly during maintenance

Key Components of MultiCare Pathway

Category	Recommendation
Nutritional enhancement	<ul style="list-style-type: none">• IMPACT Shakes for 3x/day for five days prior to surgery• Can drink clear liquids until 2 hours prior to arrival at hospital• Encouraging patients to drink carb-loading beverage like gatorade
Mechanical Bowel Prep and Oral Antibiotics	<ul style="list-style-type: none">• In process for updating guideline to recommend MBP with oral antibiotics
Weight-based antimicrobial re-dosing	<ul style="list-style-type: none">• Weight-based SCIP compliant antibiotic prior to surgery• Re-dosing antibiotics in cases over three hours
Closure tray	<ul style="list-style-type: none">• Switching to a separate closing instrument set• Gown and glove change
Skin Cleansing	Using CHG wipes night before and day of surgery (given to patients at pre-admit clinic visit)
Glycemic Control	Have a separate work group under the Collaboratives focused on this, and they will be recommendation maintaining glucose under 180 intra- and post-op

Deliverables

- Clinical Guideline

All approved Clinical Guidelines are publically available on the MultiCare Connected Care website:

<https://multicareconnectedcare.com/guidelines-care-pathways/>

- Pathway (flow chart)
- Order set
- Patient education materials
- Metrics and databases to track them

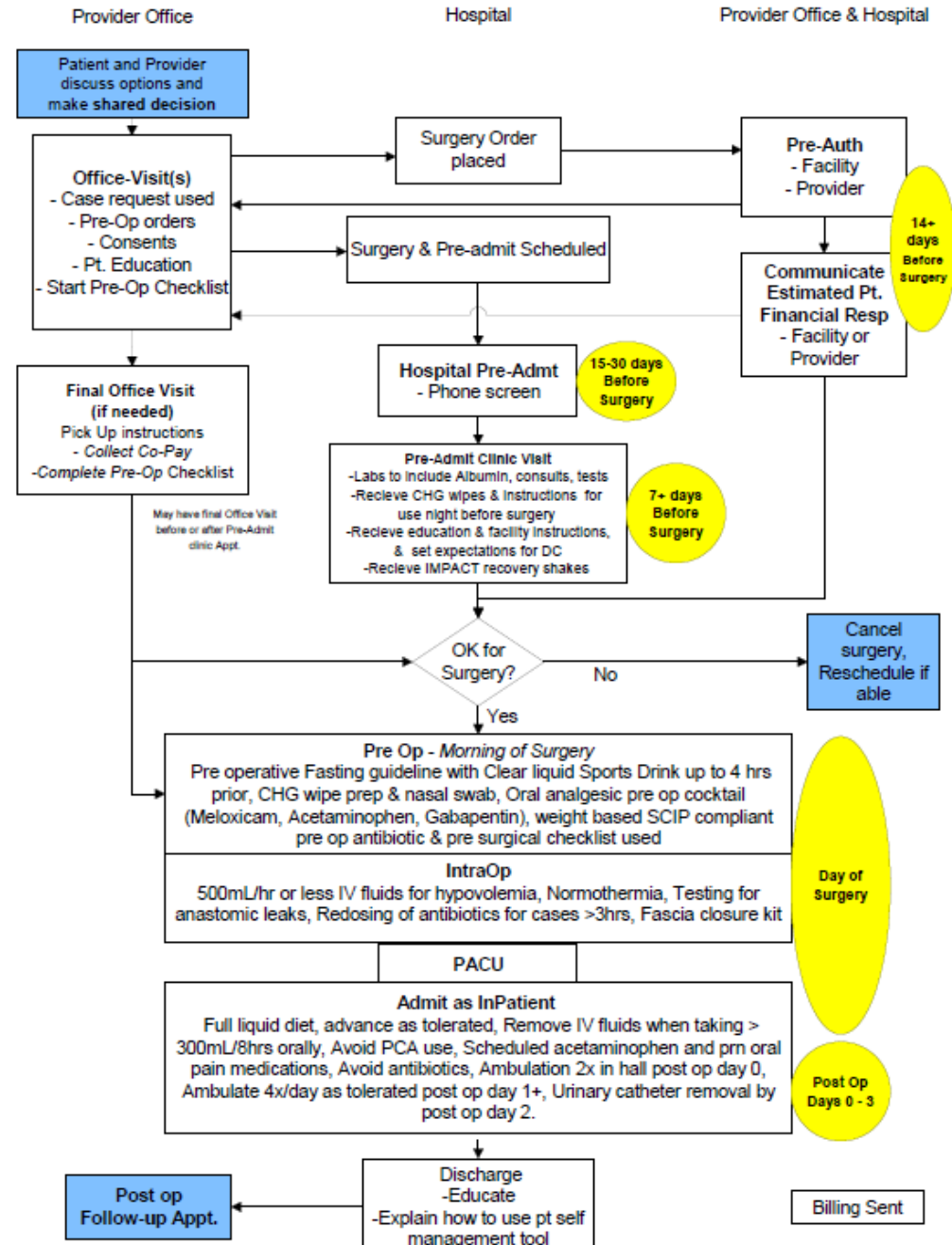
Clinical Guideline

- Written document that outlines the recommendations and rationale
- Updated by work group annually

