

Enhanced Recovery Programme

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18th November 2009
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Enhanced recovery

- Is a novel approach to elective surgery, ensuring that patients are in the optimal condition for treatment, have different care during their operation, and experience optimal post-operative rehabilitation i.e. to improve the quality of patients care, through improving their clinical outcomes and experience
- Patients on enhanced recovery pathways recover more quickly following surgery
- Enhanced Recovery Programmes (ERPs) are often referred to as Rapid, Accelerated Recovery or Fast Track surgery
- So far it has been successfully implemented in a number of centres in England, mainly in colorectal and musculoskeletal pathways.

Enhanced recovery partnership programme (1)

- The Department of Health, NHS Improvement, the National Cancer Action Team and the NHS Institute for Innovation and Improvement are working collaboratively to establish this programme
- Context
 - 18 Weeks sustainability
 - Cancer Reform Strategy
 - Transforming Inpatient Service
 - Quality and Productivity Challenge
- The programme aims to spread and adopt this model of care in Colorectal, Musculoskeletal, Gynaecology and Urology.
- The programme is building the evidence base by collecting examples of good practice and auditing the implementation of ER in all the innovation sites.

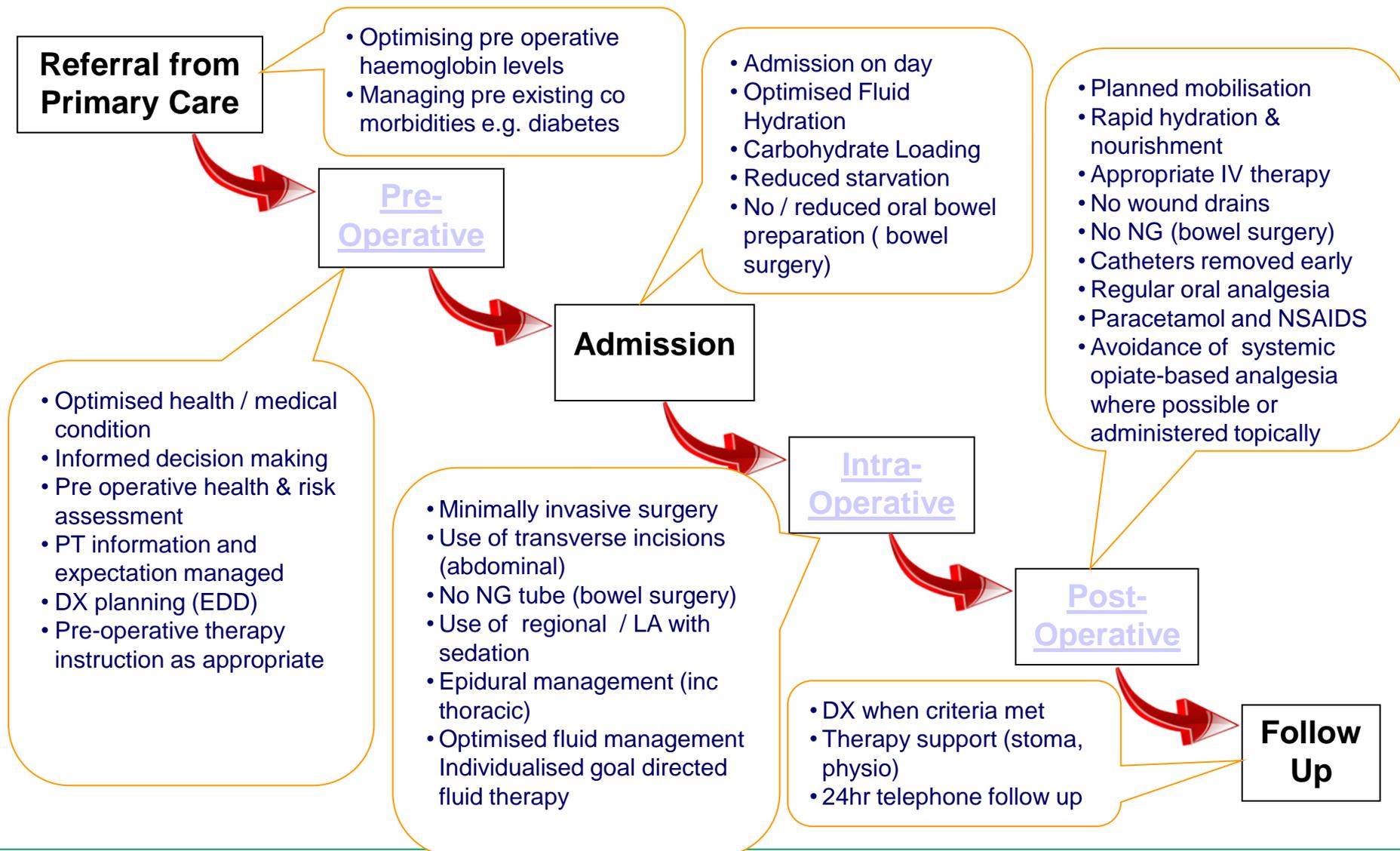
Enhanced recovery partnership programme (2)

