Background

• Enhanced Recovery Protocols (ERPs) for Gastrointestinal (GI) surgery are associated with decreased length of stay, complications, and readmissions.
• Use of ERPs is limited in pediatric surgery; a significant barrier being the identification of eligible patients.
• This study leverages ongoing research from the ENhanced Recovery in Children Undergoing Surgery (ENRICH-US) study.

Aim: to assess barriers and facilitators to identifying eligible patients for pediatric surgery ERPs.

Methods

• Semi-structured interviews with Implementation Teams (all types of clinicians and staff involved in pediatric surgery) at 6 ENRICH-US pediatric surgery centers.
• Researchers conducted two online interviews per site at 6-12 months after starting study recruitment.
• We used the Practical, Robust Implementation and Sustainability Model (PRISM) framework to deductively code in teams of two or three to reach consensus.
• Coded used for analyses: “eligible patients” as well as barriers, facilitators, and other pertinent perspectives regarding identifying patients eligible for pediatric surgery ERPs.

Results

There were 12 total interviews that included seven pediatric surgeons, four child life specialists/patient advocates, four nurses, and five research study coordinators (20 respondents in total).

• Successful identification of eligible patients occurred when a clinician proactively screened the Operating Room (OR) schedule or when a designated coordinator was utilized.
• Identification of eligible patients was hindered by staff turnover or absence of the designated clinician.
• Teams that held regularly scheduled meetings and assured broad education of clinicians about eligibility criteria were more successful.
• One center developed an identification algorithm leveraging IT, whereas other sites struggled to involve IT as a facilitator.
• There was little to no evidence of the encouraged exchange of identification practices between sites involved in the study.

Conclusions

Identification of pediatric surgical patients eligible for an ERP can be facilitated by:
• Designating multiple team members to proactively review the OR schedule.
• Educating all clinicians about the eligibility criteria.
• Enhancing coordination across the surgical team.
• Engaging in IT solutions such as semi-automated algorithms.
• The facilitated sharing of solutions and strategies across centers can potentially accelerate implementation.
• Next Steps:
  • Incorporation of more interviews, centers
  • Synthesizing a guidance protocol for future pediatric surgery identification.

References