Call it “fast tracking” or “enhanced recovery pathways”— No matter the name, it ain’t nothing new to thoracic surgeons

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In their article in this issue of the *Journal*, Brunelli and colleagues¹ have shown that the addition of an enhanced recover pathway did not seem to improve their outcomes. Is this because they already had picked the lowest hanging fruit with their early adoption of best practices in their control group many years ago? Is it because they already were doing minimally invasive pulmonary resections in most patients (an impressive 85% in this study) and thus had already “optimized their lean?” We think so. Articles about fast tracking lung and esophageal surgery have been around since the second millennium,^{2,3} and thoracic surgeons embraced them and instituted many of these practices for many years, even for those patients who underwent thoracotomy in the “old days.”

The impact of enhanced recovery programs has been significant in the United States, especially in some surgical specialties such as colorectal surgery. Standardizing postoperative care pathway reduces cost, shortens stays, and improves quality. But the postoperative care is just a small piece of the patient’s journey. During the next 5 years, we believe that the greatest advancement in cost reduction will arise from the standardization of the preoperative and intraoperative care, as well as the already established postoperative care. Too many hospital systems order non-value added tests before surgery, such as blood tests and stress tests, and they type and screen and type and cross. In addition, many waste valuable operating room time in deploying

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Central Message

Value = quality/cost.

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arm boards, bean bags, and axillary rolls, as well as arterial lines and Foley catheters.⁴

The process of lean has been shown to save money as well as to reduce variables, which eliminates mistake and thus improves quality. Brunelli and colleagues¹ have once again shown that attention to these details improves quality and decreases cost. This improves value, because value = quality/cost.

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