



Center of
EXCELLENCE

in Surgical
Safety

Enhanced Recovery After Surgery (ERAS)

PROGRAM MANUAL

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AORN's mission is to define, support, and advocate for patient and staff safety through exemplary practice in all phases of perioperative nursing care using evidence-based guidelines, continuing education, and clinical practice resources. Inspired by our mission and in collaboration with our health care partners, AORN has developed the AORN Center of Excellence in Surgical Safety: ERAS.

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OVERVIEW OF THE PROGRAM

An Enhanced Recovery After Surgery (ERAS) Program is a multimodal, evidence-based approach designed to improve the recovery process for patients undergoing surgical procedures. The primary goals of ERAS programs are to reduce the physiological and psychological stress of surgery, enhance recovery speed, minimize complications, and shorten hospital stays, while maintaining high standards of care.

The AORN Center of Excellence in Surgical Safety: ERAS award program recognizes facilities that exemplify patient-centered care through interdisciplinary collaboration, education, and continuous quality improvement. This program supports a standardized yet flexible, team-based model that transforms the surgical experience through the consistent application of best practices across the perioperative continuum, making it more efficient, effective, and supportive for every patient during every surgical procedure.

Components of the program include:

- **Pretest:** Evaluates the perioperative team's current knowledge of ERAS and implementation protocols.
- **Intraprofessional Education:** Promotes learning via short, online modules; scenario-based immersive technology; and simulations.
- **Posttest:** Evaluates perioperative team's knowledge of ERAS following the education modules, including understanding of the ERAS phases of care, implementation recommendations, and associated benefits.
- **Gap Analysis Form:** Measures the existing gaps in the ERAS phases of care.
- **Compliance Audit Tool:** Facilitates weekly observational audits of ERAS phases of care and provides implementation recommendations applicable to all patients undergoing any type of procedure.
- **Final Submission:** Following the completion of the intraprofessional education and the compliance audit form, final submission for award consideration is completed through the award submission form online.



The AORN Center of Excellence in Surgical Safety: ERAS recognition is a three-year designation awarded to facilities that complete the program and demonstrate excellence in the implementation of Enhanced Recovery After Surgery (ERAS) protocols.

Award recipients receive:

- A custom plaque
- A digital award kit, including social media assets, award icons, and a sample press release
- Recognition at the AORN Global Surgical Conference & Expo
- A featured facility listing on the AORN Center of Excellence in Surgical Safety: ERAS webpage
- Authorization to use the official COE: ERAS award logo in promotional and recruitment materials

Benefits of the Program

- **Interdisciplinary Collaboration:** ERAS fosters collaboration among an interdisciplinary team—including surgeons, anesthesia providers, nurses, dietitians, physical therapists, and others—to deliver coordinated, patient-centered care tailored to each individual's unique needs and preferences.
- **Reduced Length of Stay:** Patients often experience shorter hospital stays due to faster recovery times.
- **Lower Complication Rates:** Improved pain management and early mobilization contribute to a decrease in postoperative complications.
- **Enhanced Patient Satisfaction:** Patients report higher satisfaction levels due to better pain control, reduced anxiety, and a more supportive recovery environment.
- **Cost-Effectiveness:** By reducing hospital stays and complications, ERAS programs can lead to significant cost savings for health care systems.

Program Objectives

- Understand the principles, benefits, and goals of ERAS, and how it differs from traditional postoperative care to improve patient outcomes.
- Learn strategies and access tools that support effective implementation and long-term sustainability of ERAS programs within institutions.
- Identify barriers to adopting ERAS practices and explore practical solutions to overcome these challenges.
- Participate in interactive sessions and discussions designed to enhance collaboration and clarify the distinct roles within the ERAS team.
- Strengthen teamwork and communication among health care providers from different disciplines to ensure a coordinated approach to patient care.
- Acquire the knowledge, skills, and tools necessary to educate and engage patients, families, and health care providers in ERAS protocols.
- Develop expertise in assessing and optimizing patients before surgery, including nutritional support and prehabilitation techniques.

- Acquire training in multimodal analgesia approaches that reduce opioid use while effectively managing pain.
- Foster an understanding of the significance of early mobilization and physical activity after surgery to prevent complications and promote recovery.
- Utilize the program's compliance audit tool to collect and analyze ERAS outcome data—such as length of stay, complication rates, and patient satisfaction—to support continuous quality improvement.

