

ERAS 台灣術後加速康復學會 FROM EVIDENCES TO CONSENSUS

目標三：提升手術安全-
「ERAS實務經驗」

FROM EVIDENCES TO CONSENSUS

台灣術後加速康復學會 郭書麟 理事長
2022/08/29 @ 醫院病人安全年度目標推廣課程

WHO Definition of Patient Safety

- Prevent and reduce risks, errors and harm that occur to patients during provision of health care.
- A continuous improvement based on learning from errors and adverse events
- Quality health services across the world should be effective, safe and people-centred
- Patient safety strategies: clear policies, leadership capacity, data to drive safety improvements, skilled health care professionals and effective involvement of patients in their care

https://www.who.int/news-room/factsheets/detail/patient-safety

ERAS 台灣術後加速康復學會 FROM EVIDENCES TO CONSENSUS

醫療品質及病人安全 工作目標

1. 落實病人安全文化、建立醫療品質及病人安全目標

2. 提升手術安全

3. 提升手術安全

4. 提升手術安全

5. 提升手術安全

6. 提升手術安全

7. 提升手術安全

8. 提升手術安全

9. 提升手術安全

The Importance of Surgical Care

- 1/2 adverse events in hospitalized patients are related to surgical care
- At least half of the cases in which surgery led to harm are considered to be preventable.
- Increased cost 1.5 fold due to complications
- Decreased turnover rate: 74.3%

Secondary Outcomes	No. Complication	POC (11.7%)	P <
Length of Stay - mean ± SD	2.3 ± 6.4	9.1 ± 13.3	P < 0.01
Readmission	3.1	29.1	P < 0.01
Discharge destination	Ref.	RR 8.4	95% CI (7.1-9.8)
Home	97.3	79.5	P < 0.01
Rehabilitative care	0.6	4	
Skilled nursing facility	2.2	12.3	
Other/missing	0.04	4.2	
Discharge to destination other than home	Ref.	RR 2.2	95% CI (1.8-2.6)

Stokes, S. M. et al. Ann Surg (2022).
Dietz, D. W. et al. NEJM CATALYST (2022).

What will you do for a coming major surgery tomorrow?

See the problem, solve the problem!

如何看待重大手術?

引自劉越萍司長於2022 ERAS年會演講

所以我們只能?

手術風險無法全面了解

只好「覺得」有危險的病人都準備術後ICU床位

手術照護品質就這樣上上下下

只針對手術病灶評估

無法有正確手術風險進行合理的排序

造成醫院ICU永遠不夠用

Evidence-based medicine needs SDM, and SDM needs EBM. Patients need both.

高品質醫療：
以病人為中心 (回歸初心)
以數據為基礎 (實證醫學)
以共享為目的 (共享決策)

Modified from Hoffmann, Tansley C., Victor M. Montori, and Chris Dill Mar. "The connection between evidence-based medicine and shared decision-making." *BMJ*. 2014;349:g1254-1256.

ERAS 台灣結核及造瘻協會 從實證出發，落實團隊整合醫療，訂定病人醫療新標準！ THE MORE WE DO, THE MORE WE CAN DO. 引自劉越萍司長於2022 ERAS年會演講

ERAS Protocol of CRS Operation

Preadmission	Pre-OP	Intra-OP	Post-OP
<ul style="list-style-type: none"> Preoperative counseling SDM Pre-operative optimization Prehabilitation Preoperative smoking/alcohol consumption Preoperative nutrition Pre-operative bowel prep. 	<ul style="list-style-type: none"> SSI bundle Minimal NPO CHO drink Pre-emptive analgesia Pre-anesthetic medications DVT prophylaxis 	<ul style="list-style-type: none"> MIS Less drain Opioid sparing MMA Standard anesthetic protocols PONV prophylaxis Normothermia Euvoemia NG intubation 	<ul style="list-style-type: none"> Prevention of post-OP ileus Early ambulation Opioid sparing MMA Early removing Foley and drain P't reported outcome Audit

Gustafsson, U. O. et al. *World J Surg* (2019).

ERAS

Enhanced Recovery After Surgery

怡樂適療程

ERAS 台灣結核及造瘻協會 從實證出發，落實團隊整合醫療，訂定病人醫療新標準！ THE MORE WE DO, THE MORE WE CAN DO.

SDM
Integrated ERAS Clinics

PCC
Preadmission Optimization

EBM
Admission Management

Patient Engagement
Postop Enhancement

ERAS 台灣結核及造瘻協會 從實證出發，落實團隊整合醫療，訂定病人醫療新標準！ THE MORE WE DO, THE MORE WE CAN DO.

