

# Barriers and Facilitators to Patient Identification in Pediatric Enhanced Recovery Protocols

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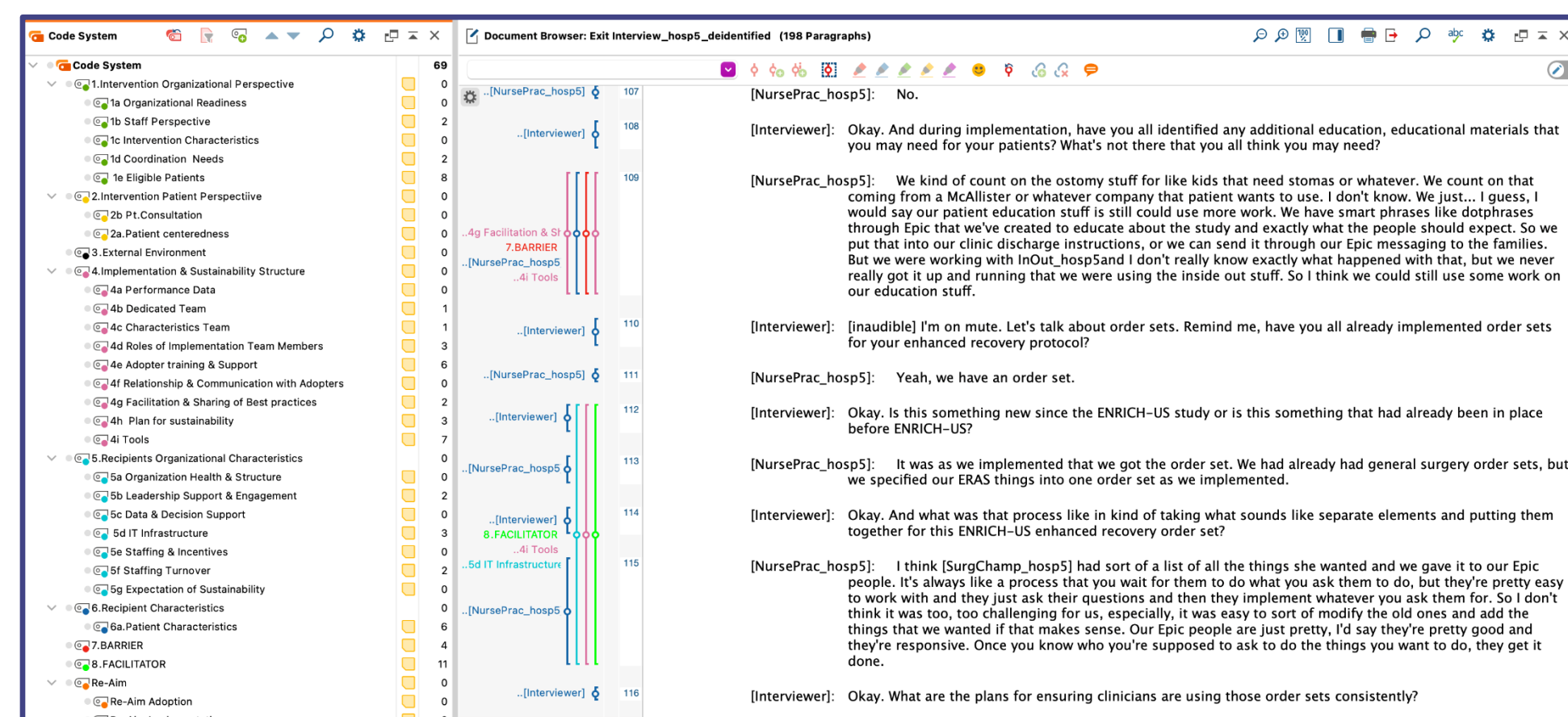
## Background

- Enhanced Recovery Protocols (ERPs) for Gastrointestinal (GI) surgery) are associated with decreased length of stay, complications, and readmissions<sup>1,2</sup>
- Use of ERPs is limited in pediatric surgery; a significant barrier being the identification of eligible patients<sup>2,3</sup>
- This study leverages ongoing research from the ENhanced Recovery In Children Undergoing Surgery (ENRICH-US) study

**Aim: to assess barriers and facilitators to identifying patients eligible for a 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-months and 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
- Codes used for analyses: “eligible patients” as well as barriers, facilitators, and other pertinent perspectives regarding identifying patients eligible for pediatric surgery ERP<sup>4,5</sup>



