

ERAS[®] Implementation Pathways



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ENHANCING ERAS[®]

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This document outlines the ERAS[®] program – developed by the ERAS[®] Society and implemented globally by Encare – to enhance perioperative care and improve patient outcomes through evidence-based practices.

ERAS[®] is a registered trademark in the ERAS[®] Society.

It introduces the program's core components: the ERAS[®] Protocols, the ERAS[®] Interactive Audit System (EIAS), and the ERAS[®] Implementation Program (EIP).

The document also details the structured pathways toward achieving ERAS[®] Qualification. Through close collaboration with the ERAS[®] Society, Encare equips hospitals and healthcare systems worldwide with the tools, structure, and support required for successful and sustainable ERAS[®] implementation.

Learn more at www.encare.net

1. IMPLEMENTING ERAS® - SUMMARY

Encare, in partnership with the ERAS® Society, provides hospitals with the necessary tools to implement ERAS®. This collaboration ensures that evidence-based practices are integrated into everyday clinical practice, leading to optimized surgical outcomes, reduced costs, and continuous improvements in patient care globally. Over the years, several hundreds of hospital teams have participated in the ERAS® implementation programs and thereby been able to improve patient outcome and quality of life while in parallel making operational processes more cost effective.

1.1 CURRENT SITUATION

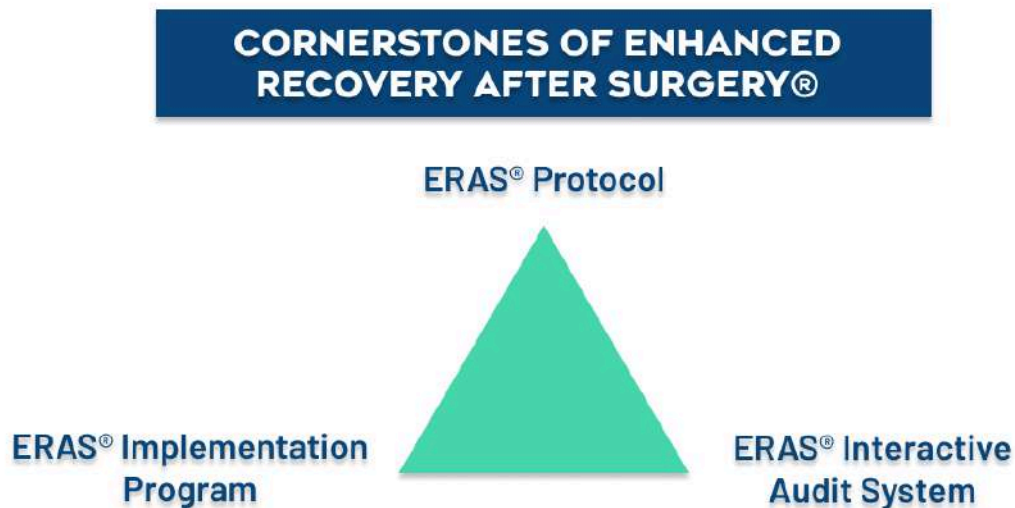
Surgery remains one of the most effective means to reduce mortality, with over 300 million procedures performed globally each year. However, despite the availability of evidence and established best practices, approximately up to 40% of surgeries result in various complications.^{1,2} These complications lead to prolonged recovery times, increased healthcare costs, and negative patient outcomes, underscoring the need for more consistent implementation of effective perioperative care strategies.

1.2 SOLUTION

Implementing ERAS® (Enhanced Recovery After Surgery) Protocols has been shown to significantly reduce postoperative complications, shorten hospital stays, and accelerate patient recovery. Studies indicate that compliance with ERAS® guidelines can reduce hospital stays by over 30%, resulting in cost savings of €2,500 to €5,500 per surgery.³ These improvements not only enhance patient outcomes but also provide a high return on investment for healthcare providers.

1.3 KEY COMPONENTS

The key components of a successful ERAS® implementation include ERAS® Protocols, the ERAS® Interactive Audit System (EIAS), and an ERAS® Implementation Program (EIP). Encare collaborates with the ERAS® Society to offer implementation solutions globally to hospitals and health systems, providing essential tools for effective implementation.



The key components of ERAS® to succeed in implementing ERAS® . Original Encare image, 2025.

