Campbell River and District
Division of Family Practice
A GPSC initiative

SHARED CARE

Rapid Access Clinic (RAC) & Enhanced Recovery After Surgery (ERAS) Project

FINAL REPORT - SEPTEMBER 2018

FACILITY ENGAGEMENT
Campbell River Medical Staff Engagement Initiative Society

SharedCare
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GPSC
General Practice Services Committee

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Abbreviations and Acronyms

CRDDFP	Campbell River & District Division of Family Practice
CSC	Collaborative Services Committee
ERAS	Enhanced Recovery After Surgery
GP	General Practitioner
GPSC	General Practice Services Committee
MOA	Medical Office Assistant
MRP	Most Responsible Provider
NP	Nurse practitioner
RAC	Rapid Access Clinic

Executive Summary

This is the final evaluation report for the Campbell River and District Division of Family Practice's (CRDDFP) Shared Care: Rapid Access Clinic (RAC) and Enhanced Recovery After Surgery (ERAS) Project, that was implemented between November 2016 and June 2018. The evaluation was conducted in alignment with the activities of the project with the aim of commenting on the initiative's operations, processes and outcomes relative to the stated goals and objectives of the project.

About the Project

The Campbell River & District Division's Shared Care project included two primary areas of work: (1) the planning and development of a centralized referral process for a Rapid Access to General Surgery clinic (RAC) and patient self-management support, and; (2) the development of a comprehensive pre-habilitation and expanded program for enhanced recovery after colorectal surgery (ERAS)[1].

Evaluation Approach

The following primary evaluation questions were investigated:

Process Evaluation	To what extent has the project been implemented as planned? To what extent has the project been able to identify and engage the necessary stakeholders?
Outcome Evaluation	To what extent has the project achieved its planned results? What lessons does the project provide that could be used to improve patient care and efficiencies in other populations or locations? To what extent are the outputs/outcomes sustainable?

To address these questions, evaluation methods included a combination of qualitative and quantitative techniques, including administrative data review, provider surveys, patient surveys and key stakeholder interviews.

Evaluation Findings

Project Organisation and Implementation

The project was led by a steering committee, and supported by two working groups. Key activities and deliverables of the project included two ERAS education and engagement events (June 2017 and February 2018), development of resources including a Patient Pre-surgical Passport, MOA engagement and a Rural and Remote information session. It also included the planning in implementation of Pathways, which supported the sharing of ERAS tools and the referral process.

Two changes to planned implementation were noted: (1) In lieu of developing a physical RAC clinic, the project aimed to improve the referral process instead; (2) The enhanced recovery after surgery (ERAS)

> *"The excitement of the physicians on the committee has been really good. Also, we had a good manager to keep everybody on track."*
>
> – Steering Committee member on the organization of the project

[1] Campbell River and District Rapid Access General Surgery Clinic and Enhanced Recovery after Surgery Project Proposal – August 16, 2016

component expanded its scope from colorectal patients to all surgical patients.

Project Outcomes

Practice Changes

Family physicians reported that the ERAS project had positive influences on their practices, noting the following practice changes intended to support patient outcomes:

- 82% of respondents (9 of 11) indicated that they have applied pre-habilitation principles for their surgical patients *more* than before.
- In addition, 73% of respondents (8 of 11) indicated that they have emphasized pre-habilitation information to their surgical patients *more* than before.
- Forty-five percent of respondents (5 of 11) indicated that they have engaged in the pre-habilitation care of their patients *more* since the June CME Event.

Specialists reported that the project has improved communication with GPs and patients, as well as coordination of care prior to surgery. As one specialist remarked, *"now there's communication and education between patients and myself, and myself and GPs"*

Impact on Patients

Results from the patient survey indicate that the majority (22 of 23) patients used the passport during their pre-surgical journey. In addition, they reported that they found it easy to use, and that it was a useful tool to communicate with care providers. 91% (11 of 12) indicated that the passport was a helpful tool to prepare them for surgery. Patients indicated reducing smoking, increasing physical exercise, and following iron recommendations. In addition, 29% (6 of 21) discussed the risk of delirium with their family doctor or NP, and one person had a mini-mental health assessment.

Unexpected Outcomes

Unexpected outcomes reported by interviewees included the connections and partnerships formed as a result of the project. Committee members identified that the project allowed them to open up conversations with other care providers and learn about other resources and supports for patients in the community that they were not aware of. The clearest example of this was partnering with the Wellness Centre, to provide patients with education that aligned with the Wellness Centre's mandate as well as the ERAS project's goals.

Progress Towards Objectives

Objective	Evidence of Progress
➢ Objective 1: To **improve access to urgent general surgery services.**	*As a result of changes to the project plans and scope (see "Changes to Implementation"), this objective was not realized.*
➢ Objective 2: To create mechanisms for **increasing collaboration and enhanced working relationships amongst health professionals.**	• Pathways launched • Development of PreOp GP Visit request form, sent by specialists to GPs • Patient Passport enables GPs and specialists to provide the same information to patients and see what resources have already been recommended.
➢ Objective 3: To **engage GPs to further improve the prehospital and post hospital care** of patients undergoing surgery in the ERAS program.	• 60+ GPs engaged through education events • Patient Passport enables GPs to better support their patients pre-operatively • 325 Passports handed out at GP offices, via email/mail and face-to-face at events

	• Anemia algorithm and nutrition handout for GPs/patients

Discussion

Strengths of the project included identifying and building upon local strengths and developing partnerships, having strong physician leadership as well as a backbone of administrative support. Lastly, the project benefited from drawing upon previous lessons learned by other divisions of family practice.

Challenges encountered during the project included the aforementioned change in the development of a physical RAC clinic. This resulted in this aspect of the project being redirected to supporting the improvement of referral processes through Pathways. Smaller challenges included physicians and MOAs accessing resources through Pathways, which has been rectified by additional education and support from the Division staff. In addition, there was an interest in increasing support for patients during the pre-surgical period. The solution to this challenge was to partner with the Wellness Centre.

