

# Kelowna doctor helps to heal patients faster

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Dr. Ron Collins, who likes to hike, cycle or cross-country ski during his time off, is leading a group of colleagues in eight Interior Health hospitals that do colorectal surgery in new ways to foster better health for surgical patients.

Transforming the surgical experience for patients is the goal of a group led by a Kelowna doctor.

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Called Enhanced Recovery After Surgery (ERAS), the project is part of a worldwide movement that includes putting in place some 20 processes of care before, during and after surgery.

Through extensive research, these new practices have been shown to get patients healing better and faster, while reducing surgical complications and shortening hospital stays.

“Colorectal surgery is just the first step. This whole ERAS movement is going to completely redesign the way we administer surgical services across B.C. and Canada,” said Collins, 60, a self-effacing champion for change.

Collins emphasizes it is a whole team of people in the hospitals — surgeons, anesthetists, nurses, administrators and support staff — from within Interior Health who are involved in this landmark project.

“I don’t want or need credit; it is all of us working together in the interest of patients,” he said.

The eight hospitals are in Kelowna, Kamloops, Penticton, Vernon, Salmon Arm, Trail, Cranbrook and Williams Lake. The project has received \$500,000 in startup funding from the Specialist Services Committee, a joint committee of the Ministry of Health and the Doctors of BC (formerly BC Medical Association), whose mandate is to support innovation for patient care in the specialist care system.

The project will not only improve patient outcomes, but will make the system more cost efficient and effective, too.

The average cost of surgical procedures using the ERAS process is reduced by thousands of dollars. For example, the average cost of colorectal surgical care is reduced from \$12,000 to \$8,000 or less, says Collins, mostly through reducing surgical complications and shortening hospital stays.

“It is the surgical complications that cost all the money,” he said.

A pilot project at Kelowna General Hospital has reduced patient hospital stays from 12 to four days — because patients were healing faster.

“It became clear very quickly that this was very dramatic; this was having a huge impact on the complication rate and people’s ability to get up and start eating, drinking and go home sooner,” said Collins, who is leading the rollout to all eight Interior Health hospitals that do colorectal surgery.

In fact, as a result of the work going on in the Interior and in other sites across B.C., the Specialist Services Committee will expand the initiative to create a provincial ERAS collaborative, which Collins is also helping lead.

The ERAS process includes carb-loading before surgery (rather than fasting) and keeping the patient optimally hydrated during surgery, which actually means avoiding too much fluid, not too little, emphasizes Collins.

After surgery, recovery steps include getting the patient to chew gum as soon as possible to get his or her gut stimulated and moving, early feeding, early removal of a catheter, and getting the patient up on his or her feet as soon as possible.