1.3.1 ERAS® PROTOCOLS

The ERAS® Protocols offer evidence-based guidelines to optimize perioperative care for various surgical specialties. They focus on reducing surgical stress and promoting faster recovery through pain management, early mobilization, and optional nutrition. High compliance with these protocols leads to fewer complications hence improved patient outcomes.

1.3.2 ERAS® INTERACTIVE AUDIT SYSTEM (EIAS)

The ERAS® Interactive Audit System developed by Encare in collaboration with the ERAS® Society, is a web-based audit platform that allows hospitals to monitor adherence to ERAS® Protocols. It enables real-time data analysis helping healthcare teams continually assess and enhance their practices for better patient care.

1.3.3 ERAS® IMPLEMENTATION PROGRAM (EIP)

The ERAS® Implementation Program, offered by Encare, supports hospital teams in successfully integrating ERAS® Protocols into clinical practice. The program includes structured seminars and coaching led by ERAS® Society Trainers, guiding multidisciplinary teams in adopting and sustaining evidence-based best practices.

There are currently **two available pathways for ERAS® implementation**.

- The **EIP pathway** which involves close guidance from ERAS® Society Trainers throughout the process.
- Alternatively, **EIP Assess** is a light version, where the hospital takes the lead in self-implementation and is later evaluated by ERAS® Society Trainer(s) once sufficient case volume has been reached.

Both pathways are designed to help hospital teams achieve ERAS® Qualification and deliver lasting improvements in perioperative care.



The two ERAS® Qualification Pathways. Original Encare image, 2025.

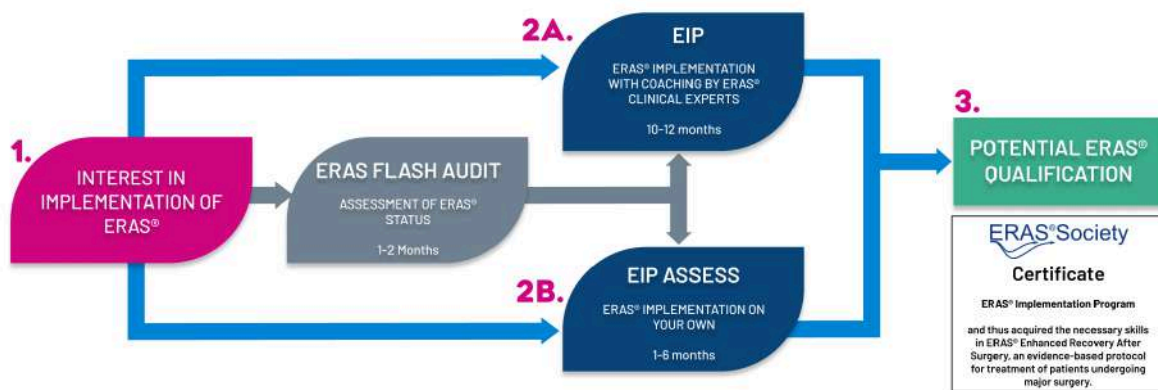
1.4 CONCLUSION

Encare, in partnership with the ERAS® Society, provides hospitals with the necessary tools to implement ERAS®. This collaboration ensures that evidence-based practices are integrated into everyday clinical practice, leading to optimized surgical outcomes, reduced costs, and continuous improvements in patient care globally.

2. PATHWAYS OF IMPLEMENTING ERAS®

Below follows descriptions of different pathways to implementing ERAS® aiming to improve perioperative care and patient outcomes using evidence-based practices.

ERAS® Implementation Pathway	Objective	Estimated Time	ERAS® Clinical Expert Coaching	ERAS® Qualification	Key Benefit(s)
ERAS® Flash Audit	Quick ERAS® compliance status check	1-2 months	No	No	Identification of key gaps and showcasing of ERAS® benefits
EIP Assess	Self-implementation of ERAS®	1-6 months	No	Yes	Allows for independent ERAS® implementation and then later assessment by ERAS® Clinical Expert
EIP	Guided ERAS® implementation	10-12 months	Yes	Yes	High compliance and sustainability including comprehensive ERAS® Clinical Expert coaching



Full journey of potential ERAS® Qualification pathways. Original Encare image, 2025.

The text below corresponds to the image above.