Considerations & Opportunities

The following considerations and opportunities are categorized into supporting the sustainability of the current processes, as well as recommendations for next steps.

Sustainability

The biggest challenge that interviewees identified for the sustainability of the project is **uptake and integration of the ERAS protocols** by specialists and GPs in the region. Suggestions for how to mitigate this risk included:

- Using a clinic-based approach (versus an email blast to all members) to engage groups of physicians, including identifying GP champions within clinics to integrate ERAS protocols.
- Engaging MOAs to integrate the processes and support their physicians[2].
- Increasing awareness with Island Health of the ERAS protocols. One interviewee noted that a recent Island Health newsletter promoted a similar project in Nanaimo, without mentioning the work in Campbell River.
- Having a patient who has used the passport present their experience to physicians at future engagement opportunities or in a short movie that can be sent to physicians.
- Providing short, 5 minute reminders at rounds so it stays on people's radar.
- Referring patients to the Wellness Centre to support self-management.
- Reminders to patients prior to appointments to bring the Passport with them.

Recommendations

Additional recommendations to support further work in this area included the following ideas, which are presented here for the consideration of the Division and project team.

- Potentially developing a mechanism to delay surgery if a GP or surgeon felt that the patient would benefit from additional time working on pre-habilitation.
- Expanding ERAS to other specialities, for example to orthopedics since there are long wait times for surgery, and therefore greater opportunities for lifestyle changes to have an impact on post-surgical outcomes.

[2] Note that the MOA engagement event hosted June 13 was a first step to applying this recommendation

- Development of a post-surgical Passport and increasing involvement of GPs in post-surgical care. The following specialties were suggested as priority areas for post-surgical work: orthopedics, general surgery, and gynecology.

In addition, the evaluation notes that the project team has been asked to develop a Transferability Profile for Shared Care, to support spread of the project outcomes and learnings to other Divisions. Spread has also been initiated by the project through sharing learnings at two conferences and with the Nanaimo Regional Hospital.

Introduction

This is the final report for the Campbell River and District Division of Family Practice's (CRDDFP) Shared Care: Rapid Access Clinic (RAC) and Enhanced Recovery After Surgery (ERAS) Project, that was implemented between November 2016 and June 2018. The evaluation component was conducted in alignment with the activities of the project with the aim of commenting on the initiative's operations, processes and outcomes relative to the stated goals and objectives of the project. In addition to the evaluation, a financial summary and transferability summary are included.

About the Project

The Campbell River & District Division's Shared Care project included two primary areas of work: (1) the planning and development of a centralized referral process for a Rapid Access to General Surgery clinic (RAC) and patient self-management support, and; (2) the development of a comprehensive pre-habilitation and expanded program for enhanced recovery after colorectal surgery (ERAS)[3].

The purpose of the project was to plan for improved access and continuity of care from community to surgical care. The key objectives of the current project were:

- Objective 1: To **improve access to urgent general surgery services** through the development of new communication tools such as centralized referrals and through new models of care provision such as a rapid access surgery process through Pathways.
- Objective 2: To create mechanisms for **increasing collaboration and enhanced working relationships amongst GPs in the community, EPs, general surgeons, anesthesiologists and internal medicine as well as allied health professionals** (pre-op nurse, physio, dieticians) who are caring for patients undergoing colorectal surgery in an Enhanced Recovery After Surgery (ERAS) program.
- Objective 3: To **engage GPs to further improve the prehospital and post hospital care** of patients undergoing colorectal surgery in the ERAS program.

> *"One of the big gaps was we [GPs] didn't know about the actual surgery until we got a call from the patient who's admitted on the ward and they want their GP to be involved, or we would see them post-surgery. There was a real gap in communication."*
>
> – GP on the gaps this project intended to address

[3] Campbell River and District Rapid Access General Surgery Clinic and Enhanced Recovery after Surgery Project Proposal – August 16, 2016

About the Evaluation

The evaluation was designed to collect and provide the project team with both formative and summative information to learn about the effectiveness of operational processes throughout the project and understand the impacts of the project as they relate to its stated goals and objectives. The evaluation approach was designed in collaboration with the project lead, with input from the Steering Committee.

Evaluation Questions

The following primary evaluation questions were investigated:

Process Evaluation	To what extent has the project been implemented as planned? To what extent has the project been able to identify and engage the necessary stakeholders?
Outcome Evaluation	To what extent has the project achieved its planned results? What lessons does the project provide that could be used to improve patient care and efficiencies in other populations or locations? To what extent are the outputs/outcomes sustainable?

Methods and Sample Size

This section provides an overview of the methods included in the evaluation. Both quantitative and qualitative methods were used to gain a comprehensive understanding of the project and its impacts. Data collection tools were specifically developed and implemented according to the needs of the project, and methods were refined over the course of the project to reflect the needs of both the project and the evaluation. In this sense, the evaluation was developmental and able to support quality improvement efforts with data and analysis.

Method	Description	Sample Details
Document Review	The evaluation team reviewed and assessed the following project documents: • Project Proposal • Meeting minutes, agendas and action items • Project Manager reports • Patient Passport and other resources created	n/a
Post Event Survey ERAS Forum June 8, 2017	The ERAS forum intended to outline principles of ERAS and highlight the role of family physicians and their relationships with specialists in working towards optimal pre-habilitation for patients. The post-event evaluation form assessed whether these goals were met and satisfaction with the event.	24 of 26 attendees *(92% response rate)* 10 GPs, 9 specialists, 3 MOAs, 2 other

