

ERAS indicator set

Process, outcome and balancing measures. Start with the ten process measures; add the rest once those are reliable.

Process measures — report BY ELEMENT, monthly. This is your main measure.

#	Indicator	Numerator ÷ denominator	Standard	Source
1	Clear fluids until 2 h	Patients offered clear fluids until 2 h ÷ eligible patients	95%	Nursing record
2	Carbohydrate drink given	Drink given ÷ eligible patients	90%	Drug/nursing chart
3	No mechanical bowel prep	No MBP (or MBP + oral antibiotics) ÷ colorectal resections	90%	Preop orders
4	Antibiotic within 60 min	Given within 60 min of incision ÷ operations	95%	Anaesthetic chart
5	Normothermia at handover	Temperature $\geq 36^{\circ}\text{C}$ at handover ÷ operations	90%	Recovery record
6	No routine drain	No prophylactic drain ÷ colorectal resections	85%	Operation note
7	Catheter removed on time	Removed ≤ 24 h colonic / ≤ 48 h rectal ÷ eligible	85%	Nursing record
8	Oral intake <24 h	Oral intake started <24 h ÷ eligible patients	90%	Fluid/diet chart
9	Mobilisation ≥ 3 h POD 1	≥ 3 h out of bed on POD 1 ÷ eligible patients	80%	Mobilisation log
10	Scheduled non-opioid analgesia	Paracetamol + NSAID written REGULAR ÷ eligible	95%	Drug chart
C	Composite ERAS compliance	Total elements delivered ÷ total elements applicable	$\geq 80\%$	Audit form

Outcome measures — quarterly

Indicator	Definition	Direction	Note
Median length of stay	Days from operation to discharge	↓	Report the median, not the mean — a few outliers distort the mean
Complication rate	Clavien–Dindo $\geq$ II within 30 days ÷ operations	↓	Grade it consistently; agree who grades
30-day readmission	Readmissions ≤ 30 days ÷ discharges	→ unchanged	This is the safety measure. It must NOT rise.
30-day mortality	Deaths ≤ 30 days ÷ operations	↓ or →	Small numbers — interpret with care
Return of gut function	Median hours to first flatus and to tolerating diet	↓	Easy to collect from the diary

Balancing measures — are we breaking something else?

Indicator	Why it is here
Unplanned reoperation rate	Detects whether earlier discharge or fewer drains is causing missed complications
ED attendance ≤ 30 days	Catches problems that do not reach readmission but do reach the patient
Staff-reported workload	A pathway that quietly doubles nursing workload will not survive; ask, do not assume
Patient and family satisfaction	Early discharge can be experienced as being pushed out — check

Why all three types. A programme that reports only outcomes cannot explain its own results. A programme that reports only process cannot prove it helped anybody. And a programme with no balancing measures cannot see the harm it might be causing somewhere else.

The 'applicable?' rule. Compliance = elements delivered ÷ elements *applicable*. An element correctly omitted for a documented contraindication is excluded from the denominator, not counted as a failure. This single rule prevents most arguments about compliance figures — but only if you agree it before you collect data, not after you see the results.