1. A hospital has an interest in implementing ERAS® and exploring pathways to becoming ERAS® Qualified.
2.
 - A. Before deciding which program to apply, EIP Assess or EIP, the hospital may be assessed in terms of ERAS® status and based on result, thereafter, decide which program to apply.
 - B. Or the hospital decides to go directly with the EIP Assess or EIP.
3. In short, the EIP Assess requires that the hospital implements ERAS® on their own, no coaching by ERAS® Clinical Experts during the implementation. Once the hospital team sees themselves as ready for an audit, ERAS® Clinical expertise reviews their data and processes, and the determination of ERAS® Qualification is assessed.

4. The EIP with help of ERAS® Clinical Experts, supports the integration of ERAS® Protocols into clinical settings. Through a structured program of seminars and coaching sessions, the EIP guides multidisciplinary teams in adopting and sustaining best practices in perioperative care and assessment for ERAS® Qualification is done in the end.
5. In short, the criteria for ERAS® Qualification includes showing multidisciplinary teamwork and improvement in compliance based on reduction of complication rate and reduced length of stay.

2.1 ERAS® FLASH AUDIT

2.1.1 AN ASSESSMENT OF COMPLIANCE WITH ERAS®

The ERAS® Flash Audit is a focused, time-limited, “project”, designed to assess compliance with the core ERAS® elements. It provides a way to check compliance of the current clinical practice at the hospital and an understanding how well best practice is implemented. Further, the result of the ERAS® Flash Audit highlights potential areas of improvement and serves as showcasing of the benefit of a full ERAS® Implementation.



The steps within the ERAS® Flash Audit. Original Encare image, 2025.

2.1.2 WHAT HAPPENS DURING THE ERAS® FLASH AUDIT PROJECT?

The ERAS® Flash Audit includes on-line sessions with Encare staff over a period of 1-2 months:

- Assemble the team involved in the project, e.g. 1-2 healthcare professionals.
- An on-line EIAS onboarding session is held with the team and Encare staff where an overview of EIAS is provided as well as in-depth walk-through of the data entry forms.
- The team develops methods including data collection of the applicable parameters and registers patient data from 30 patients into EIAS.
- Upon completion of entering 30 patient data records into EIAS, Encare compiles a report of the outcome results, and an on-line session is set up with the team and Encare staff to review the data.
- The review of the data showcases the current compliance rate towards the ERAS® guideline and provides a summary of potential benefits of areas for improvement.

- Based on the ERAS® Flash Audit results, hospital departments may decide whether to proceed with a full ERAS® Implementation Program (EIP). The initial patient data registered would then support the full transition towards the EIP. Here, the teams would receive individualized advice and coaching from ERAS® Society Clinical Experts and Coaches throughout the program.

2.1.3 WHAT HAPPENS AFTER THE ERAS® FLASH AUDIT

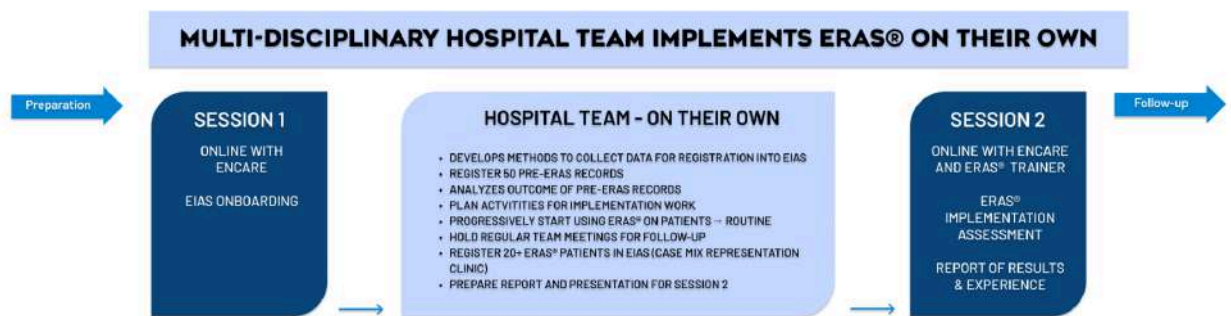
- If the hospital department decided to proceed with a full ERAS® implementation, a startup meeting would be scheduled to map out a project plan.
- The project plan would consider the subscription agreement set up between the hospital and Encare, the team composition of the hospital and availability of ERAS® Trainers.
- Encare would support the hospital team to enable the hospital team to deliver the best possible care, offering continuous monitoring and updates through the ERAS® Interactive Audit System (EIAS).