Key Informant Interviews	To gather additional information about the implementation and operation of the program, as well as more in depth qualitative information about the impact of the ERAS project.	September 2017 (n=3) April/May 2018 (n=7)
Post Event Survey ERAS Forum: February 2018	The ERAS forum intended to outline principles of ERAS and highlight the role of family physicians and their relationships with specialists in working towards optimal pre-habilitation for patients. The post-event evaluation form assessed whether these goals were met and satisfaction with the event.	n=37
Follow Up Physician Survey June 2018	To assess the impact of the forums on long term practice changes. As well, to identify awareness, uptake and value of the ERAS resources.	n=10
Post Event Survey MOA Engagement June 2018	An MOA engagement event was hosted to increase awareness and uptake of ERAS resources and tools. The post-event survey collected feedback on these outcomes.	n=14/15 MOAs *(93% response rate)*
Patient Survey January -June 2018	To understand the patient experience of care, a survey was distributed to patients prior to surgery.	n=23
Administrative Data	# passports printed # patients attending Wellness Centre ERAS workshops	n/a

Constraints and Limitations

Limitations to the collected data include the possibility of **response bias**, which applies when surveys are voluntary: there is a potential that individuals who responded may have indicated more favourable outcomes compared to those who did not respond to the surveys. **Low response rates** for the follow-up ERAS survey also limit the generalizability of those survey findings.

Response bias also exists for interviews, which were conducted with key stakeholders of the project. Their responses may not be entirely objective, due to their close involvement in the work. To mitigate the impact of this bias, a variety of stakeholders were asked similar questions to ensure multiple perspectives were used to analyse the data.

In addition, **incomplete/missing data** from voluntary surveys may impact results. Responses from incomplete surveys were still included in the analysis, which is consistent with an "every voice counts" inclusive evaluation approach.

Evaluation Findings

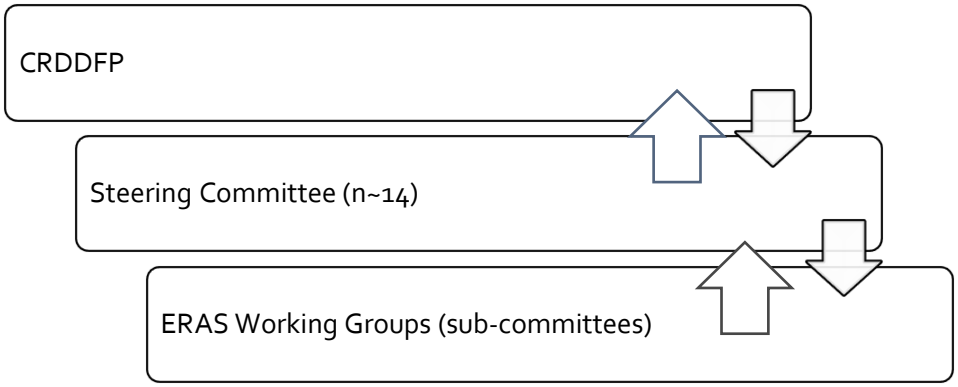
Project Organisation and Implementation

The project was led by a steering committee, which was comprised of 6 physicians (2 GPs, 1 General Surgeon, 1 ER physician, 2 anesthesiologists), 2 Island Health representatives (1 hospital site director, 1 manager), 2 MOAs, 1 Patient Voice representative, as well as the Doctors of BC Shared Care representative and Division staff (project manager and executive director). The group met bi-monthly and reported to the Division and Shared Care Committee via the Division's executive director.

The steering committee was supported by sub-committee working groups dedicated to addressing specific tasks. One working group was responsible for developing ERAS resources for GPs to be able to follow pre-habilitation recommendations. This collaborative working group sub-committee includes a surgeon, GP, and anesthesiologist. The second working group focussed on the ERAS Forum held in June 2017.

> *"The excitement of the physicians on the committee has been really good. Also, we had a good manager to keep everybody on track."*
>
> – Steering Committee member

Fig. 1 – Organisational Structure



Key Activities

ERAS Forums

Over the course of the project, two forums were hosted to inform family physicians, specialists, and other health care professionals about the ERAS principles and share resources as they were developed. According to post-event survey respondents, these forums were well-received. (Fig. 2)

Fig. 2 - % agree/strongly agree

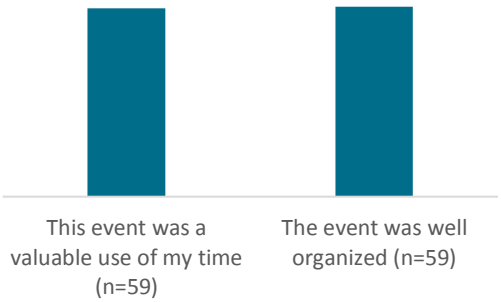


Table 2: ERAS Forum Participation

Date	Attendees
June 2017	26 attendees (GPs, specialists and MOAs)
February 2018	41 attendees (22 family physicians, 5 specialists, 14 MOAs/Nurses, 2 VIHA reps).

Development of Resources

The project team developed the following resources to aid in the dissemination of ERAS principles.

Table 3: ERAS Resources

Title	Description	Reach
Pre-surgical Patient Passport	A booklet was developed that covers the six main lifestyle factors patients can make prior to surgery that are evidence-based to improve surgical outcomes and recovery time. The passport also includes links to resources for further information. It is intended that the passport accompanies the patient through their pre-surgical journey, to assist continuity of information between health care providers involved in their care.	325 passports were printed and distributed to family physicians, specialists. This was done face-to-face at events and in physicians' clinics The passport is now available on Pathways.
Pre-habilitation Workshop Curriculum	In collaboration with the Wellness Centre, a pre-habilitation workshop was developed to support patients make the changes suggested in the passport.	8 patients have completed the Wellness Centre pre-habilitation course
Pathways ERAS webpage	On the online Pathways portal, a page was created that hosts information about ERAS, as well as documents for download/printing.	Pathways website visits (Jan 2018-June 2018): ERAS Guidelines: 45 visits Passports (folding + single page versions): 48 visits Patient resources: 18 visits Pre-hab pathway: 13 visits
Nutrition handout	This handout was designed for patients, to provide additional information on health eating prior to surgery.	The pamphlet was made available at physician offices and the Wellness Centre.
Anemia Algorithm	A flow chart diagram was developed to assist physicians to identify and treat anemia.	The chart was distributed to physicians at events. It is now available on Pathways.
Pre-surgical visit request form	A standardized request form was created for specialists to request a pre-surgical visit between patients and their GP.	The forms were distributed to all local specialists, via events, mail outs and individual meetings.