- All innovation sites will audit implementation locally of enhanced recovery
- The audit will collect information on
 - which elements of enhanced recovery the patient experienced on their pathway e.g.
 - pre-operative therapy education on stoma care
 - carbohydrate drinks given pre-operatively
 - patient admitted on day of surgery
 - early planned mobilisation within 24 hours of operation
 - Patient experience
 - Was a readmission required?
 - Was a re-operation required?
 - Length of stay

Reported benefits

- Improved patient experience
- Patients fitter sooner
- Reduced length of stay
- Increased capacity for trusts
- Improved clinical outcomes
- Cost efficiency savings
- Increased bed capacity for trusts
- Helps to meet quality and operational standards
- Team building

Example of enhanced recovery generic pathway



Key principles of ER

1. **Patient & relative/ carer communication** (informed decision making, patient education and information, managing patients expectations)
2. **Anaesthetic factors** (avoidance of pre-medication, individualised, goal-directed fluid therapy, avoiding crystalloid overload, regional analgesia, prevention of hypothermia, short acting anaesthetic agents, minimal use of systemic opiates)
3. **Surgical factors** (minimal access incisions, meticulous surgical technique)

Key principles of ER

4. **Nutrition** (carbohydrate loading, maximising patients pre-operative hydration, individualised and targeted prevention of nausea and vomiting, early post-operative oral hydration)
5. **Rehabilitation** (active, early, planned mobilisation within 24 hrs, encouragement of patient self-care)
6. **Process** (admit patients on day of surgery, planned discharge criteria, telephone and follow up support immediately post-discharge, auditing and monitoring the outcomes)