2.2 ERAS® IMPLEMENTATION PROGRAM ASSESSMENT

Implementing ERAS® is taking on a commitment to promote a culture of continuous improvement within healthcare teams. A multidisciplinary hospital team may choose to implement ERAS® on its own or through the ERAS® Implementation Program (EIP) including seminars, workshops and coaching. Both routes may lead to the hospital team reaching the criteria for ERAS® Qualification and showing improvement in patient outcome. If choosing to implement ERAS® on its own, or, potentially through guidance from colleagues who have already implemented ERAS® through an EIP, the multidisciplinary hospital team may be reviewed and assessed after some time based on data and best practice by an ERAS® Trainer for a potential ERAS® Qualification.

2.2.1 HOW TO BE ASSESSED?



The ERAS® Implementation pathway towards Assessment. Original Encare image, 2025.

The assessment process is carried out through the following steps:

1. Onboarding Session

The implementation begins with an onboarding session where the hospital team is introduced to the ERAS® Interactive Audit System (EIAS) and the key components of the ERAS® Implementation Program.

2. Planning and Data Strategy

The hospital team defines its strategy for data collection and determines how patient data will be entered into EIAS. This includes identifying pre-ERAS cases to establish a baseline.

3. Pre-ERAS Data Entry

A minimum of 50 pre-ERAS patient records must be registered in EIAS to provide a baseline for measuring improvements.

4. Gap Analysis and Action Planning

Once baseline data has been entered, the team may perform a gap analysis using EIAS. Based

on these insights, an action plan is developed to guide the next phase of implementation.

5. ERAS® Pathway Implementation

The team begins delivering care according to ERAS® protocols and continues entering patient data into EIAS for ongoing monitoring.

6. Minimum Data for Assessment

To be eligible for assessment, the following data must be entered into EIAS:

- At least 50 pre-ERAS patient records
- A minimum of 20 ERAS® patient records, representing a relevant case mix from the clinic

7. Assessment Meeting

Once the data requirements are met, Encare and the hospital team agree on a date for the assessment meeting. During this meeting, an ERAS® Trainer provides structured feedback based on the data submitted.

2.3 ERAS® IMPLEMENTATION PROGRAM

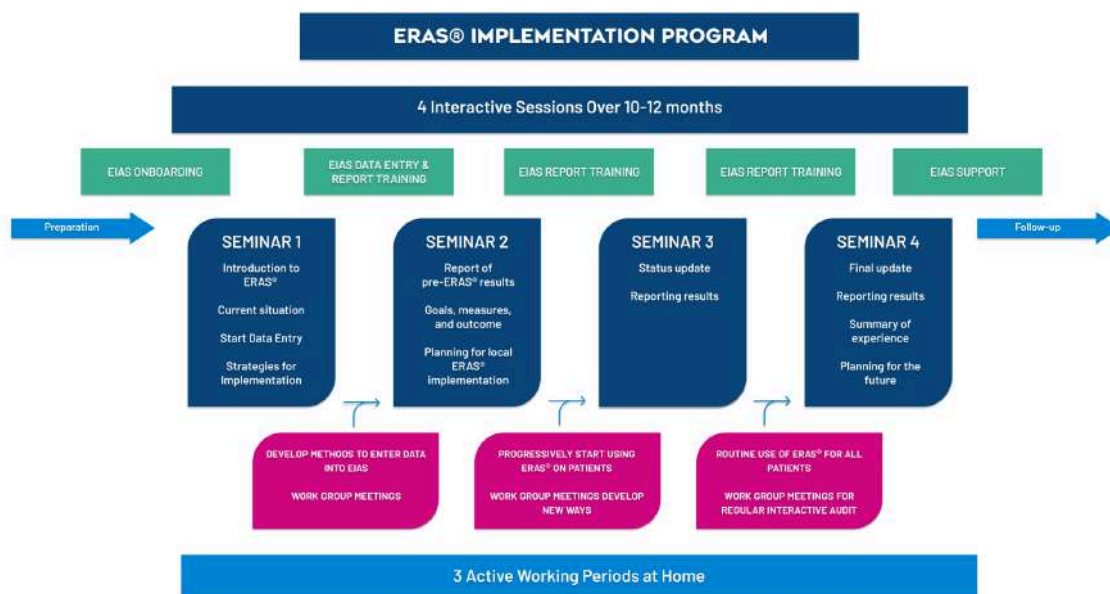
The ERAS® Implementation Program (EIP) is structured to promote a culture of continuous improvement within healthcare teams in a sustainable manner. Through regular seminars, action periods, and tailored coaching, the program equips teams with the skills and knowledge necessary to adapt to evolving best practices and maintain high standards of patient care.

