

Barriers and counter-measures worksheet

Work through this with your ERAS team. Naming the barrier honestly is half the work.

Barrier	What it looks like here	Counter-measure that usually works	Owner	By when
Belief “It won’t work in our setting.” “Early feeding causes leaks.”		Present the evidence AND your own unit’s leak data side by side. Local numbers beat published evidence.		
Knowledge New staff arrive untrained every rotation		Build ERAS into departmental induction, with a named trainer. Assume turnover from day one.		
Workload “We’re too short-staffed to mobilise patients.”		Redistribute rather than add: milestone cards so patients mobilise unprompted, trained family members, grouped sessions, mobilisation planned in the huddle.		
Resources Drug stock-outs; no supplements; no warming device		Pharmacist on the ERAS team; essential items on the hospital priority stock list; use the zero-cost version of the element meanwhile.		
Hierarchy Nurses and juniors cannot challenge a consultant’s habit		Leadership mandate + graded assertiveness training for the whole team, including how seniors should RECEIVE a challenge.		
Ownership No coordinator; nobody notices when an element stops		Named coordinator with protected time. Monthly compliance audit reported BY ELEMENT with a named owner per element.		
Fatigue The third year is harder than the first		Embed in forms, rounds, handover, induction and job descriptions so the pathway does not depend on enthusiasm. Celebrate the run chart, not the launch.		

When compliance falls — do this, not that

❌ Do not	✅ Do
Reissue the protocol with a reminder email	Disaggregate compliance BY ELEMENT and BY WARD to find where the fall actually is
Add a new element to renew enthusiasm	Stabilise what you already have before widening scope
Name individuals in the report	Describe the system — naming people ends your data quality permanently
Accept decay as normal	Look for the specific cause: a person left, a supply ran out, a ward sister changed

Start with a coalition, not a committee. One willing person per discipline, one credible surgical champion, one coordinator with protected time, one leadership sponsor who will say the word 'policy' out loud. Five committed people beat a committee of twenty.