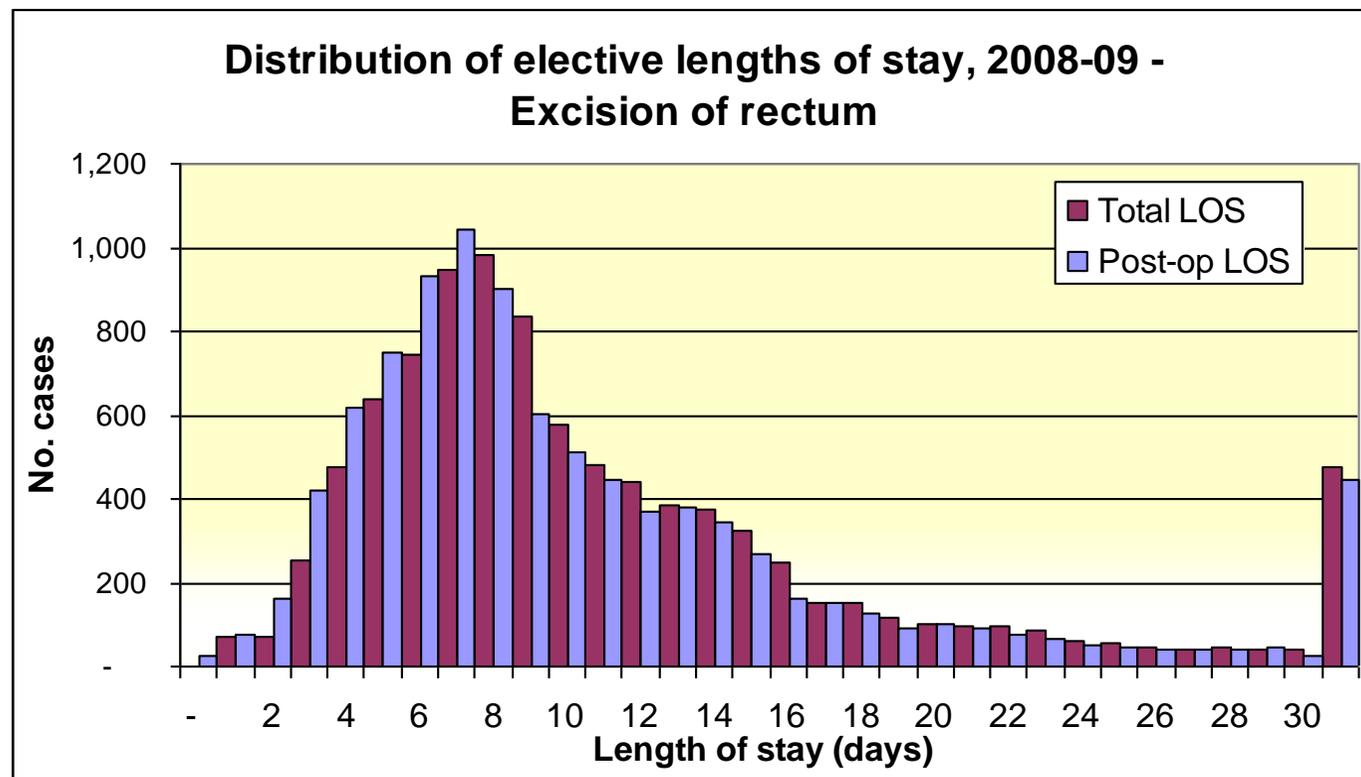
Excision of rectum (1)

- Few patients receiving Excision of rectum are discharged in less than 3 days and 5% stay more than a month.
- On average total LOS comprises 0.9 days pre-operatively and 11.5 days post-operatively. 93% patients have their operation on the day of their admission or the following day.