During the EIP, the multidisciplinary team will be challenged by ERAS® Society Clinical Experts and Coaches to develop an innovative care process allowing them to re-design and re-think the organization based on data and best practice evidence

Although it takes hard work and dedication, the change management process is not structured in a way that makes objectives very clear to the multidisciplinary team. The EIP consists of four seminars held in person or virtually, that alternate with active working periods for local implementation. The program is carried out over a period of several months and consists of the following activities:

- Assemble a Multidisciplinary Team from your hospital
- Prepare for the program by completing the pre-EIP course
- Ideally, 4-6 teams join each Program and attend the four seminars (interactive sessions) spread out over a period of 10-12 months, led by ERAS® Society Clinical Experts and Coaches
- Teams apply what they have learned from the seminars in the Action Periods - the months between the learning sessions.

The teams receive individualized advice and coaching from ERAS® Society Clinical Experts and Coaches throughout the program.



The steps within the ERAS® Implementation Program. Original Encare image, 2025.

2.3.1 MEETINGS AND ACTION PERIODS

Before the first seminar, the team should meet for a preparatory meeting with the Team Leader and Coordinator in their hospital, drawing up an analysis for their hospital. During the forthcoming seminars the full team should assemble and publicly present their plans and results. Between seminars, the teams work according to the PDSA cycles, (Plan-Do-Study-Act) or Deming Cycle, according to their individual needs while being facilitated by the ERAS[®] coach and ERAS[®] Society expertise. "This is the scientific method used for action-oriented learning".

2.3.2 WHY DOES THIS PROCESS WORK?

Various characteristics of the EIP contribute to ensuring and sustaining the correct changes across disciplines occur in an organization.

- Setting specific and measurable goals.
- Using measures of improvement tracked over time.
- Apply improvement cycles, e.g. test and evaluate; to learn to better implement changes to the organization.
- Learning from other multi-disciplinary teams.
- Support from clinical and change management expertise.
- A structured program of support within a specific time frame.

EIAS enables auditing, making it easy to monitor progress and follow-up over time!