STEPS TO RECOGNITION

Step 1: Secure Leadership Support

Step 2: Identify the Facility Coordinator & Implementation Team

Step 3: Develop an Action Plan for Implementation of the ERAS Program (see Implementation Strategies)

Step 4: Perform the Gap Analysis

Step 5: Assign Education

Step 6: Audit and Monitor Compliance

Step 7: Apply for Recognition

Step 8: Recertify

Key Information

Although the program is structured around eight steps, they do not need to be completed in a strict order. Participants are encouraged to use the program manual's steps and resources in a way that best supports their institution's workflow and goals. Steps may be completed simultaneously to help expedite progress—for example, Step 5 (education components) and Step 6 (compliance audit tool) can be worked on at the same time.

Please note: Only Step 5 (education components) and Step 6 (compliance audit tool) are required for program completion. The remaining steps are strongly recommended to support a comprehensive and sustainable implementation of ERAS practices.

STEP 1

Secure Leadership Support

Gaining leadership support is essential to launching and sustaining a successful Center of Excellence award program. Senior executives and departmental leaders play a critical role in championing the initiative, removing barriers, and ensuring resources are available.

Who to engage:

- C-suite executives (e.g., Chief Nursing Officer, Chief Medical Officer)
- Directors of Perioperative Services, Surgery, and Anesthesia
- Use the “Benefits of the Program” section (see page 4) and the program’s Business Case document to help build the case.
- Leadership can support success by:
 - » Promoting universal compliance with the ERAS program
 - » Allocating necessary resources, including:
 - ♦ Personnel (e.g., coordinator, implementation team members)
 - ♦ Time (e.g., protected time for meetings and implementation activities)
 - ♦ Financial support (e.g., technology and devices needed for successful ERAS protocol implementation)
 - ♦ Helping the team navigate internal processes and organizational structures

STEP 2

Identify the Facility Coordinator & Implementation Team

A committed, interdisciplinary team is essential to launching and sustaining a successful Center of Excellence program. Their engagement and belief in ERAS is vital to patient care and will drive positive outcomes.

COE: ERAS FACILITY COORDINATOR

The Facility Coordinator leads the implementation and daily management of the COE: ERAS award program. This individual plays a central role in guiding the team, fostering collaboration, and ensuring alignment with program goals.

Suggested candidates:

- Perioperative Educator
- Clinical Nurse Specialist
- Responsibilities include:
 - » Communicating and educating staff on the AORN Center of Excellence: ERAS award program goals, and provide progress updates to leadership and the team (e.g., email updates, meetings)
 - » Leading team development, assigning champions, and fostering engagement throughout the program lifecycle
 - » Managing all program activities by ensuring identified gaps are addressed by utilizing the gap analysis form, and overseeing the completion of education components and the compliance audit form to support program success
 - » Coordinating and implementing ERAS protocols across departments with support from champions
 - » Addressing concerns, encouraging feedback, and promoting collaboration
 - » Monitoring outcomes and leading quality improvement efforts

Essential traits:

- Strong leadership and conflict resolution skills
- Persistent, respected, and enthusiastic about the program

COE: ERAS CHAMPIONS

Champions play a vital role as leaders and advocates for the COE: ERAS award program, supporting its successful implementation and adoption across disciplines.

Suggested candidates include:

- Surgeons, anesthesia professionals, perioperative and perianesthesia RNs
- Clinic RNs, pharmacists, nutritionists, physiotherapists
- Nurse informaticists, quality assurance professionals, pain specialists, educators, leaders
- Responsibilities include:
 - » Meeting regularly with the project team
 - » Communicating with physician groups as needed
 - » Assisting with the adoption and integration of ERAS interventions

Essential traits:

- Confident advocates across teams and leadership
- Effective collaborators for culture-sensitive changes
- Persistent, respected, and enthusiastic about the program

COE: ERAS TEAM MEMBERS

Team members play a vital role in advancing the work and bringing ERAS initiatives to life through daily practice and cross-disciplinary collaboration.

