EROS – Enhanced Recovery following Obstetric Surgery: A year of EROS in NHS Fife

C Massey (EROS Project Midwife), L Cunningham (EROS Project Midwife), Dr S Bhaskar (Consultant Obstetrician), Dr V Bhaskar (Consultant Anaesthetist)

Introduction
Enhanced Recovery is a nationally driven, evidence-based, patient centred approach aimed at improving the experience and recovery of patients requiring elective surgery.

Aim
• Introduce EROS (Enhanced Recovery following Obstetric Surgery) to NHS Fife.
• Ensure a modern, evidence-based approach that is patient centred and of the highest quality.
• Monthly data collection and submission, contributing to the development of standardised, quality assured national pathways and guidance.

Methods
The national pathway was introduced to NHS Fife in May 2017. A project team established consisting of 2 project midwives, consultant obstetrician and consultant anaesthetist.

Achievements
• Weekly patient education class.
• Patient information leaflet.
• Data collected and submitted to national database.
• Staff education and support.
• Patient Feedback via email surveys.

“Our care throughout was of a high standard. We felt completely supported & our needs were met. The information provided prior to the section was concise, focused, informative & well delivered. The guidance provided undoubtedly led to an enhanced recovery following the section.”

-Patient

Results
Length of Stay
• Significant reduction in length of stay.
• Day 1 discharges increasing to 46% from 18% pre EROS.

Weekly Caesarean Section Preparation Class
• 49% mean attendance from May-December 2017.
• October 2017 commenced patient reminders via text message.
• Improved class attendance from 26% (July 2017) to 63% (December 2017).

Post Operative Bundle Compliance
• May 2017 saw initial enthusiastic adherence to Enhanced Recovery Targets, achieving a full bundle compliance of 22% (National average 16%).
• September – November 2017 adherence decreased to 9%.
• Implementation of staff support and education saw improvement in full post operative bundle adherence, achieving 23% adherence by December 2017.

Discussion:
NHS Fife’s 2016 birth rate was 3388 births, 414 (12.1%) were performed by Elective Caesarean sections. The implementation of EROS provides evidence-based, high quality pre-operative and post-operative care. NHS Fife collected data from 225 Elective Caesareans from May-December 2017, 109 (48%) patients completed the EROS pathway with a day 1 discharge. On average an NHS overnight bed cost £400. This demonstrates a saving of £43,600 since introduction of pathway in May 2017.

Conclusion:
• EROS has been successfully introduced to NHS Fife. Staff and patient have embraced the change successfully and have demonstrated continued improvement.
• The wealth of data collected ensures quality improvement in all areas of elective obstetric surgeries.
• Continued data collection will allow it to be used to improve care both at a local and national level.

EROS optimises patient care together with increasing patient and staff satisfaction.

The authors would like to thank all the staff and patients at NHS Fife for their co-operation and involvement.