MOA Engagement

During the project, it was identified by Steering Committee members and through feedback from post-event survey responses that MOAs are a key component in managing information flow to patients. Therefore, it was deemed important to provide additional education regarding the ERAS protocols, as well as practical advice on accessing the documents and supporting physicians.

Rural and Remote Info Session

A teleconference regarding ERAS was hosted for surrounding rural and remote regions who refer to Campbell River surgical services (Gold River, Quadra, Sayward, Tahsis). One person attended the teleconference.

Stakeholder Engagement

Interviewees indicated that the project engaged a broad range of perspectives and included the necessary stakeholders. As well, steering committee and working group members noted that the opinions of all group members were valued and treated with respect, fostering a sense of community within the committee. As one committee member summarized, " *[A] unique and wonderful about the steering committee was that it was more of a community … everyone's opinions were taken at equal value*".

Three interviewees specifically noted the value of engaging the patient voice at the Steering Committee level. As one interviewee commented, it "*helps to have a patient on the committee. Really impressive. Very helpful having their opinion.*"

Beyond the steering committee, family physicians, specialists and MOAs were engaged through the ERAS forums and other engagement events. In total (#) local care providers were reached through these events. Stakeholder engagement also extended to partners, who brought value to the project. The Wellness Centre, for example, developed a program for patients pre-operatively to make the lifestyle changes in the Pre-surgical Passport and provide additional education and support. The Practice Support Program (PSP) is available to help physicians make changes in their practice, such as accessing Pathways and the ERAS documents.

Changes to Implementation

Rapid Access to General Surgery Clinic

The RAC component of the project activities were adjusted during implementation. The project proposal identified that the project would focus on the planning and development of a Rapid Access to General Surgery Clinic (RAC) to be located on the property site of the new Campbell River General Hospital. The site was designed to have more ambulatory patient care areas, and preliminary planning suggested that a RAC clinic fit well into this plan. However, when the hospital was further along in planning, priorities changed and space was not allocated to a RAC clinic at this time.

In lieu of developing a physical RAC clinic, the project aimed to improve the referral process instead. The project shifted to focus on developing new communication tools such as centralized referrals through Pathways.

Enhanced Recovery After Surgery

The enhanced recovery after surgery (ERAS) component expanded its scope from colorectal patients to all surgical patients. It was deemed that the ERAS protocols that had been created were applicable to a greater patient population, who could benefit from these resources. A steering committee member shared the committee's thought process: *"[ERAS] could be used for all surgery because principles are broad. Small number of colorectal patients but these principles apply to any surgical patient. We had excitement from other surgeons – gynecology, orthopedics, plastics… so we said no restriction on use!* "

Evaluation Findings: Outcomes

Practice Changes

As a result of the ERAS project, family physicians, specialists and MOAs reported changes to their practice that are intended to support patients preparing for and recovering from surgery.

For Family Physicians:

In post-event and follow-up surveys, as well as interviews, family physicians noted that they have made changes to their practice as a result of what they learned through the project.

Examples of Practice Changes

"More aware – more pre-surgical counselling" - GP

"I have more tools to be a bit more active in pre-habilitation role. I'm now looking at things differently, even before a consult, already starting to address the pre-habilitation before the diagnosis is formalized." – GP

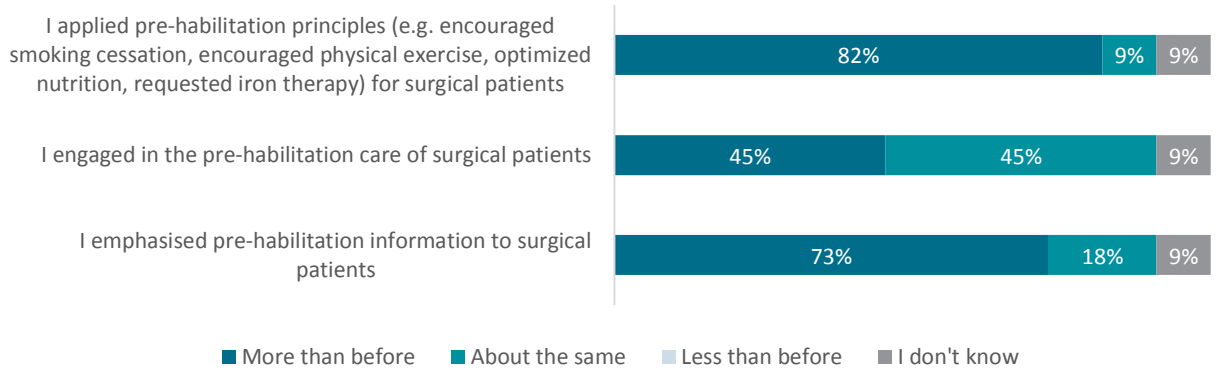
"More confident in my previous recommendations" - GP

"I have tried to identify my surgical patients early" - GP

- Since the June CME event, 82% of respondents (9 of 11) indicated that they have applied pre-habilitation principles for their surgical patients *more* than before (Fig. 3).
- In addition, 73% of respondents (8 of 11) indicated that they have emphasized pre-habilitation information to their surgical patients *more* than before.
- Forty-five percent of respondents (5 of 11) indicated that they have engaged in the pre-habilitation care of their patients *more* since the June CME Event.

Fig. 3 - Since the June 2017 ERAS Event...