Distribution statistics

	LOS	Post-op LOS
Mean	12.4	11.5
Median	9	8
80th percentile	15	14

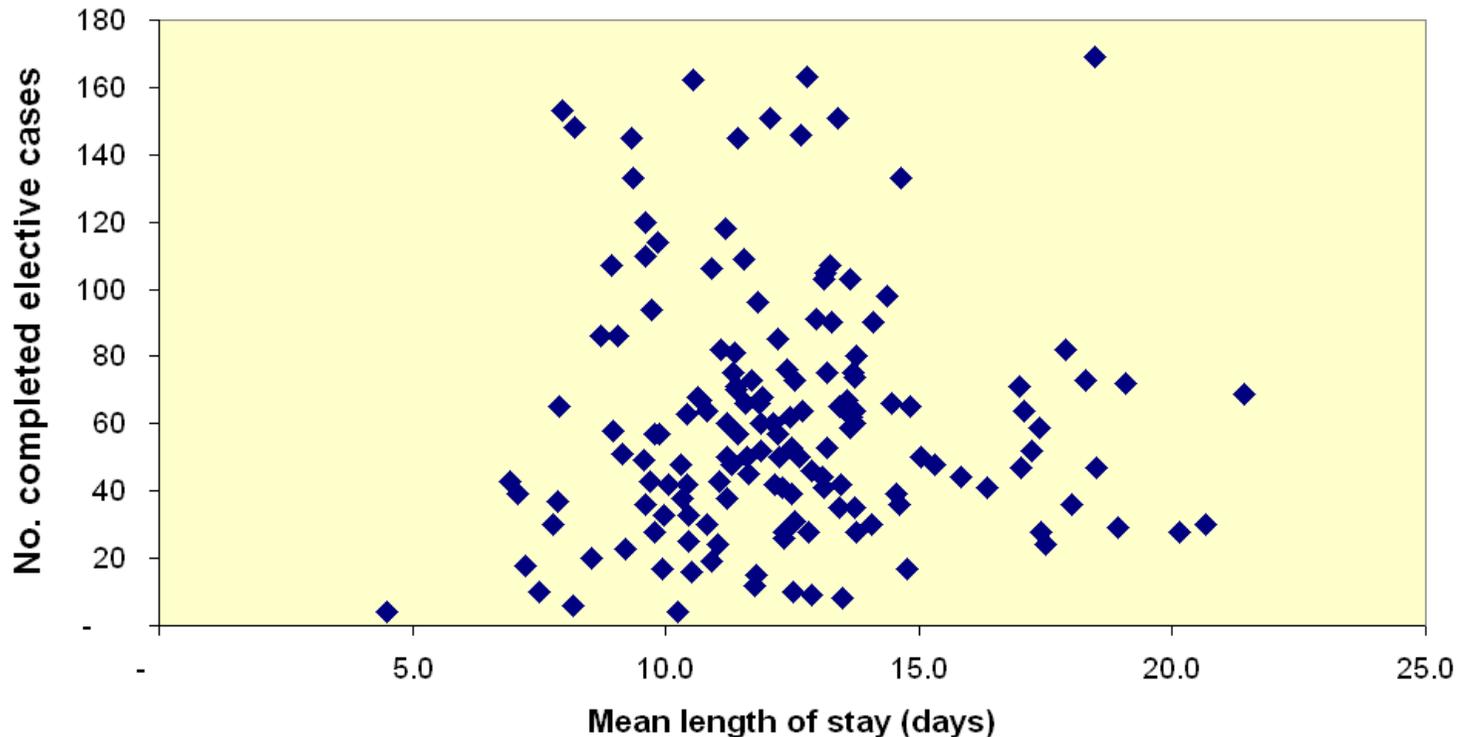
Note that a further 1,000 patients received Excision of rectum but were transferred to the care of another consultant prior to discharge, so are not included here.



Excision of rectum (2)

- There is a wide variation in mean and median LOS between providers of Excision of rectum.
 - Most providers have a mean LOS between 8 and 20 days and median LOS of 7 to 14 days.

Length of stay by volume of cases, provider 2008-09,
Excision of rectum



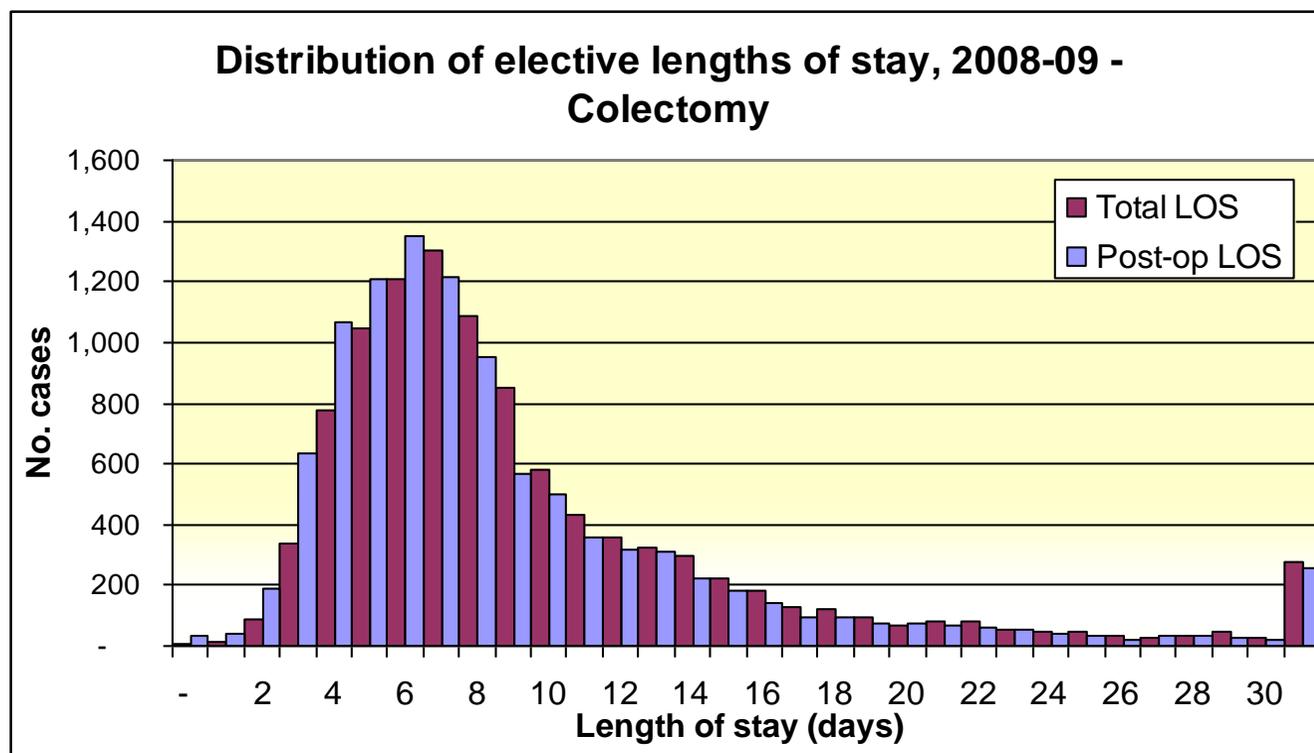
Colectomy (1)