Marginal Gain vs. ERAS

Aggregation of Marginal Gains

- 1% Improvement (Increased compliance)
- 1% Decline (Decreased compliance)

Compliance 要素完全率

Time →

ERAS 台灣結核及造瘻協會 從實證出發，落實團隊整合醫療，訂定病人醫療新標準！ THE MORE WE DO, THE MORE WE CAN DO.

Safer Surgery by Reducing Total Complications – ERAS can do it !!

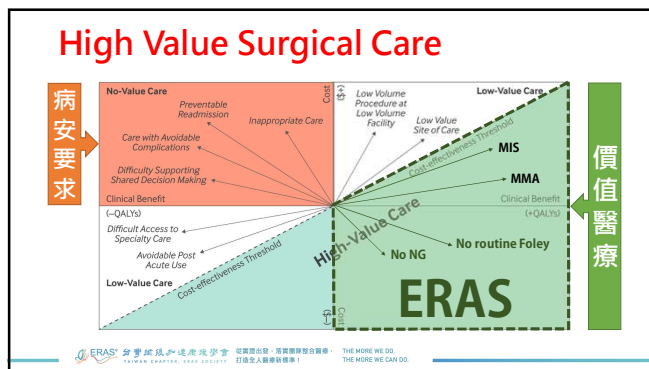
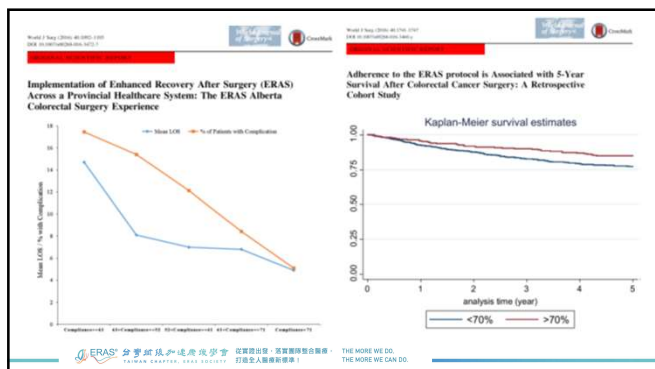
Patients With at Least 1	Adherence >77.2% Q1 (n=521)	Adherence +63.6% but >72.7% Q2 (n=521)	Adherence +54.5% but <63.6% Q3 (n=521)	Adherence <54.5% Q4 (n=521)	Q1 vs Q4 Odds Ratio (95% CI)	Favors Q1	Favors Q4	Adherence Q1 vs Q4 P Value	Linear Fit (P Value)
Moderate or severe complication	84 (16.12)	147 (28.21)	163 (31.39)	183 (35.12)	0.34 (0.25-0.46)	●	●	<.001*	-0.48 (<.001)*
Complication	143 (27.45)	212 (40.69)	247 (47.41)	277 (53.17)	0.33 (0.26-0.43)	●	●	<.001*	-0.65 (<.001)*
Readmission	34 (6.53)	34 (6.53)	27 (5.18)	21 (4.03)	1.66 (0.95-2.9)	●	●	.10	+0.05 (.08)
Reintervention	35 (6.72)	33 (6.33)	39 (7.49)	34 (6.53)	0.63 (0.36-1.1)	●	●	.13	-0.09 (.03)*
Mortality rate	3 (0.58)	8 (1.54)	13 (2.51)	11 (2.11)	0.27 (0.07-0.97)	●	●	.06	-0.04 (.01)*

ERAS Compliance Rate >77% <55%

Total Complications 27.5% 53.2%

Mortality Rate 0.58% 2.11%

Ripolles-Melchor, J. et al. *JAMA Surg* (2019).



UK Experience NHS

GET BETTER SOONER

Enhanced recovery

Enhanced recovery is an evidence-based approach that helps people recover more quickly after having major surgery.

Many hospitals – although not all – have enhanced recovery programmes in place, and it's now seen as standard practice following surgery for many procedures.

Enhanced recovery is sometimes referred to as rapid or accelerated recovery. It aims to ensure that patients:

- are as healthy as possible before receiving treatment
- receive the best possible care during their operation
- receive the best possible care while recovering

Having an operation can be both physically and emotionally stressful. Enhanced recovery programmes try to get you back to full health as quickly as possible.

Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation, the shorter their recovery time will be.

THE MORE WE CAN DO.