3. COMPONENTS OF AN ERAS® IMPLEMENTATION

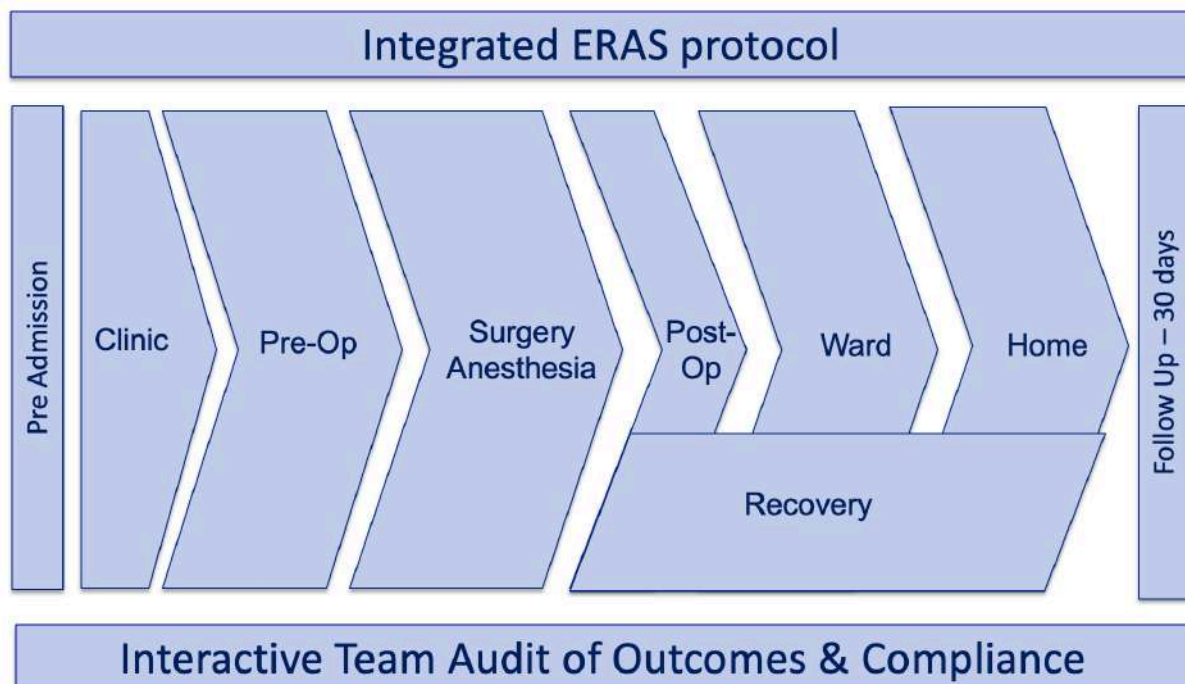
3.1 ERAS PROTOCOLS

ERAS® is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery.¹ ERAS® represents a paradigm shift in perioperative care in two ways. First, it re-examines traditional practices, replacing them with evidence-based best practices when necessary. Second, it is comprehensive in its scope, covering all areas of the patient’s journey through the surgical process.

The key factors that keep patients in the hospital after surgery include the need for parenteral analgesia, the need for intravenous fluids secondary to gut dysfunction, bed rest caused by lack of mobility. The central elements of the ERAS® pathway address these key factors, helping to clarify how they interact to affect patient recovery. In addition, the ERAS® pathway provides guidance to all involved in perioperative care, helping them to work as a well-coordinated team to provide the best care.

ERAS® Protocols represent best practices in perioperative care guided and based on the most recent guidelines for an increasing number of major surgeries, mostly available cost-free online.⁵

Each protocol consists of several measurable evidence-based care elements that are crucial for the recovery and outcomes after major surgery. The higher compliance the perioperative teams can achieve with best practice, the better outcome for the patient⁶ and savings for the healthcare provider. More surgical areas are being added over time.



ERAS flowchart. From "Multi-professional and multidisciplinary approach to management of the patient journey" by Professor Olle Ljungqvist, JPEN2014.⁷

3.2 ERAS® INTERACTIVE AUDIT SYSTEM (EIAS)

The ERAS® Interactive Audit System (EIAS) is a web-based data entry and analysis system used to facilitate implementation of and monitor compliance with the ERAS® Protocols. The tool is a quality and decision support system, for use by the healthcare provider to improve its patient care work processes and ensuring compliance with the ERAS® Protocols, once implemented, is upheld. The EIAS provides immediate feedback regarding any deviation from best practice.

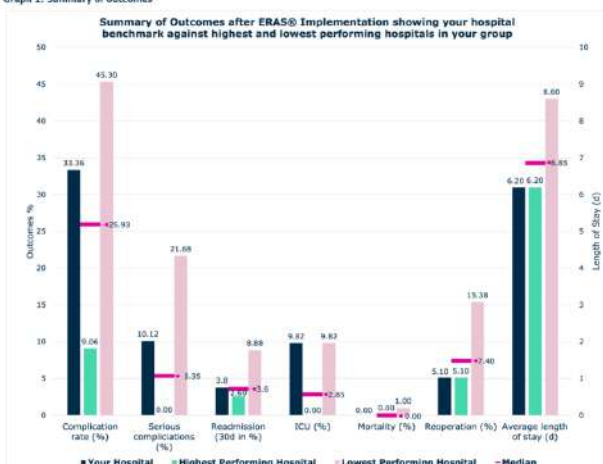
A key focus of the system is ease of use to facilitate widespread and practical implementation of ERAS® concepts. Hospitals subscribe to EIAS and use the system to continuously audit their progress and help maintain their improvements over time. In addition, hospitals may benchmark and share their results with other hospital's performance for further improvement of processes and patient outcomes.

By using the EIAS, teams can analyze data on complications, care duration, and other key metrics. Additionally, it functions as an audit tool to review internal practices and identify areas for improvement to enhance compliance with ERAS® Protocols, ultimately leading to better clinical outcomes.