- The distribution of lengths of stay for patients receiving Colectomy (H05 to H10) also has a high mean LOS, due to a substantial number of long stays.
- On average total LOS comprises 0.9 days pre-operatively and 9.4 days post-operatively. 91% patients have their operation on the day of their admission or the following day.

Distribution statistics

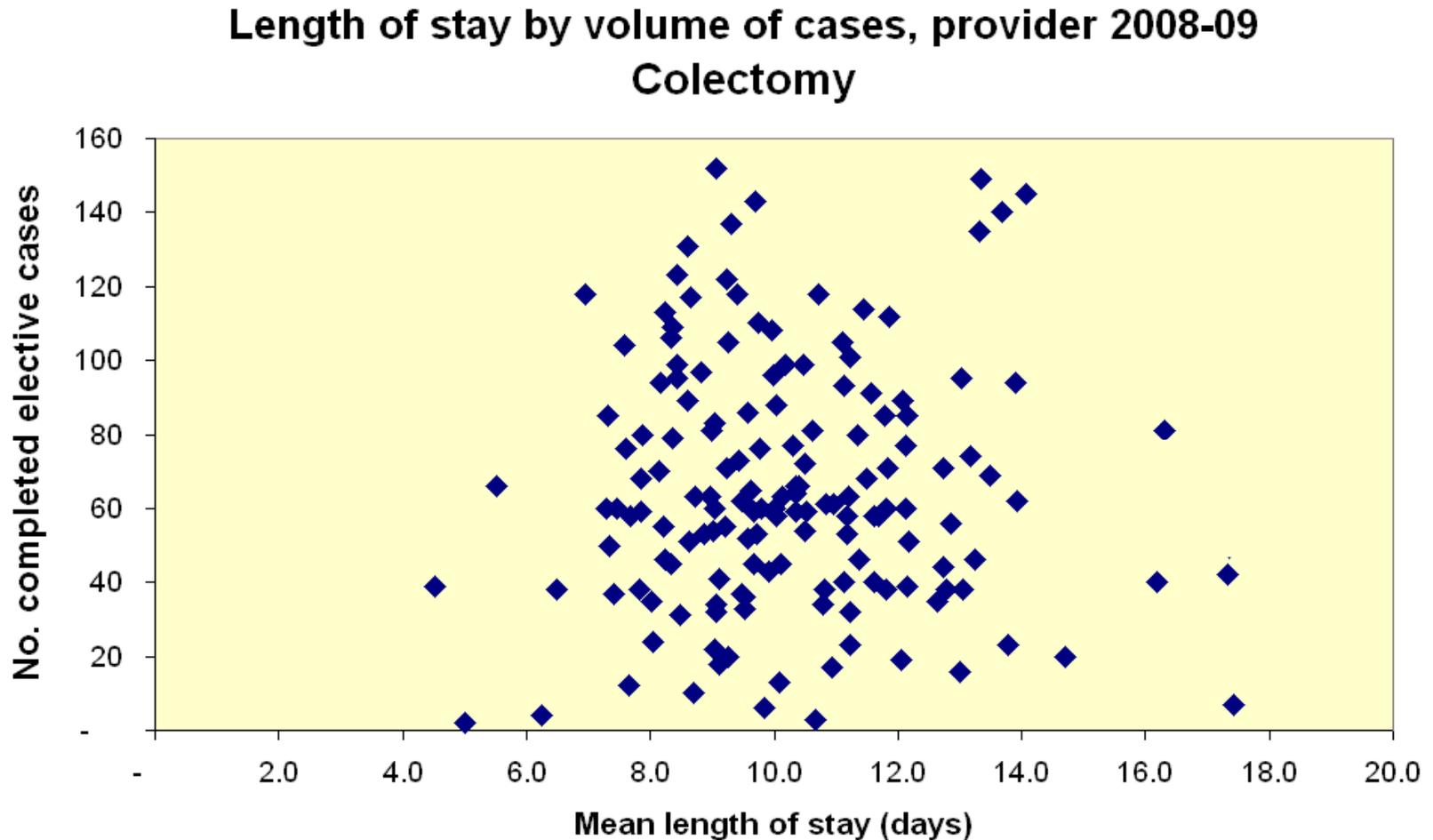
	LOS	Post-op LOS
Mean	10.2	9.4
Median	8	7
80th percentile	13	12