Q: "ERAS Principles can be applied to all surgical patients. Please check the box that applies to you:" (n=11)

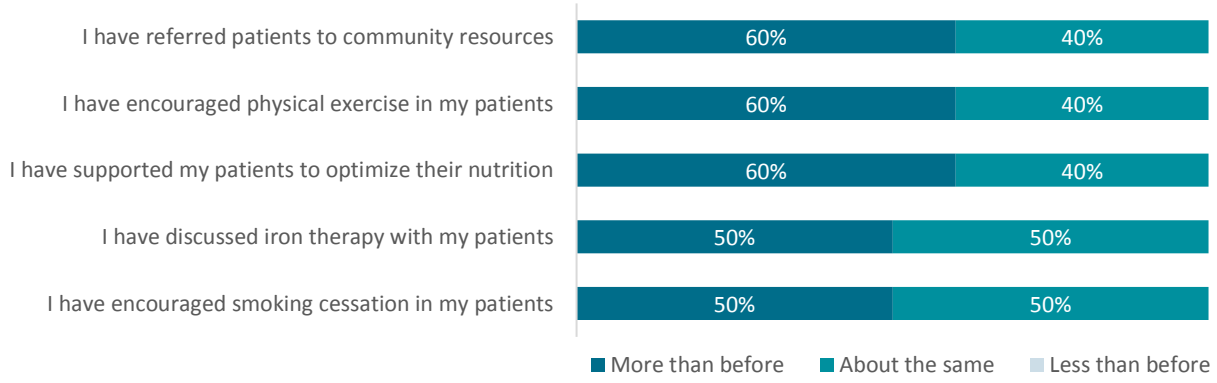


In a follow-up survey distributed electronically to GPs and specialists in June 2018, 9 of the 10 respondents had attended at least one of the ERAS education events, and all 10 respondents were aware of the pre-surgical passport that had been developed by the project team. Four had an opportunity to use the passport with a general surgery patient. Of these, three (75%) indicated that the passport was a valuable tool for patients and providers.

Practice changes noted by physicians in the follow-up survey resulting from having the passport and education around ERAS protocols included increased referrals to community resources and encouraging patients to exercise (Fig. 4).

Fig. 4 - Practice Changes resulting from ERAS

(n=10 physicians)



Furthermore, 60% of respondents agreed that communication between providers and coordination of care has improved as a result of the ERAS project. One physician respondent specified that the most valuable impact of the project has been "*increased coordination of efforts*".

For Specialists:

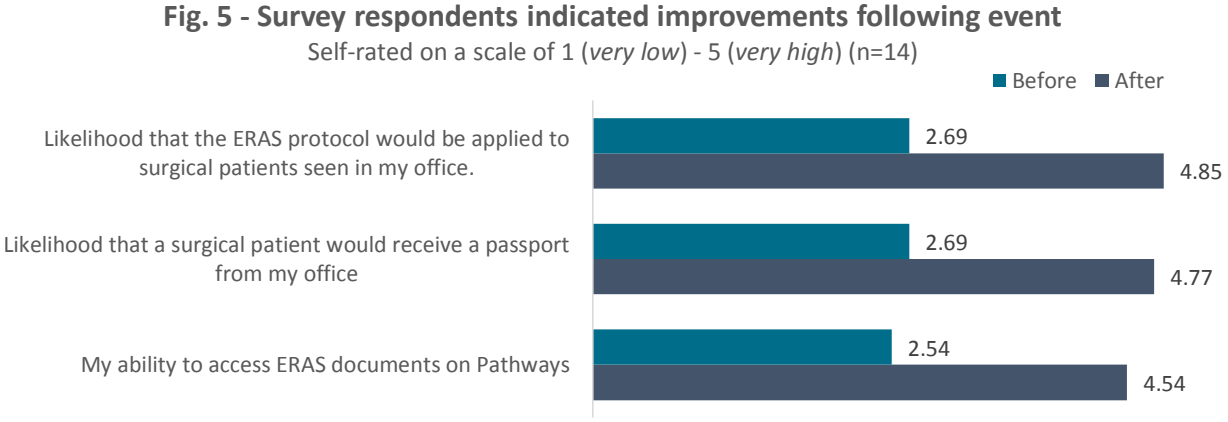
Changes noted by specialists included the incorporation of the pre-surgical visit request form into their practice, which they send to GPs. This form enables specialists to communicate in a standardized way, thereby improving communication and transfer of information between care providers.

Furthermore, the passport creates a connection between the specialists, GPs and patients, as one SP remarked, "*now there's communication and education between patients and myself, and myself and GPs*"

For MOAs:

Following the MOA Engagement event in June 2018, post-survey respondents indicated that they are more likely to ensure pre-surgical patients in their clinics receive a Passport (Fig. 5). According to the feedback, the most common changes respondents intend to make in their offices are to use the ERAS documents more frequently (n=8), specifically to hand out the Passport to patients more often (n=4). 2 MOAs noted that they intend to book more pre-operative appointments, and four reported that they will now use Pathways more frequently. Another MOA indicated that they will use the ERAS documents to direct patients back to their GPs, thereby supporting the GP-patient longitudinal relationship.

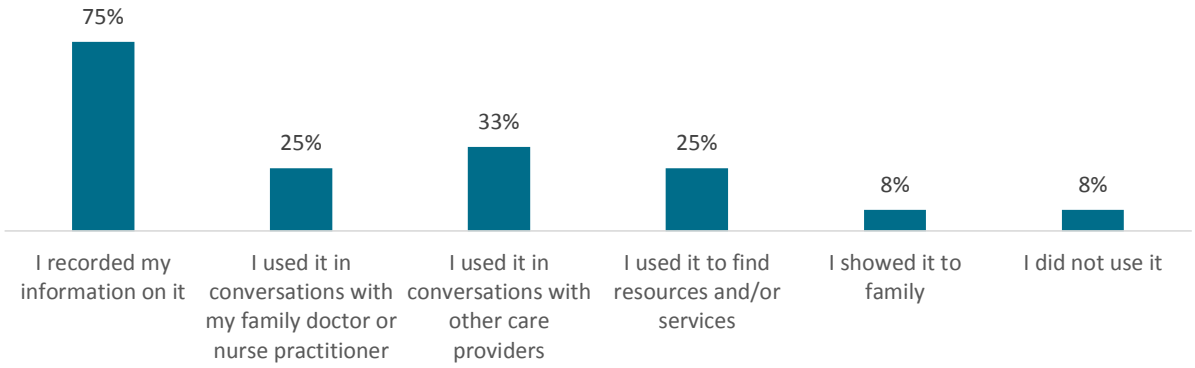
Fig. 5 - Survey respondents indicated improvements following event



Impact on Patients

A survey was distributed to patients who were provided with a pre-surgical passport in the six months following implementation, between January and June 2018. A total 23 patients completed the survey.