## Figure 1

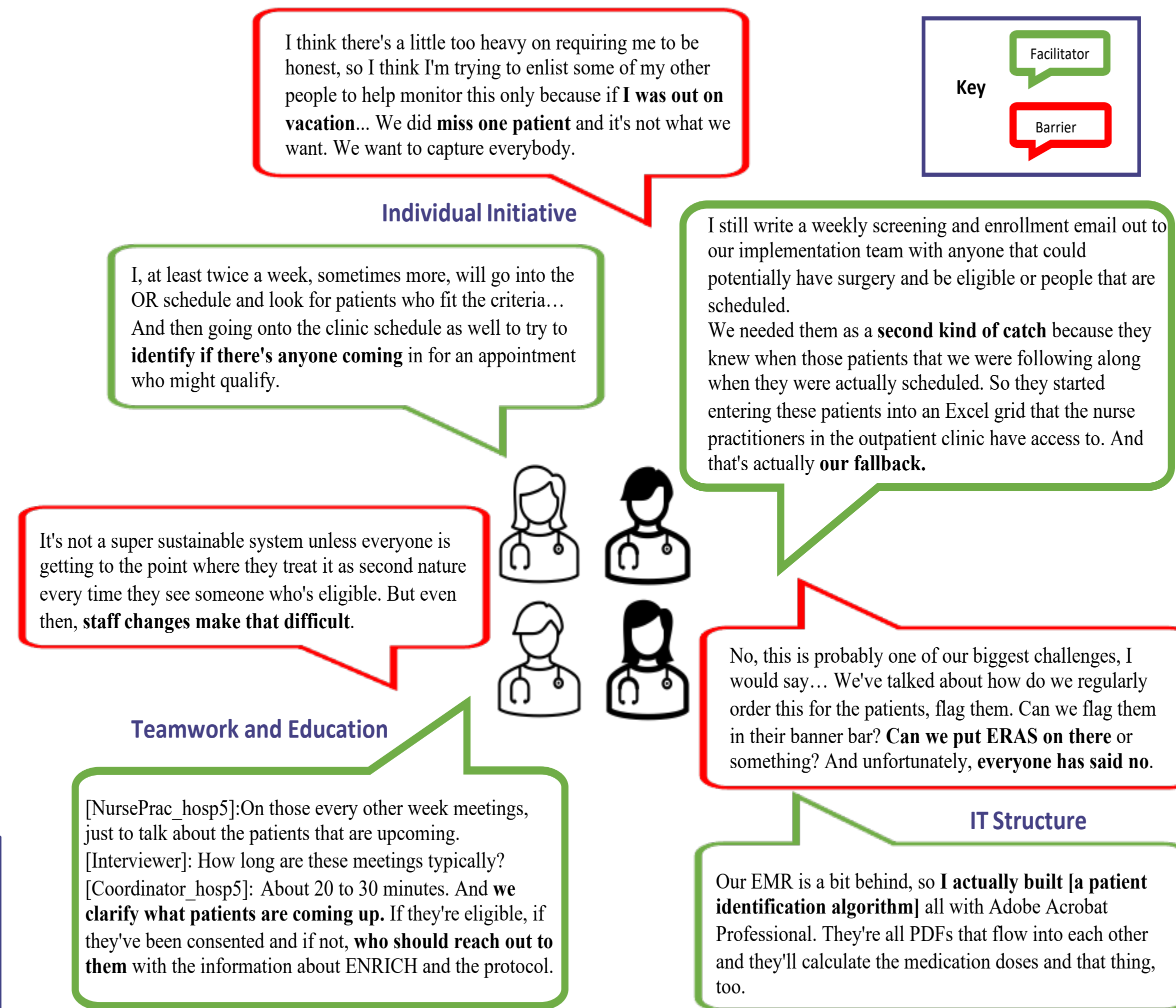


Figure 1 (above) shows a sample of quotes representing barriers and facilitators to pediatric patient identification as provided by surgeons, childlife specialists, nurses, and study coordinators across hospitals interviewed in the study. Quote boxes colored green indicate a facilitator to patient identification, red as a barrier. Quotes are further broken down into categories of the individual initiative of providers, teamwork and education, and IT structure.

Table 2 (below) shows an interesting quote regarding patient identification and individual initiative.

Table 1
[Interviewer 1]: Is there anything we can do to better support you? It sounds like you have a good system and you're mostly like the funnel, you're the main person that funnels your recruitment in, so that's a real advantage to you. But is there anything that we can do to help support you in the recruitment?
[SurgChamp_hosp5]: You can get me more IBD patients.

## 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

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