CA Experience cpsp/icsp

Enhanced Recovery Canada™

6 core ERAS principles to shift the surgical care paradigm

- Patient and family engagement
- Nutrition management
- Perioperative fluid and hydration management
- Multi-modal opioid sparing analgesia
- Perioperative best practices
- Mobilization

What is Enhanced Recovery After Surgery?

Enhanced Recovery Canada is a project of the Canadian Patient Safety Institute (CPSI) and the Institute of Surgical Safety (ISS) to drive to improve surgical safety across the country and is based on enhanced recovery after surgery – ERAS surgical best practices.

Putting patients first, improving patient safety. These evidence-based principles support better outcomes for surgical patients including an improved patient experience, reduced length of stay, decreased complication rates and fewer hospital readmissions.

THE MORE WE CAN DO.

US Experience

750 Hospitals in US

AHRQ Safety Program for Improving Surgical Care and Recovery

This ongoing implementation project aims to help hospitals and clinicians use AHRQ's Comprehensive Unit-based Safety Program (CUSP) method to enhance the surgical process and improve patients' recovery after surgery.

Leading Key Hospital

Leading Federal Agency

Leading Academic Society

JOHNS HOPKINS MEDICINE

AHRQ Agency for Healthcare Research and Quality

AMERICAN COLLEGE OF SURGEONS

THE MORE WE CAN DO.



ERAS 台灣病人安全資訊網
Taiwan Patient Safety Net

111年-112年
2022-2023

111-112年度醫術加速康復學會病人安全工作目標
為配合111-112年度醫術加速康復學會111-112年度工作目標，由醫術加速康復學會及台灣醫術加速康復學會共同主辦，由醫術加速康復學會及台灣醫術加速康復學會共同主辦，由醫術加速康復學會及台灣醫術加速康復學會共同主辦...

議題	重點議題
議題一：手術病人安全之預防與改善	1. 手術病人安全之預防與改善 2. 手術病人安全之預防與改善 3. 手術病人安全之預防與改善
議題二：手術病人安全之預防與改善	1. 手術病人安全之預防與改善 2. 手術病人安全之預防與改善 3. 手術病人安全之預防與改善
議題三：手術病人安全之預防與改善	1. 手術病人安全之預防與改善 2. 手術病人安全之預防與改善 3. 手術病人安全之預防與改善

一般原則
3.3 運用實證醫學最佳之策略，由跨領域團隊落實手術風險的整合照護，提升病人手術安全。

參考做法
3.3.1 建議參考ERAS Society公告之最新臨床指引 (https://erasociety.org/guidelines/) 依不同手術選擇相對應ERAS臨床指引執行並在執行不同術式的ERAS臨床指引前，先與手術醫師進行**臨床共識**，確認可執行後始於臨床操作，以減少「知行落差」錯誤。
3.3.2 鼓勵術後加速康復 (Enhanced Recovery After Surgery, ERAS) 跨領域團隊照護，建議醫院以跨專業整合醫療架構，達到全人照護的目的。
3.3.3 ERAS跨領域團隊可由手術相關各醫療學科及相關職人員組成，如：外科醫師、麻醉醫師及相關職類、手術前、中、後、跨領域團隊成員間，宜進行有效團隊溝通及內部共識討論。

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Risk Identification

界定重大手術及風險的範圍

Procedure and Topic	Year of Publication
Colonic resection	2012
Bleeding resection	2013
Pancreaticoduodenectomy	2012
Cystectomy	2013
Gastric resection	2014
Anesthesia protocols	2015
Anesthesia pathophysiology	2015
Major gynecology (parts 1 and 2)	2015
Bariatric surgery	2016
Liver resection	2016
Head and neck cancer surgery	2016
Breast reconstruction	2017
Hip and knee replacement	2020
Thoracic noncardiac surgery	2019
Esophageal resection	2019

2018 update
2020 update
2019 update
2021 update

Procedure and Topic	Year of Publication
Cardiac surgery	2019
Neonatal intestinal surgery	2020
Vulvar and vaginal surgery	2020
Cesarean Delivery	2020
CRS cytoreductive surgery	2020
Lumbar Spinal Fusion	2021
Emergency Laparotomy	2021
Open aortic-vascular surgery	2022

已經有20項重大手術納入ERAS guidelines

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Guidelines for Postoperative Care in Elective General Surgery
Enhanced Recovery After Surgery (ERAS) Society
Recommendations, 2018