Fig. 6 - How did patients use the Passport?



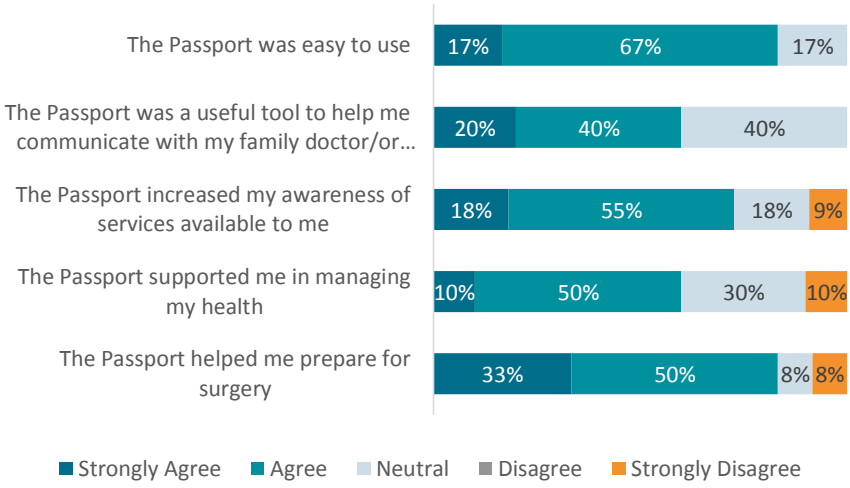
Results from the survey indicate that the majority (22 of 23) patients used the passport during their pre-surgical journey (Fig. 6). In addition, they reported that they found it easy to use, and that it was a useful tool to communicate with care providers (Fig. 7). 91% (11 of 12) indicated that the passport was a helpful tool to prepare them for surgery.

Patients indicated making the following health behaviour changes prior to surgery, that were intended to improve their surgical outcomes.

Table 4. Health Behaviour Changes

Health Behaviour	Already Met Guidelines	Improvement	No change
Smoking	85% reported that they do not smoke (19 of 22)	3/3 (100%) who do smoke reported that they decreased or quit smoking	--
Physical Activity	48% reported that they exercise the recommended amount (11 of 23)	26% increased their exercise (6 of 23)	26% did not change their exercise patterns

Fig. 7 - Patient perception of passport (n=23)



High caloric diet	52% reported having a high caloric diet prior to surgery	--	48% did not have a high caloric diet
Iron Levels	75% had adequate levels of iron (no treatment recommended) (15 of 20)	4 took oral iron supplements 1 had IV iron infusion	--

In addition, 29% (6 of 21) discussed the risk of delirium with their family doctor or NP, and one person had a mini-mental health assessment.

Physicians who participated in the evaluation reported positive changes for patients. The most common impact reported by physicians was that the passport enables patients to be more empowered in their care, and take a lead in self-management of their health.

"*The biggest thing is the passport is a* ***symbol of empowerment****. It's a power message."* – GP

"The Passport can help a patient, make them ***feel in charge of their recovery."*** – SP

Patient Example

A GP initiated the Passport with a female patient with upcoming non-cancerous bowel resection. With support from the GP, resources and a sense of empowerment from the Passport, the patient has stopped drinking, and is walking daily prior to surgery. "*She's done a great job*" says the GP. It is expected that these changes will enable them to have a better surgical experience.

Unexpected Outcomes

Unexpected outcomes reported by interviewees included the connections and partnerships formed as a result of the project. Committee members identified that the project allowed them to open up conversations with other care providers, and learn about other resources and supports for patients in the community that they were not aware of. The clearest example of this was partnering with the Wellness Centre, to provide patients with education that aligned with the Wellness Centre's mandate as well as the ERAS project's goals.

Progress Towards Objectives

Objective	Evidence of Progress
➢ Objective 1: To **improve access to urgent general surgery services.**	*As a result of changes to the project plans and scope (see Changes to Implementation, above), this objective was not realized.*
➢ Objective 2: To create mechanisms for **increasing collaboration and enhanced working relationships amongst health professionals.**	• Pathways launched • Development of PreOp GP Visit request form, sent by specialists to GPs • Patient Passport enables GPs and specialists to provide the same information to patients and see what resources have already been recommended.
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Discussion

Strengths of the Project

Finding local strengths and developing partnerships

Steering Committee members identified that a major strength of the project was in finding local strengths, and building upon local capacity. As a committee member commented, "*It's all about forging connections about things that already existed and bringing the group together to realize what's already there but just not connected to*."

The development of the Passport enabled the team to uncover local resources. Among these was the Wellness Centre, which not all physicians were aware of. As a representative from the Centre noted, this increase in awareness of the Centre and its programs has mutual benefits: patients will be referred more often to the programs and services, which in turn will "feed" the Centre, allowing it to fill or possibly expand their programs. The project also fostered partnership with the City of Campbell River, who attended events and provided information about accessing pools and other exercise programs.

The practice support program (PSP) was also engaged to support clinics to integrate Pathways into their offices. It was noted that this support will be ongoing and available to enable offices to optimize their use of this tool.