Showcasing the functionality within the ERAS® Interactive Audit System (EIAS). Original Encare image, 2025.

Graph 1: Summary of outcomes



3.2.1 Data

Regular performance comparisons with global peers. Completely anonymized, including parameters such as complications, readmissions, intensive care, mortality, reoperations, and average length of stay. Example of data shown below:

Example of benchmark data from the ERAS® Interactive Audit System (EIAS). Original Encare image, 2025.

3.2.2 Protocols

EIAS supports a range of ERAS[®] protocols including colorectal & small bowel, liver, pancreas, urology or cystectomy, gynecology, bariatric, breast reconstruction, head & neck surgery, thoracic lung and cardiac surgeries as well as ERAS[®] Essentials for any type of surgery. New and updated protocols are being added to the system over time. For the most up-to-date list of protocols offered in EIAS, please refer to the website.



The image shows the EIAS protocols currently available. For the most up-to-date list of protocols offered in EIAS, please refer to the website. Original Encare image, 2025.

3.3 THE CHANGE MANAGEMENT METHODOLOGY

The idea behind the change management process is to help change current practices based on habits and routines and implement new practices based on what is scientifically known to be best practice. During the process, a group of multi-disciplinary teams come together to learn and develop ideas on how to make the necessary quality improvements in the delivery of the healthcare process.

In the EIP, described further down, an adaptation of the Breakthrough Series methodology⁸ has been used successfully in several hospitals throughout the world. It helps each ERAS[®] team to identify their specific barriers for change and to address them.

Using EIAS during the ERAS[®] implementation, the multidisciplinary team will be provided results that may guide and assist the hospital in creating/updating measures based on the latest ERAS[®] Guidelines and knowledge to optimize the patient outcomes. The combination of EIAS and the EIP creates the foundation for controlled continuous improvements.



Image adapted from the Breakthrough Series methodology from the Institute for Healthcare Improvement.⁸

3.4 MULTIDISCIPLINARY TEAM

The multidisciplinary team is a key component in the success of implementing a new way of working. This is especially true in ERAS[®] because the very definition of the ERAS[®] Protocol is a “multimodal care pathway”, covering all areas of the patient’s perioperative journey.

Different health professionals will be responsible for different sections of the care process, but all are working in a concerted effort for a common goal: to improve patient outcomes. The multidisciplinary team is responsible for communicating regularly to create and maintain change. In addition, the participation and support of senior leaders in the organization is critical. They are responsible for supporting, providing resources, encouraging the teams, and making sure the organization can sustain the changes.

Implementing the cornerstones of ERAS[®] requires commitment. It requires changing the way some things have been done in the past. It requires tight, coordinated teamwork among those involved in perioperative care.

In addition, the active support and involvement of the management team of the hospital and/or the departments is critical. These are the prerequisites for a successful implementation of the ERAS[®] Protocol.

A typical ERAS[®] team consists of 5-7 people involved in perioperative care, including surgery, anesthesiology, intensive care, postoperative care, sponsor and quality control from the institution. One of the team members is designated to be the Team Leader. The Team Leader is generally the person who has overarching responsibility for medical decisions and can be more than one person if appropriate. Another team member, often the surgical ERAS[®] nurse, is assigned to be the ERAS[®] Coordinator. The ERAS[®] Coordinator is the engine of the team, expediting and planning meetings and memos regularly. Furthermore, the ERAS[®] Coordinator is responsible for ensuring collection and registration of data into the EIAS is carried out.

The Department Head or Sponsor is part of the team because it requires a sufficiently high level of authority to implement changes such as ERAS[®]. Although this person does not necessarily attend the learning sessions, he/she is actively involved and is instrumental in helping overcome barriers. This person has the authority to allocate the time, and resources needed for carrying out the project

Example of a team:

- Surgeon (potentially the Team leader)
- Surgical Nurse (usually the ERAS[®] Coordinator, responsible for registration)
- Anesthesiologist (potentially the Team leader)
- Anesthesia/high-dependency nurse
- Sponsor (required) – this is the person who is financially responsible for the department.
- Representative from the Hospital’s Quality Department (highly encouraged)
- Data extractor/IT professional
- Dietician (optional)
- Physiotherapist (optional)

3.5 ERAS® QUALIFICATION

Individuals, hospitals, and clinics become "ERAS® Qualified" after a multidisciplinary ERAS® team completes the EIP and meets the criteria for qualification.