原文準則
鉅細靡遺
原則建議

中文清單
簡要項目
團隊元素

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台灣術後加速康復學會臨床共識

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醫院常規大腸直腸手術 ERAS 臨床共識盤點清單 (第 次)

參與人員： 外科醫師 麻醉醫師 其他人：_____

ERAS 術式： Baecoccal/right hemicolectomy Left hemicolectomy Total/Subtotal colectomy Sigmoid resection
 Abdominoperineal resection Reversal of Hartmann's procedure Proctocolectomy
 Anterior resection / low anterior resection Other: _____

收案病人： 單科收案 單一醫師收案 多位醫師收案

護理活動： 外科門診 護理門診 住院照會 其它：_____

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Multidisciplinary Team Development

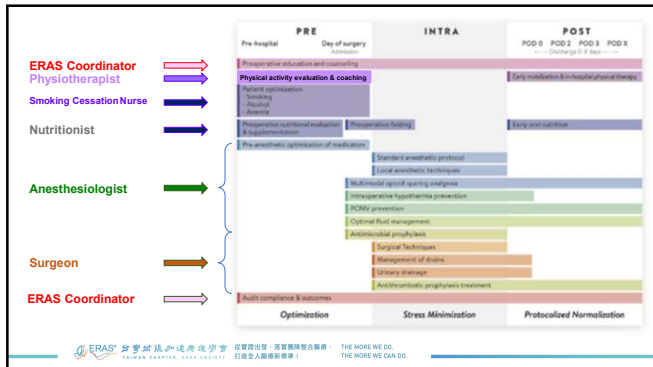
ERAS Team

外科醫師
麻醉醫師

治療個案師
物理治療師
營養師

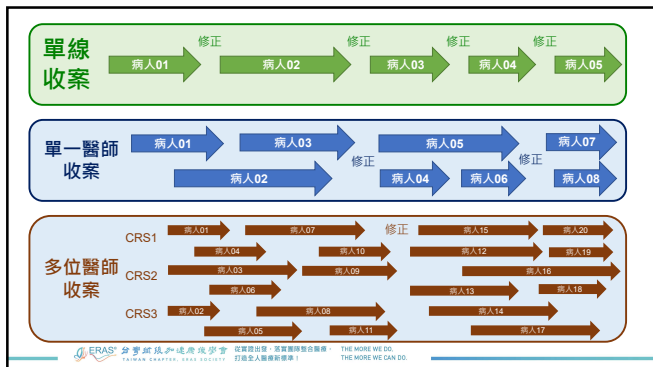
品質中心
病房護理團隊
手術房團隊
麻醉護理團隊
門診護理團隊

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ERAS Implementation Stages

推行分期	新成員加入	階段任務	收案建議	建議期程
凝聚臨床共識	外科醫師、麻醉醫師	對ERAS要素推行全面性檢視及臨床共識，列出「已執行」及「未執行」順位，並建立成效追蹤制度 (符合3.3.1)	單線收案	第一個月起
跨領域團隊建立	護理個管師、營養師、物理治療師、藥師	確定ERAS team各成員，擬定全流程工作內容及介入時機，建立跨領域團隊溝通平台及個案管理機制 (符合3.3.2)	單線收案	第二個月起
落實臨床作業	品管、相關臨床單位	ERAS team針對相關臨床單位進行教育訓練，在臨床上實際收案。「已執行」要素自由品管單位收集相關指標，確認整合後的臨床成效，建立ERAS海景圖。同時，對於「未執行」要素也排定時程試行，觀察增加執行率對應指標改善 (符合3.3.3)	單一醫師收案	第二個月起
推廣其他術式	院級主管	支持ERAS團隊長期運作條件，成立院級ERAS專責單位，提供跨科部整合資源，發揮價值醫療的優勢，發展醫院特色醫療	多位醫師收案	第六個月起