Physician Leadership

Local strengths also included the physicians who lead the project. Interviewees commonly reported that having a strong physician presence, including both specialists and GPs, on the committee enabled the project to deliver products that would be useful and user-friendly for other physicians. As a specialist confirmed, "*The excitement of the physicians on the committee has been really good. To hear about other projects and lots are very project manager driven, and with this being very physician driven is a success*."

Backbone of Support

A backbone of support was identified as a key facilitator of success. This support included both human resources (the administrative and management support from the Division) as well as the technological foundation of the Pathways platform. Specifically, the ERAS component of the project capitalised on having Pathways available to the Division. The Pathways project implementation in Campbell River was considered by interviewees to be timely, providing a central access/portal to the documents and information created for ERAS. However, being a new technology, it was identified that additional education is required for physicians and their MOAs to consistently and easily access the necessary documents through the portal

Drawing on other Divisions' learnings

A final factor that committee members identified as a facilitator to success was the support and learning gained by other divisions, which was shared with the Campbell River project team. Specifically, Fraser Northwest Division, who has also implemented an ERAS protocol, was available to share lessons learned and provide some guidance when the project was getting started. As a GP on the committee highlighted, "*There were learnings elsewhere that applied to us and the concept was well supported by Shared Care*."

Challenges & Lessons Learned

Over the course of the project, the following challenges were encountered.

Accessing the resources through Pathways

Interviewees and survey respondents noted that accessing the ERAS resources through Pathways was not always easy or fast enough within the time constraints of a patient visit. To address this challenge, the project team has provided offices with pre-printed copies of the Passport. As well, an MOA engagement event was hosted to provide education to MOAs on how to quickly access resources. PSP support is also available to provide additional support and education on Pathways.

Increasing support to patients to make lifestyle changes

The project was interested in providing additional support to patients to help them manage the lifestyle changes recommended in the Passport. However, interviewees identified that they faced challenges identifying low-barrier resources. One possibility that was explored was private physiotherapists providing this service, but, their services are potentially costly, and may not be accessible to all patients. Ultimately, a partnership was developed with the Wellness Centre, which is able to provide free courses for patients that align with the Passport recommendations.

Considerations & Opportunities

The following considerations and opportunities are categorized into supporting the sustainability of the current processes, as well as recommendations for next steps.

Sustainability

The biggest challenge that interviewees identified for the sustainability of the project is **uptake and integration of the ERAS protocols** by specialists and GPs in the region. Suggestions for how to mitigate this risk included:

- Using a clinic-based approach (versus an email blast to all members) to engage groups of physicians, including identifying GP champions within clinics to integrate ERAS protocols.
- Engaging MOAs to integrate the processes and support their physicians. To this end, an MOA engagement event was hosted on June 13, 2018.
- Increasing awareness with Island Health of the ERAS protocols. One interviewee noted that a recent Island Health newsletter promoted a similar project in Nanaimo, without mentioning the work in Campbell River.
- Having a patient who has used the passport present their experience to physicians at future engagement opportunities or in a short movie that can be sent to physicians.
- Providing short, 5 minute reminders at rounds so it stays on people's radar.

Stakeholders also voiced concern that a risk to the sustainability of the project is lack of uptake or motivation from the patients. One interviewee commented, *"patient compliance is always going to be an issue"*. To support patients to use the Passport and make the associated lifestyle changes, interviewees suggested:

- Referring patients to the Wellness Centre to support self-management.
- Reminders to patients prior to appointments to bring the Passport with them.

Recommendations

Additional recommendations to support further work in this area included the following ideas, which are presented here for the consideration of the Division and project team.

> *"We have been able to create that collaboration, especially between surgery and anesthesiology specialists. We can use a lot of the same pre-work [collaboration] for other projects.* – GP, Steering Committee member

- Potentially developing a mechanism to delay surgery if a GP or surgeon felt that the patient would benefit from additional time working on pre-habilitation.
- Expanding ERAS to other specialities, for example to orthopedics since there are long wait times for surgery, and therefore greater opportunities for lifestyle changes to impact surgical outcomes.
- Development of a post-surgical Passport and increasing involvement of GPs in post-surgical care. The following specialties were suggested as priority areas for post-surgical work: orthopedics, general surgery, and gynecology.

In addition, the evaluation notes that the project team has been asked to develop a Transferability Profile for Shared Care, to support spread of the project outcomes and learnings to other Divisions. Spread has also been initiated by the project through sharing learnings at two conferences and with the Nanaimo Regional Hospital.

Conclusion

The Campbell River and District Division's Shared Care project engaged physicians, MOAs and partners to develop solutions that built upon local capacity and provide sustainable practice changes that are expected to improve patient health outcomes. As a result of the resources created and education provided, stakeholders involved in the project reported improvements in communication between care providers, and increased patient empowerment to self-manage their care prior to surgery. Next steps include ensuring the spread of the ERAS protocols amongst specialists and GPs, and encouraging the use

of the Passport among pre-surgical patients. Further opportunities exist to improve collaboration post-operatively and expanding the ERAS program to additional specialities.

Appendix A

ERAS Follow-Up Survey Results June 2018

Which ERAS event did you attend? (check all that apply)

Answer Choices	Responses	
June 8, 2017	50.00%	5
February 6, 2018	90.00%	9
None of the above	10.00%	1

What is your professional role?

Answer Choices	Responses	
GP	90.00%	9
Specialist	10.00%	1

In the past 3 months, how often was the surgical date communicated to the GP by the pre-op visit request letter from the surgeon's office?

Answer Choices	Responses	
Always	0.00%	0
Often	10.00%	1
Sometimes	20.00%	2
Never	20.00%	2
I don't know	20.00%	2
N/A	30.00%	3

Are you aware of the pre-surgery patient passport?

Answer Choices	Responses	
Yes	100.00%	10
No	0.00%	0

How many general surgery patients have you seen with a passport?