	Title: ELECTIVE COLON SURGERY
	Target Audience: <i>Physicians, Physician Assistants, Nurse Practitioners, Nurses and Operating Room staff impacted by the protocol.</i>
	Rationale: Following a standardized, evidence-based pathway (1) for patients undergoing elective colon surgery would lead to improvement in patient outcomes. Recent studies highlighted below have demonstrated that Enhanced Recovery After Surgery (ERAS) protocols have successfully reduced patient length of stay (2) (LOS) without increasing complications or readmissions (3). <ul style="list-style-type: none">• A Meta-analysis demonstrates a 2.28 day LOS reduction without increasing complications or readmission rates (2)• A recent study showed a 2 day LOS reduction without increasing complications or readmissions rates in rectal cancer patients (3)
	Scope/Patient Population: <i>Adult patients undergoing an elective colon surgery at MultiCare.</i>
	Objective <ol style="list-style-type: none">1. <i>Optimize elective colon surgery practices based on the latest evidence</i>2. <i>Improve patient outcomes including reduced length of stay, reduced readmissions and fewer surgical site infections</i>3. <i>Decrease costs through improved outcomes and eliminating unnecessary costs</i>

Clinical Pathway

- Flow chart outlining pathway



Patient Education



ELECTIVE COLON SURGICAL CARE MAP

The Care Map below is what you can generally expect during your hospital stay. Your health care team may also suggest changes unique to your recovery.

Pre-Admit Visit 7+ days before Surgery	Day of Surgery	
	Day of Surgery Before you leave home:	Day of Surgery When you wake up from surgery:
<ul style="list-style-type: none"> <input type="checkbox"/> Go to pre-admit clinic visit, labs if needed <input type="checkbox"/> Pick up IMPACT Advanced Recovery shakes at Pre-Admit <input type="checkbox"/> Pick up CHG wipes and instructions to use the night before surgery <input type="checkbox"/> Receive instructions for eating, drinking & medications to take/stop prior to surgery 	<ul style="list-style-type: none"> <input type="checkbox"/> Up to 4 hours before surgery, continue to drink sports drinks like Gatorade or Powerade <input type="checkbox"/> Remember to bring an Identification card & Insurance card <input type="checkbox"/> Have a family member or friend hold onto expensive or important valuables for safe keeping 	<p>Things to know:</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will wake up in the recovery room. <input type="checkbox"/> You will have an IV in your arm to give you fluids during your stay, until you can hold down around 300+mL of liquids/8 hrs <input type="checkbox"/> You may have compression devices (SCDs) on your legs to reduce your risk for blood clots <input type="checkbox"/> A Nurse will give you scheduled oral medicines to reduce pain once you can hold things down. <input type="checkbox"/> You will have a catheter (tube) in your bladder to remove urine. We will get this out as soon as appropriate. <input type="checkbox"/> You will be moved to a bed in a hospital unit where your loved ones can visit you.
<p>At Home 6 days before Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drink your Impact Advanced Recovery drink 3 times a day for 5 days (5th day is the day before Surgery) 	<p>Day of Surgery When you arrive at the hospital:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check in at Surgery Registration at your assigned arrival time <input type="checkbox"/> A nurse will call you to come to the Pre-Op area to be prepped <input type="checkbox"/> A nurse will help you to perform another CHG wipe application prior to surgery <input type="checkbox"/> An IV will be placed in your arm to give you fluids and antibiotics <input type="checkbox"/> You will be given a heating gown to keep you warm during & after surgery <input type="checkbox"/> The OR Team will take you to the operating room when you are ready 	<p>Your nurse will help you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get out of bed and begin to walk, this will help you to heal faster. <input type="checkbox"/> Do not get out of bed on your own. Having surgery puts you at higher risk for falling. <input type="checkbox"/> The nurse will teach you to use your incentive spirometer and remind you to use it 10 times each hour. This will reduce your risk for lung illnesses after surgery.
<p>At Home The Day before Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take any Pre-surgery medications you received, as instructed <input type="checkbox"/> Take a shower with regular soap and water. <input type="checkbox"/> Apply the CHG wipes and allow the areas to dry completely. Do not wash off. Video instructions at: http://www.multicare.org/prepare-for-surgery/ <input type="checkbox"/> Follow the fasting guidelines given to you at the pre-admit clinic visit 		

