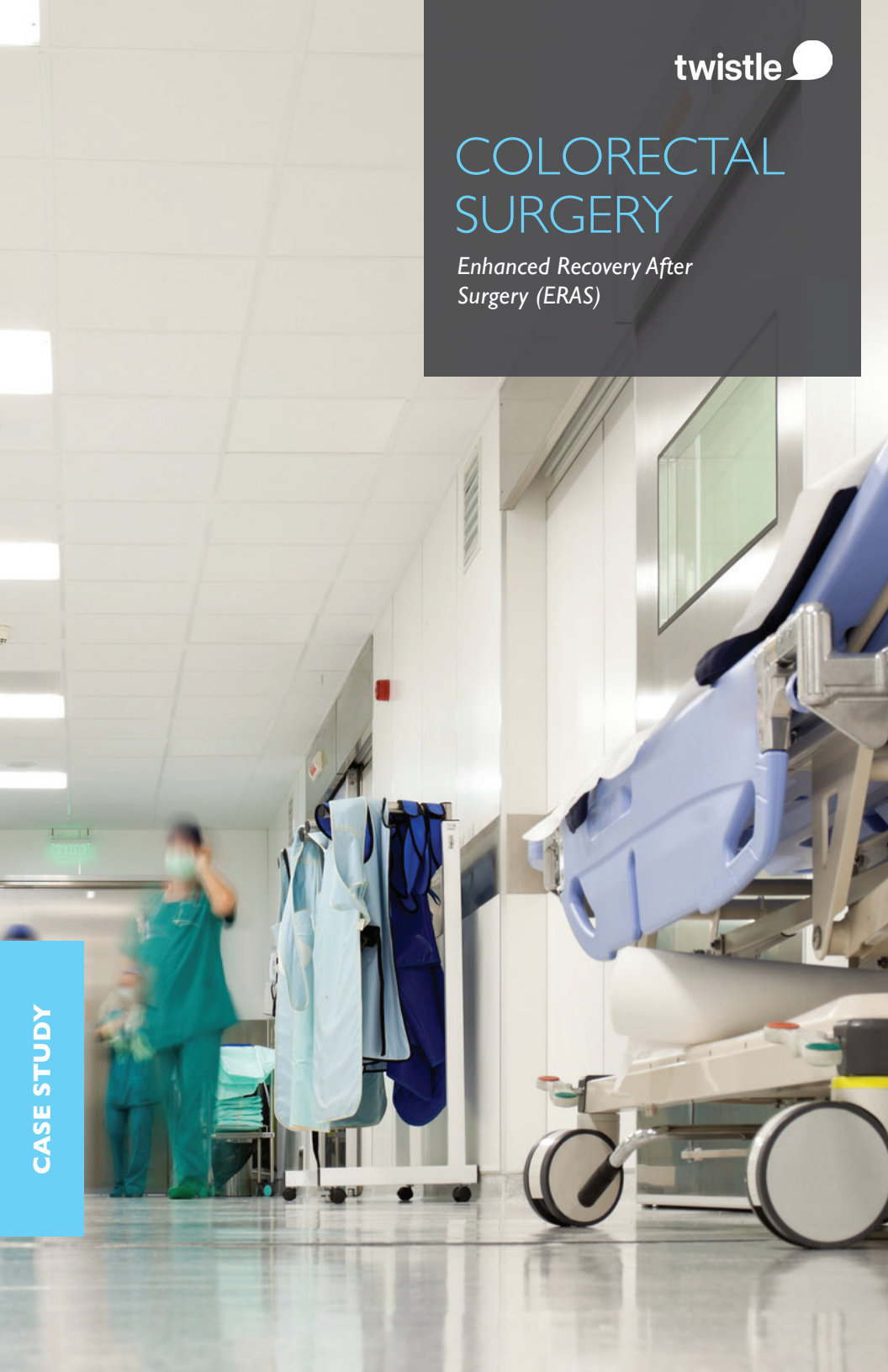


# COLORECTAL SURGERY

*Enhanced Recovery After  
Surgery (ERAS)*

CASE STUDY



## EXECUTIVE SUMMARY

Enhanced Recovery After Surgery (ERAS) has improved perioperative care by the standardization and coordination of processes that are developed by a multi-disciplinary team, utilization of evidence-based practices, and the incorporation of patient feedback to enhance the efficacy of educational materials and methods.

The multi-disciplinary team at St. Joseph's designed a Twistle pilot in an effort to optimize perioperative outcomes, decrease unplanned readmissions after discharge, and decrease length of stay. In order to determine Twistle's effectiveness on the determined key performance indicators, the lead surgeon of the St. Joseph's ERAS program completed an in-depth chart review on all ERAS readmissions between January 1, 2014 and December 31, 2016. Preventable readmissions were divided into four categories: 1) dehydration, 2) pain management, 3) ileus and 4) surgical site infection. The team then developed workflows and educational materials to address these four issues as well as a prehabilitation component for preoperative patient engagement. Patients were invited to download Twistle during their Enhanced Recovery Program (ERP) preoperative education class.



A member of Trinity Health, St. Joseph is a renowned clinical, teaching and research center located in Ann Arbor, Michigan. St. Joseph Mercy Hospital has been named as a Top 100 Hospital, and is at the forefront of many clinical specialty areas including oncology, cardiovascular and orthopedics.

## THE RESULTS

To date, 34 patients have participated in the perioperative Twistle pilot.

Two patients with redness around their incisions were instructed to keep their discharge clinic appointment, small areas were opened and the patients were not readmitted to the hospital with subsequent good reports per the application.

One patient reported nausea, was instructed to reduce his diet to clears for a couple of days and drink protein supplements and resolved at home.

One patient reported dark urine and feeling full; patient was coached that fluids were more important than full meals and resolved within 48 hours.

Subsequent Twistle prompts revealed resolution of the situation.

One patient was readmitted for less than 24 hours for observation for a potential leak but was then cleared.

These results echo the impact on readmissions, length of stay, patient satisfaction and cost savings that Twistle has helped to realize at health systems across the country.

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↓ 37.6%

### READMISSION RATE

Prior to the pilot, readmissions for all perioperative colorectal patients was 14.5%.

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\$1,808

### COST SAVINGS PER SURGERY

The average cost of each avoided readmission, based on a stay of 3.3 days, is \$15,366.

## NEXT STEPS

Preliminary data indicates utilization of Twistle for perioperative communication, monitoring, and education for the pilot has proven, to date, to decrease hospital readmissions. In addition, anecdotal findings suggest that use of Twistle increases patient and staff satisfaction, and optimizes outcomes for perioperative patients. Final data will be analyzed at the conclusion of the pilot.

*Learn more about how Twistle is changing health systems across the country.*

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