住院前準備

Items	Status	Details
Pre-admission	已執行	1 st 優先, 2 nd 優先, 3 rd 優先
Pre-admission and counselling (ERAS)	<input type="checkbox"/>	說明人員: <input type="checkbox"/> 外科醫師 <input type="checkbox"/> 麻醉醫師 <input type="checkbox"/> 護理師 <input type="checkbox"/> 個管師
Preoperative optimization	<input type="checkbox"/>	<input type="checkbox"/> 外科風險評估 <input type="checkbox"/> 麻醉風險評估 <input type="checkbox"/> 用藥諮詢 <input type="checkbox"/> 其它:
Pulmonary Prehabilitation	<input type="checkbox"/>	<input type="checkbox"/> 專責 ERAS 物理治療師 <input type="checkbox"/> 心肺功能評估 <input type="checkbox"/> 術前復健介入 <input type="checkbox"/> 其它:
Perioperative nutritional care	<input type="checkbox"/>	<input type="checkbox"/> 專責 ERAS 營養師 <input type="checkbox"/> 術前營養評估 <input type="checkbox"/> 營養評估及介入 (手術及疾病飲食禁食) <input type="checkbox"/> 其它:
Preoperative smoking and alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/> 戒菸戒酒諮詢 <input type="checkbox"/> 戒菸者術前戒菸之回護 <input type="checkbox"/> 術前戒菸之回護 <input type="checkbox"/> 其它:
Management of anemia	<input type="checkbox"/>	<input type="checkbox"/> 術前貧血評估 <input type="checkbox"/> 術前貧血治療 <input type="checkbox"/> 其它:

住院前準備原則

	外科醫師	麻醉醫師	物理治療師	營養師	藥師
風險評估	外科評估	麻醉評估	運動評估	營養評估	藥歷評估
實證介入	術前治療	術前治療	Prehab.	營養強化	適時停藥
成果追蹤	住院檢查	住院檢查	居家追蹤	居家追蹤	居家追蹤

住院術前準備

Pre-operative	已執行	1 st 優先	2 nd 優先	3 rd 優先	已執行項目 (可多選)
Prevention of nausea and vomiting (PONV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 術前 PONV 風險評估 <input type="checkbox"/> 術中預防 PONV (含 TIVA, Dexamethasone) <input type="checkbox"/> 其它:
Pre-anesthetic medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 術前疼痛風險評估 <input type="checkbox"/> 術前 pre-emptive 止痛用藥 <input type="checkbox"/> 術前止嘔處置 <input type="checkbox"/> 避免常規使用 B2Ds 來降低焦慮 <input type="checkbox"/> 其它:
Antimicrobial prophylaxis and skin preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 皮膚消毒 (Chlorhexidine-alcohol 洗滌) <input type="checkbox"/> 預防性抗生素 (剃刀前 40 分鐘內) <input type="checkbox"/> 手術當天剃毛 (Hair clipping) <input type="checkbox"/> 其它:
No routine bowel preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No routine MBP <input type="checkbox"/> Routine MBP-OAB <input type="checkbox"/> Routine OAB <input type="checkbox"/> 其它:
Preoperative fluid and electrolyte therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 鼓勵 oral intake <input type="checkbox"/> 避免常規術前輸液 <input type="checkbox"/> 其它:
Preoperative fasting and carbohydrate loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 常規術前 2 小時澄清液飲食, 術前 4 小時固體食物禁食 <input type="checkbox"/> 高糖飲品 <input type="checkbox"/> 其它:

術中減壓建議

Intra-operative	已執行	1 st 優先	2 nd 優先	3 rd 優先	已執行項目 (可多選)
Standard anesthetic protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 短效鎮靜劑 <input type="checkbox"/> BIS <input type="checkbox"/> OMT-Sug <input type="checkbox"/> 其它:
Intraoperative fluid and electrolyte therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Advanced hemodynamic monitor <input type="checkbox"/> GDFT <input type="checkbox"/> Zero-balance <input type="checkbox"/> Balanced crystalloids 低於 0.9% normal saline <input type="checkbox"/> 術中低血壓可用 vasopressors - limited amount of fluid 處理 <input type="checkbox"/> 其它:
Preventing intraoperative hypothermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 核心體溫監測 <input type="checkbox"/> 主動保溫 (持續至術後) <input type="checkbox"/> 術前預保溫 <input type="checkbox"/> 輸血加溫器 <input type="checkbox"/> 其它:
Surgical access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MIS (Preferred) <input type="checkbox"/> Open <input type="checkbox"/> Mixed <input type="checkbox"/> 其它:
No routine placement of drainage of the peritoneal cavity and pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No routine use of drainage <input type="checkbox"/> 其它:
Thromboprophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 機械性 VTE 預防 (於腔室濾、閉鎖性氣壓裝置) <input type="checkbox"/> 藥物 VTE 預防 (LMWH 或 heparin) <input type="checkbox"/> 高風險病人需延長 Thromboprophylaxis 時間到至少四週 <input type="checkbox"/> 其它:

術後康復建議

Post-operative	已執行	1 st 優先	2 nd 優先	3 rd 優先	已執行項目 (可多選)
No routine of nasogastric Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No NG <input type="checkbox"/> Remove NG before leaving PACU <input type="checkbox"/> 其它:
Multimodal analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TEA <input type="checkbox"/> NSAID + acetaminophen <input type="checkbox"/> 術中 Precedex or lidocaine infusion <input type="checkbox"/> 術中 Trunk block <input type="checkbox"/> Wound catheter
Postoperative fluid and electrolyte therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Balanced crystalloid <input type="checkbox"/> Zero balance <input type="checkbox"/> Early remove IV (< 3days) <input type="checkbox"/> 其它:
Early remove urinary drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Early remove Foley (1-3days) <input type="checkbox"/> 其它:
Prevention of postoperative ileus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MgO <input type="checkbox"/> Alvimopan <input type="checkbox"/> Bisacodyl <input type="checkbox"/> 其它:
Postoperative glycemic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insulin in ICU <input type="checkbox"/> Regular blood sugar monitor <input type="checkbox"/> 其它:
Postoperative resumption of oral intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 術後及早進食 <input type="checkbox"/> 術後營養評估及介入 (飲食進展及飲食量) <input type="checkbox"/> 其它:
Early mobilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 術前下床活動 <input type="checkbox"/> 術後盡早鼓勵下床 (VAS < 3) <input type="checkbox"/> 誘發型測量及術後物理治療 <input type="checkbox"/> 其它:

Data-Driven Change

Overall	已執行	1 st 優先	2 nd 優先	3 rd 優先	已執行項目 (可多選)
Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 要素執行率 (Compliance) <input type="checkbox"/> 術後住院天數 (LOS) <input type="checkbox"/> 術後併發症發生率 <input type="checkbox"/> 30 天內再住院率 <input type="checkbox"/> 其它:
Regular team meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 每週 <input type="checkbox"/> 一個月 <input type="checkbox"/> 二個月 <input type="checkbox"/> 一季 <input type="checkbox"/> 其它:



Monitor & Review (Current Situation)

品質改善或問題清單	改善計畫	運作上限制
Taiwan CORE	品質改善或問題清單	品質改善或問題清單
發現病人安全隱憂系統 TPR	發現病人安全隱憂系統 TPR	發現病人安全隱憂系統 TPR
發現病人安全隱憂系統 TPR	發現病人安全隱憂系統 TPR	發現病人安全隱憂系統 TPR
發現病人安全隱憂系統 TPR	發現病人安全隱憂系統 TPR	發現病人安全隱憂系統 TPR

指標建議：

- 原有院內收集指標系統
 - ERAS稽核指標 (要素完成率、術後併發症、LOS、readmission rate)
 - ERAS臨床指標 (管路、疼痛、術後恢復、生活品質)
- ✓ 定期分享及持續「精進」

國泰怡樂總中心國際認證



ERAS® QUALIFIED CENTERS



國泰醫院
台中榮總

REDUCED LENGTH OF STAY
 27% vs 7%
 NO ERAS vs ERAS

REDUCED MEDICAL COMPLICATIONS

ERAS DECREASED RE-ADMISSION RATES
 21.4% vs 11.5%

ERAS PROTOCOL REDUCES MORTALITY
 21.8% vs 15.5%

ERAS 台灣術後加速康復學會
 從實踐出發，落實團隊整合醫療，打造全人醫療新標準 | THE MORE WE DO, THE MORE WE CAN DO.
 訂造全人醫療新標準！

ERAS leads to ...

- The highest quality of standard surgical **BUNDLE** care
- The real practices of patient-CENTERED care
- The definitely **OPTIMIZED** medical resources
- The value-based healthcare with **EBM**
- The improving patient safety with **TEAMWORK**

Win-Win-Win-Win

Patient	<ul style="list-style-type: none"> • Better surgical recovery • More patient-centered healthcare
Teamwork	<ul style="list-style-type: none"> • More effective teamwork • More stable healthcare quality
Hospital	<ul style="list-style-type: none"> • More focused bundle healthcare • Less redundant healthcare wasting
Nation	<ul style="list-style-type: none"> • More comprehensive patient safety • More enhanced national health

醫療品質及病人安全 工作目標

1. 提升醫療人員專業能力
2. 提升醫療品質
3. 提升病人安全
4. 提升病人滿意度
5. 提升醫療團隊合作
6. 提升醫療資源利用
7. 提升醫療安全
8. 提升醫療服務品質
9. 提升醫療安全

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 TAIWAN CHAPTER, ERAS SOCIETY

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