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Patient Education

	Day of Surgery Goal	Goals during your Stay	After Discharge
Nutrition	<input type="checkbox"/> Begin with a full liquid diet.	<input type="checkbox"/> Your diet will advance based on your ability to tolerate foods. <input type="checkbox"/> Eat many small meals rather than large ones.	<input type="checkbox"/> Eat healthy, small meals multiple times per day. <input type="checkbox"/> Avoid soda pop as it will cause gas and bloating. <input type="checkbox"/> DO NOT smoke or drink alcoholic beverages as these can slow your healing.
Activity	<input type="checkbox"/> Walk in the Hall with the Nurse 2 times. <i>Movement is the key to faster healer – sooner is better.</i>	<input type="checkbox"/> Walk in the Hall with the Nurse/staff member 4 times each day as tolerated. <input type="checkbox"/> Sit up in a chair for meals and between walks. Rest as needed. <input type="checkbox"/> Keep your lungs moving as well. Use your Incentive spirometer 10 times each hour.	<input type="checkbox"/> Continue to move and walk. <input type="checkbox"/> Rest often and as needed. <input type="checkbox"/> Avoid lifting.
Pain Control	<input type="checkbox"/> IV pain medications will be used reduce your initial pain.	<input type="checkbox"/> You will switch to oral pain medications for longer relief.	<input type="checkbox"/> Your provider will continue you on oral pain medications for relief at home as needed. <input type="checkbox"/> You may need to use over the counter medications like Gas X or simethicone for mild gas pains and bloating issues.
Risk Reduction	Your provider may order medications and/or devices that reduce your risk for blood clots based on your risk/needs. <input type="checkbox"/> Injectable medication (shot) _____ <input type="checkbox"/> Device to squeeze legs (SCDs)		<input type="checkbox"/> Wash your hands often. <input type="checkbox"/> Shower daily. <input type="checkbox"/> You may be sent home needing to continue medications to reduce risks. Check your after Visit Summary as well. <input type="checkbox"/> _____ <input type="checkbox"/> _____
Planning for After Care	<input type="checkbox"/> Meet with Care Management or Social Work if you have after care needs like a skilled nursing facility or home health.	<input type="checkbox"/> You will receive education about your condition <input type="checkbox"/> You will receive education on how to use the Red, Yellow, Green patient self management tool to review your symptoms. - Green zone- Your symptoms are normal/expected - Yellow zone- Call the office for additional support - Red zone- Need help now	<input type="checkbox"/> Make sure you have transportation to your follow up visit at the surgeon's office. _____ (date) _____ (time) _____ (phone) <i>It is important to your recovery, for the team to check on your progress and look at your incision site.</i>

Patient Education

Follow up - Appointment within 48 to 72 hours after leaving the hospital. Date: _____

Colon Surgery 30 Day PATIENT ACTION PLAN

GREEN ZONE: ALL CLEAR

Your symptoms are under control

- My temperature is less than 101.5 degrees
- There is only mild redness or bruising around my incision.
- I am eating and drinking at least small amounts
- I am having some diarrhea or constipation
- I have pain, but it has not increased.

GO

Keep up the good work!

GREEN ZONE MEANS:

- Do not worry, it is normal for your bowel habits to not be regular after bowel surgery.
- Take stool softeners if constipated
- Rest often and as needed and continue to walk.
- DO NOT smoke or drink alcoholic beverages as these can slow your healing.
- Eat healthy, small meals multiple times per day.
- Avoid soda pop as it will cause gas and bloating.
- Use Gax X or simethicone over the counter for mild gas pains and bloating issues.

YELLOW ZONE: CAUTION

- I am short of breath
- I have a fever 101.5 degrees, have chills, or night sweats.
- I have redness or swelling around my wound or discharge
- I have excessive diarrhea or can't have a bowel movement
- I have persistent nausea or vomiting
- My pain is not controlled
- My surgical wound is pulling apart.
- I am feeling confused or cannot think clearly.

CAUTION

Step up treatment!

YELLOW ZONE MEANS:

- You need to speak with a medical professional about your symptoms.
- Please call your care provider first if the office is open. If the office is closed, call the Consulting Nurse line.

Care Provider _____
Phone Number _____
Office hours _____

- MultiCare Consulting Nurse:
253.792.6300

RED ZONE: MEDICAL ALERT

- I can't catch my breath.
- I am having chest pain
- I am bleeding a lot and/or heavy clots with my stools.
- I am extremely light-headed or have passed out.

STOP

Get help now!

RED ZONE MEANS:

You need to call
911 NOW !