TEAM MEMBER CHARACTERISTICS

- Dedication to achieving the best surgical outcomes by enhancing the recovery process using the AORN Center of Excellence in Surgical Safety: ERAS program
- Willingness to promote the initiative
- Positive outlook
- Willingness to provide quality information and feedback
- A focus on the broader view of patient and workplace safety

FACILITY COORDINATOR CHARACTERISTICS

- Has all the characteristics above, plus:
 - » Strong leadership skills
 - » Skill in conflict management
 - » Diligence
 - » Enthusiasm about the AORN Center of Excellence in Surgical Safety: ERAS program
 - » Determination and persistence when roadblocks occur
 - » Respect from others

CHAMPION CHARACTERISTICS

- All the characteristics above, plus:
 - » Understanding of the benefits of Center of Excellence in Surgical Safety: ERAS program
 - » Knowledge of nuances of the facility and team culture
 - » Confidence to advocate across the perioperative team, physicians, leadership, C-suite
 - » Ability to collaborate with others to achieve change management, while remaining sensitive to the culture

STEP 3

Develop and Launch the Implementation Plan

This step includes two key phases:

1. **Kickoff Meeting** – Align the team, clarify roles and responsibilities, and finalize the implementation approach.
2. **Implementation Plan Execution** – Carry out education, policy updates, product evaluations, auditing, and communication strategies.

KICKOFF MEETING: PREPARE FOR IMPLEMENTATION

Bring together your core COE: ERAS program team to align on the following:

Program Overview

- Review the goals, objectives, and expected benefits of participating in the COE: ERAS award program.
 - Explore the available program tools and resources to determine which are most relevant for your facility.
 - Clarify the three key requirements for recognition (see Page 9):
 - » Education completion
 - » Posttest performance
 - » Compliance auditing
- Note:** Not all tools or steps are required to be considered for recognition.
- Identify any anticipated barriers to implementation and brainstorm strategies to mitigate them.

Team Roles and Commitments

- Clarify responsibilities for all core team members, including the Facility Coordinator, Champions, and other contributors.
- Assign oversight for the following required program elements:
 - » Education Component (Step 5)
 - » Compliance Audit Tool (Step 6)
- Determine who will be responsible for optional tools that may support implementation success:
 - » Gap Analysis Tool (Step 4)
 - » Policy & Procedure Template (P&P Template)
 - » Competency Verification Tool
- Review expected time commitments across disciplines:
 - » Time required for team education and training
 - » Time needed for audit and compliance monitoring
 - » Any additional training required for new products or technology

Measurement and Communication

- Define how progress and success will be tracked:
 - » Completion of education components (Step 5)
 - » Audit results during compliance monitoring (Step 6)
 - » Final readiness for program recognition
- Establish a communication strategy:
 - » Identify key updates to share
 - » Define who needs to receive information
 - » Determine communication channels (e.g., staff meetings, email updates, bulletin boards)

IMPLEMENTATION PLAN EXECUTION

Using insights from the kickoff meeting, execute your tailored implementation plan:

Gap Analysis (Step 4)

Use the Gap Analysis Tool to assess current workflows, policies, and resource needs (e.g., necessary supplies or equipment).

Policy and Procedure Updates

Revise or create policies aligned with ERAS protocols using the P&P Template.

Education Implementation (Step 5)

- Launch online learning modules for all perioperative team members.
- Schedule in-service training sessions if new equipment or processes are introduced.

Compliance Monitoring (Step 6)

- Begin auditing using direct observation and the Compliance Audit Tool.
- Conduct weekly monitoring for a minimum of three months.

Timeline

Develop and maintain a realistic timeline that aligns with team capacity and institutional priorities.

Ongoing Communication

Ensure consistent updates to the perioperative team using:

- Staff and section meetings
- Intranet or email updates
- Newsletters
- Bulletin boards

STEP 4

Perform a Gap Analysis

The Gap Analysis tool is designed to help perioperative teams evaluate their current practices against key ERAS components across the surgical continuum. This tool supports facilities by identifying existing strengths and areas requiring improvement.

The Gap Analysis tool is divided into four major phases of perioperative care:

1. Prehabilitation Phase

Focuses on patient optimization prior to surgery through risk assessments, preoperative education, and medical management (e.g., anemia, tobacco/alcohol use).

2. Preoperative Phase

Assesses readiness related to pre-surgical fasting guidelines, SSI infection prevention, risk of VTE, PONV and multimodal prophylaxis, patient warming, sedative use, and metabolic control.

