

# World Congress of Enhanced Recovery After Surgery and Perioperative Medicine Abstract Submission

ERAS15-1119

## A 5-YEAR LENGTH OF STAY TREND ANALYSIS FOR SURGICAL PROCEDURES IDENTIFIED BY THE DEPARTMENT OF HEALTH AS SUITABLE FOR ERAS IN THE SOUTH WEST REGION OF ENGLAND

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**Presentation Preference:** Poster only

**Objectives:** In 2009/10 the Department of Health (DOH) launched the Enhanced Recovery Partnership Programme (ERPP). The programme identified colorectal, urology, gynaecology, and musculoskeletal surgical procedures. This paper presents the effect of ERAS introduction on aggregated mean length of stay (LOS) for the DOH identified procedures across 17 hospitals in the South West region of England.

**Methods:** Dr Foster software was used to interrogate Hospital Episode Statistic data. Elective spells from Jan 2009 until Oct 2014 were analysed, and aggregated mean LOS was calculated for each calendar year. The procedures chosen for analysis were those identified by the DOH ERPP, and included colorectal procedures, cystectomy, prostatectomy, hysterectomy, hip replacement, and knee replacement. OPCS codes and HRG codes detailed in DOH ERPP literature were used to construct the data queries.

**Results:** Over the 5-year time period from Jan 2009 until Oct 2014, across the region aggregated mean LOS reduced for all surgical procedures. In 2014, case-mix adjusted expected LOS figures show that the mean LOS for the colorectal procedures, cystectomy, hysterectomy, prostatectomy, and total hip replacement was between 0.2 and 1.4 days less than expected. Only total knee replacement had a longer LOS than expected for case-mix (0.3 days).

Procedure	Mean Length of Stay (LOS) in days					
	2009	2010	2011	2012	2013	2014
Colorectal	9.9	8.9	8.1	7.9	8.1	7.7
Cystectomy	16.2	15.8	14.4	14.1	13.6	14
Hysterectomy	3.6	3.2	2.8	2.6	2.6	2.4
Prostatectomy	3.2	2.9	2.8	2.6	2.7	2.6
Total Hip replacement	7	6.4	6	5.7	5.6	5.5
Total Knee replacement	5.5	5.2	5.1	4.9	5.1	4.6

**Conclusion:** The introduction of ERAS within the UK has helped to reduce mean LOS for a range of surgical procedures over the last 5 years in the South West region. Given that mean LOS was lower than the national case-mix adjusted LOS in the last year for 5 of the 6 procedures, it indicates that there is significant scope for further reduction in LOS across the region and country when the results of international exemplar ERAS sites are compared. The data may suggest that ERAS adoption has not been as complete as previously thought and reported, both within individual hospitals and across hospitals.

**Disclosure of Interest:** None Declared