compliance assessed. Statistical analyses were performed using Chi-squared test or independent t-test as appropriate.

Results: Among 101 procedures analysed in the first-cycle, compliance to ERP elements ranged between 30-95%. Following intervention, among 113 cases, compliance improved to 46-99%. Statistically significant improvements were observed in post-operative ERP elements. Compliance to early cessation of intravenous fluids increased from 44% to 61% (p = 0.02), and early urinary catheter removal increased two-fold, from 30% to 62% (p < 0.01). Patients resumed light diet earlier and mobilised out of bed sooner. LOS improved from median of 7(1-48) to 6(2-50) days (p = 0.03).

Conclusions: This study demonstrates that the introduction of a dedicated ERN is associated with significantly improved protocol compliance and reduced LOS following major colorectal resection.

773   The Impact of Introducing an Enhanced Recovery Nurse Practitioner on Colorectal ERP Protocol Compliance and Surgical Outcome: A Single-Unit Experience

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Introduction: The enhanced recovery programme (ERP) is a validated perioperative care plan that has consistently shown to reduce morbidity and improve patient outcomes. Our trust introduced ERP for major elective colorectal procedures in 2007. However, it had been noted that compliance to protocol was variable. This audit was conducted to see if introduction of an enhanced recovery nurse (ERN) improved compliance.

Method: This was a single-centre, retrospective, closed-loop audit; each cycle consists of resectional cases over a 1-year period. Perioperative data were collected from preoperative assessment documents, anaesthetic charts, operation notes and post-operative patient records. Compliance to 20elements of the agreed ERP protocol and length of stay (LOS) were assessed. First-cycle results were presented locally, leading to protocol revision and introduction of a dedicated ERN. Two years following ERN introduction, data were re-audited and