Answer Choices	Responses	
0	60.00%	6
1-5	40.00%	4
6-10	0.00%	0
11+	0.00%	0

In what ways was the pre-surgery passport used? (check all that apply)

Answer Choices	Responses	
I wrote information in the passport	50.00%	2
I used the passport to guide my conversation with the patient	50.00%	2
The patient initiated conversation with me	25.00%	1
I recommended a resource/or service listed in the passport	25.00%	1
I did not use the passport	25.00%	1

What was the most valuable component of the pre-surgery passport?

- Any information such as that in the passport is useful.
- empower the patient

Do you have any suggestions to improve the pre-surgery passport?

- The problem with the passport is the lack of readily accessible resources to deal with issues identified therein

To what extent do you agree with the following statement:

The patient passport resource should be spread to other communities		
Strongly agree	50.00%	2
Agree	25.00%	1
Disagree	25.00%	1
Strongly disagree	0.00%	0

In the past 3 months, have you recommended the following community resources to any patients?

	Yes		No	
Wellness Centre: Pre-habilitation Program (chronic disease management)	70.00%	7	30.00%	3
Strathcona Gardens Recreation Complex: exercise program	70.00%	7	30.00%	3
Community Physiotherapists: supervised exercise program	80.00%	8	20.00%	2
Wellness Centre: dietician consult	70.00%	7	30.00%	3
Counselling support	80.00%	8	20.00%	2

In the past 3 months, how often did you provide pre-surgical patients with the following pre-surgery resources?

	Always		Often		Sometimes		Never		N/A	
Smoking cessation: Quit Now patient handout	11%	1	11%	1	22%	2	44%	4	11%	1
Smoking cessation: Mike Evans stopping smoking video	0%	0	10%	1	0%	0	80%	8	10%	1
Fitness: preparing for surgery fitness education patient handout	0%	0	10%	1	0%	0	80%	8	10%	1
Nutrition: high protein high calorie diet education	0%	0	10%	1	10%	1	70%	7	10%	1
Anemia: anemia management algorithm	0%	0	10%	1	20%	2	60%	6	10%	1
Anemia: IV iron order sheet	0%	0	20%	2	30%	3	40%	4	10%	1
Nutrition: nutrition screening tool	0%	0	0%	0	20%	2	70%	7	10%	1
Enhanced Recovery BC resources	0%	0	0%	0	0%	0	90%	9	10%	1

Have you accessed ERAS pre-surgery resources on Pathways?

Answer Choices	Responses	
Yes, I have personally printed or emailed resources to patients	0%	0
Yes, my MOA has accessed resources	20%	2
No, but I intend to	50%	5
No, I do not know how to access these resources	20%	2
The resources are too difficult to access	0%	0

What additional training would enable you to integrate Pathways in your practice/office?

- We should have more sessions showing us Pathways and tricks to using it.

Please rate your level of agreement with the following statements about the ERAS project:

	Strongly agree		Agree		Disagree		Strongly disagree		N/A	
The pre-surgical resources are valuable	30%	3	40%	4	10%	1	10%	1	10%	1
Coordination of pre-surgical care has improved	40%	4	20%	2	0%	0	10%	1	30%	3
Communication among health care providers related to ERAS has improved	30%	3	30%	3	10%	1	10%	1	20%	2
The ERAS protocol has improved my experience as a health care provider	30%	3	40%	4	10%	1	10%	1	10%	1

The ERAS protocol has improved patient health outcomes	11%	1	11%	1	0%	0	11%	1	67%	6

Appendix B

Transferability Summary

As stated above, it was recommended that a Transferability Profile be completed to further support the spread of outcomes. Time constraints did not warrant completion of this formally however it is worth noting these key elements for the purposes of reporting.

Building what is known

One truth evident throughout the project was the option for generalizability of material and content. As was noted in the evaluation summary the Steering Committee determined early on that the ERAS literature supported the broadening of focus (colorectal to general surgery). Further, it is our proposal that the mechanisms used as central to the project (Pathways, Passport, and other pathway enablers) are likely adaptable to most any community setting hoping to achieve similar goals and outcomes. As was the case with the project herein, it is likely that adaptations will be necessary and available resources will vary and therefore the specifics of the tools and ERAS pathway enablers will vary. A formal transferability profile may help further define these and it is further recommended that any group or organization seek consultation with any groups with previous success in development of the same.

The Passport: Tangible, functional, simple

Passport concept was a pivotal aspect of the ERAS portion of the project. Based on findings identified from initial consultations it was evident that a "vehicle" for change and transformation was missing. The ERAS Passport proved a tangible, functional and simple option that served to promote patient self-management, served as a centerpiece for conversation and engagement and finally it served as a treasury for the collection of simplified versions of other complex and multi-faceted medical knowledge and interventions.

Technology as a conduit for sustainability

The availability of Pathways simultaneous to the development of the ERAS Pathway proved central to the success of the project. Considerations related to sustainability we answered by having a well supported, easy access tool that provided option for hosting the developed ERAS materials. Use of Pathways is strongly recommended given its central role in the GP/Specialist clinical environment in BC.

MOA's as Gatekeepers

Medical Office Assistants hold a critical role in most clinical settings. Their role in the pathway became a central focus for engagement as it was determined that MOA's hold a strong organizational role within clinics, are eager to learn of new advancements that will benefit their roles, and are effective enablers of transformation within the referral and ERAS pathways. Engagement with MOA's throughout the process was instrumental in the success of the pathway.

Handling Attrition Post-project

A great deal of discussion was had regarding the anticipation of attrition or loss of momentum of the project following the close of the projects direct involvement with engagement, promotion and support. Although the local Division of Family Practice is committed to ongoing sustainability some attrition was anticipated and has been noted. It is encouraged, where possible that future project account for

anticipated attrition early into the project so as to inform potential options to mitigate such. Extending the roll out and engagement components, planning for follow up and re-rolling out and/or having a gatekeeper ongoing are recommended considerations that should be included in initial planning. As with any new initiative or tool it often takes time to build into or create change in existing infrastructures and cultures.

Appendix C

Financial Summary- Final