Storyboard: Julie Gallagher

Project: Initiation of Oral Intake After Upper Gastrointestinal Surgery in Tallaght University Hospital (TUH)

Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta

An Academic Partner of Trinity College Dublin

- ❖ Team Members: Mary Hickey (Quality Improvement Lead), Sylvia Leahy (CNM 2 Nursing), Fionnuala Staunton (Critical Care Dietitian), Sinead Feehan and Siobhan Healy (Dietitian Managers), Tom McIntyre (SpR Surgery), Conor Toale (SpR Surgery), Professor Paul Ridgway (Consultant Upper GI Surgeon)
- ❖ Project Sponsor: Shane Russell, Chief Operations Officer

Background:

- Enhanced Recovery After Surgery (ERAS) protocols are evidence based perioperative pathways developed to improve recovery for patients undergoing major surgery.
- Nutritional interventions before and after Gastrointestinal (GI) surgery are an integral part of ERAS protocols.
- There is substantial and mounting evidence to show an association between early re-introduction of oral fluids and diet after GI surgery and improved patient outcomes, e.g., fewer post operative complications, faster recovery, reduced length of stay, improved wound healing, quality of life and mortality outcomes
- ERAS protocols generally involve development of pathways to guide the reintroduction of oral intake after surgery.

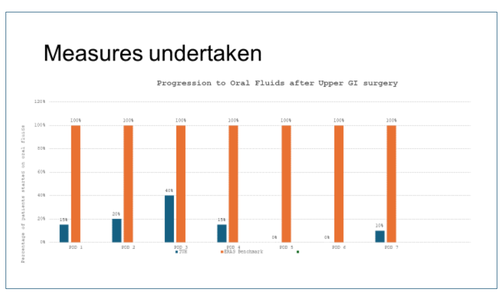
Problem Statement:

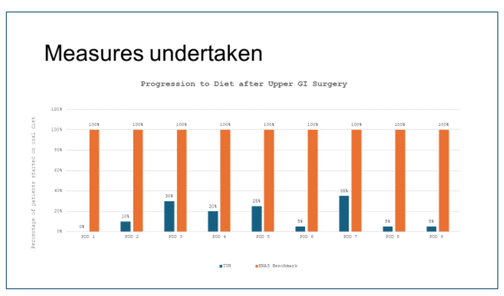
- There is currently no protocol or pathway to guide re-introduction of oral fluids or diet after Upper GI surgery in TUH.

Project Goal:

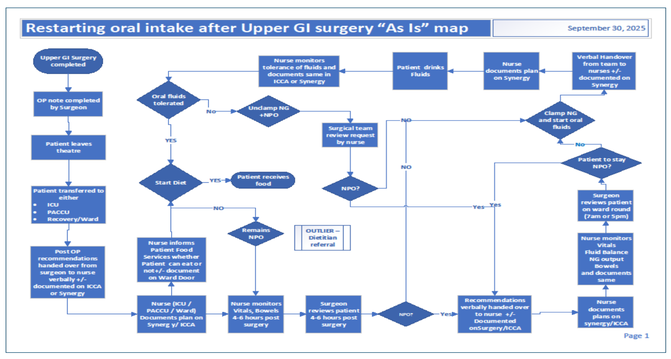
- The aim of this project was to capture the current process in TUH for reintroducing oral fluids and diet after Upper GI surgery, compare the findings against ERAS guidelines and identify potential quality improvement initiatives that could be introduced within TUH to align us with international best practice protocols

Measure:

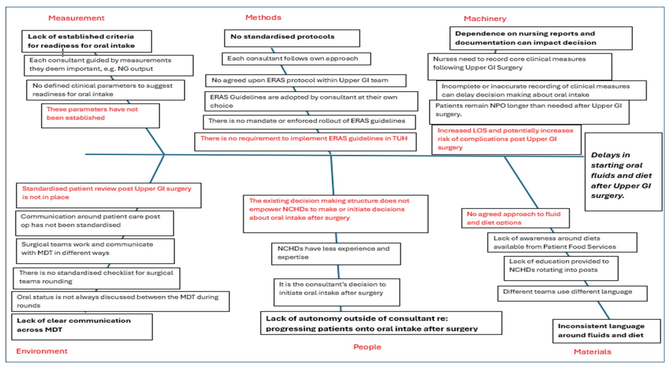




"As-Is" Process Map

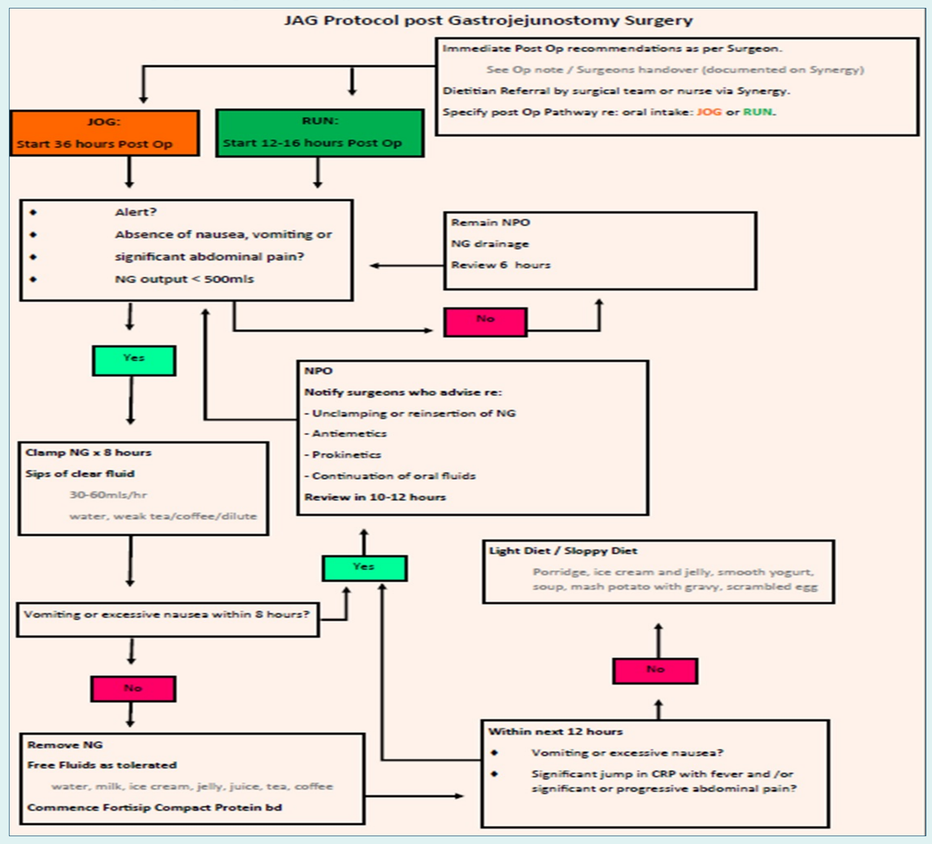


Cause & Effect:



Improvements Undertaken:

- Identified that TUH practice is not aligned with ERAS guidelines.
- Identified root causes for delays in reintroduction of oral intake after Upper GI surgery.
- Developed of a pathway for re-introduction of oral intake after a specific Upper GI Surgery (Gastrojejunostomy) which aligns TUH practice with ERAS Guidelines.
- Standardised language around oral fluids and diet within TUH.
- Empowerment of NCHDs and Nurses to take initiative and progress patients oral intake safely and appropriately.



Confirmation of Effect:

- Pathway has been launched and will be piloted over the coming weeks.
- Plan to compare outcomes of pilot group with pre-pathway group and determine if any significant difference in outcomes, e.g. LOS, post-op complications.
- Dietitian education session to be incorporated into intern's teaching schedule in TUH.
- Examine confidence rating in NCHDs for recommending re-introduction of oral intake post Upper GI surgery after pilot.

Follow up Actions:

- Continue pilot of the pathway.
- Ongoing commitment to ensure pathway is adopted and followed.
- Gather data to determine pathway's effectiveness.
- Aim to expand pathway to cover other Upper GI Surgeries, e.g., Gastrectomies.
- Future project: Consider pre-operative nutrition focused Quality Initiative in Upper GI Surgery.