3. Intraoperative Phase

Reviews intraoperative practices including temperature and fluid management, anesthesia protocols, and pain control strategies.

4. Postoperative Phase

Addresses early recovery strategies such as drain/catheter management, mobilization, and nutrition.

STEP 5

Assign Interprofessional Education

All perioperative team members (e.g., surgeons, anesthesiologists, CRNAs, RNs, surgical technologists, first assistants) should complete the pretest, education modules, and posttest.

- How to determine which team members must complete the interprofessional education.
 - » All perioperative team members that are employees of the facility
 - » At a minimum 90% of the top participants involved in surgical procedures (e.g., surgeons, anesthesiologists, CRNAs, RNs, surgical technologists, first assistants)
 - » To support universal compliance, enrollment may also include perianesthesia nurses, pharmacists, dietitians, physical therapists, quality assurance professionals, designated pain specialists, and others as appropriate for the facility's needs.

PRETEST

- Assesses general knowledge of ERAS principles and phases of care.

EDUCATION MODULES

- Facility coordinators will be able to track the progress of perioperative team members as they complete the educational components.

POSTTEST

- Evaluates the perioperative team's knowledge of evidence-based ERAS principles and strategies to reduce surgical complications and improve recovery.
- 90% of team members must have a passing grade of 80% to be considered for the COE: ERAS recognition.

STEP 6

Audit and Monitor Compliance

The COE: ERAS Compliance Audit Tool is designed to track adherence to enhanced recovery protocols across the perioperative continuum on a per-patient basis. This tool enables facilities to evaluate the consistent application of evidence-based practices and identify areas needing improvement to support optimal surgical outcomes.

For each patient, the tool captures compliance with key ERAS interventions across four pathway components:

- Preoperative Pathway
- Intraoperative Pathway
- Recovery Room Pathway
- Inpatient Unit Pathway (Optional for Award Consideration)

The Facility Coordinator or designated individual(s) will conduct the audit through:

- the Compliance Audit Tool
- Direct observation
- Weekly monitoring for three months

After three months of monitoring, the compliance audit results can be submitted for the COE: ERAS recognition.

STEP 7

Apply for Recognition

After completing the educational and auditing components of the COE: ERAS award program, facilities are eligible to submit for award recognition. Final recognition is determined based on the following criteria:

RECOGNITION CRITERIA

Education Completion – 90% Completion Rate

At least 90% of enrolled staff must complete the entire course.

Posttest Performance – 80% Passing Score

At least 90% of enrolled staff must achieve a score of 80% or higher on the posttest.

Compliance Audit – 90% to 100% Compliance

By week 12, facilities must demonstrate a compliance rate between 90% and 100%, as documented in the Compliance Audit Tool.

AWARD RECOGNITION

The COE: ERAS award recognition celebrates a facility's commitment to enhanced recovery protocols and stands as a powerful symbol of leadership in OR excellence within the perioperative community.

Upon successful completion of the COE: ERAS program, facilities receive a three-year award designation as an AORN Center of Excellence in Surgical Safety: ERAS. This recognition includes:

- A custom award plaque
- A digital award kit featuring:
 - » Social media assets
 - » Award icons, including an e-signature logo
 - » A customizable press release template to promote your team and facility's achievement
 - » A featured listing on the AORN website as a designated COE: ERAS facility
 - » Formal recognition during the AORN Global Surgical Conference & Expo

STEP 8

Reapply for Recognition

- Facilities may reapply for recognition every three years by submitting the program's recertification attestation, confirming ongoing compliance with AORN's Guideline for the Implementation of Enhanced Recovery After Surgery.
- If the facility no longer meets the compliance criteria, it will be required to repeat relevant program steps to restore compliance before recognition is renewed.
- Facilities that initially implemented the ERAS program in a single service line will be required to demonstrate its expansion into additional service lines, with the ultimate goal of achieving implementation across all patient populations. To qualify for recognition, facilities must show measurable progress toward this broader adoption.

Final Note: Additional tools and resources are available to support your ERAS implementation. Program materials such as the Business Case, Policy and Procedure Template, and Compliance Audit Tool can be found in the program's Resource Center, accessible through the program webpage on AORN.org. Be sure to explore the full Resource Center for other helpful tools and references beyond those listed in this manual.