The criteria are as follows:

- Members of the multidisciplinary team should attend all EIP seminars (only applicable for the EIP offer)
- The ERAS® team must perform regular, meetings to discuss and manage their implementation process (weekly or every 2 weeks) – ERAS® Society Trainer(s) may request minutes of these meetings
- The ERAS® Team should have registered in the ERAS® Interactive Audit System
 - o 50 consecutive retrospectives 'Pre-ERAS®' patients and
 - o 20-30 consecutive 'ERAS®' patients (depending on case load)
- The ERAS® Team must demonstrate an improvement in compliance between their baseline and the end of implementation (in EIP offer at seminar 4)
 - o 100 % increase in compliance from Pre-ERAS® to ERAS® and/or reaching 70% or higher of total compliance for ERAS® patients based on EIAS
 - o Reduced the rate of complications and improved the time to recovery
 - o Reduced the length of stay significantly.



CONCLUSION

The ERAS[®] Implementation Pathways provide a clear and structured roadmap for hospitals aiming to improve perioperative care through the adoption of ERAS[®] protocols. Whether teams choose the fully supported EIP pathway or the more independent EIP Assess model, both offer a guided approach toward achieving ERAS[®] Qualification.

These pathways are grounded in scientific evidence and practical experience, ensuring that hospitals can reduce complications, shorten hospital stays, and improve both patient outcomes and resource utilization. With the support of Encare and the ERAS[®] Society, institutions are not only implementing best practices—they are building sustainable, data-driven models for surgical care improvement.

This document serves as a foundation for teams looking to take the next step in their ERAS[®] journey



REFERENCES & ABBREVIATIONS

5.1 REFERENCES

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For a short summary of the story behind ERAS[®], please watch Professor Olle Ljungqvist speak at TED_x: [youtube.com/watch?v=bnzRj01oPOY](https://www.youtube.com/watch?v=bnzRj01oPOY)

5.2 ABBREVIATIONS

EHR	Electronic Health Record System A digital system for storing and managing patient health information, including medical history, treatments, and test results—designed to support clinical care for individual patients.
EIAS	ERAS® Interactive Audit System is a web based, interactive, data entry and analysis software used to facilitate implementation of and monitor compliance to the ERAS® Protocols. The tool is a quality and decision support system, for use by the healthcare provider to improve its patient care work processes and ensure compliance to the ERAS® Protocols, once implemented, is upheld. EIAS provides interactive feedback regarding any deviation from best practice. Further the EIAS may be used as a data collection tool for research purposes.
EIAS Protocol	Software protocols offered in EIAS based on the ERAS® Protocols and Guideline author's compliance input.
EIP	ERAS® Implementation Program. Training program to implement, reach and maintain a high compliance level to ERAS® Protocol.
EIP-Assess	The EIP Assess - If choosing to implement ERAS® on its own, or, potentially through guidance from colleagues who have already implemented ERAS® through an EIP, the hospital team may be reviewed and assessed after some time based on data and best practice by an ERAS® Trainer for a potential ERAS® Qualification
ERAS® Flash Audit	The ERAS® Flash Audit is a focused, time-limited, "project", designed to assess compliance with the core ERAS® elements. It provides a way to check compliance of the current clinical practice at the hospital and an understanding how well best practice is implemented. Further, the result of the ERAS® Flash Audit highlights potential areas of improvement and serves as showcasing of the benefit of a full ERAS® Implementation. <ul style="list-style-type: none"> · The ERAS® Flash Audit is carried out over a period of 1-2 months. · Data entry into the ERAS® Interactive Audit System (EIAS) of up to 30 patient records by representative(s) of the perioperative team. · Upon data entry completion, an ERAS® Flash Audit report will be provided to the perioperative team.
ERAS® Protocol	The ERAS® Protocols are best practice in perioperative care based on the most recent guidelines for several major surgeries. Each protocol consists of several measurable evidence-based care elements that are crucial for the recovery and outcomes after major surgery.
ERAS® Society	The Enhanced Recovery After Surgery Society for Perioperative Care. ERAS® Society is developing best practice guidelines and ERAS® Protocols (www.erassociety.org)



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