Note that a further 800 patients received elective Colectomy but were transferred to the care of another consultant prior to discharge, so are not included here.



Colectomy (2)

- There is some variation in LOS between the main providers of Colectomy.
 - Most providers have a mean LOS between 7 and 15 days and median LOS of 6 to 9 days.

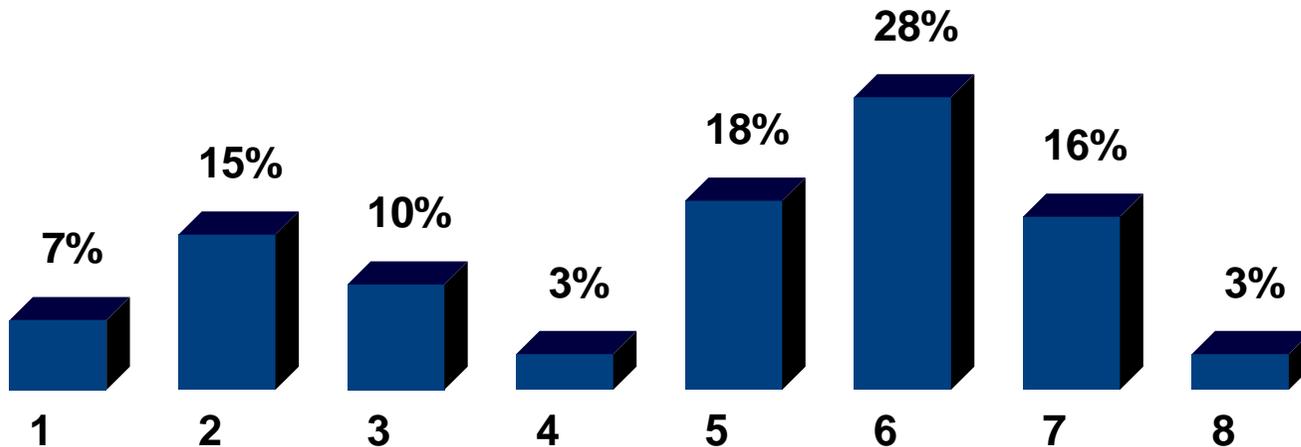


An event was held on 21st July 2009 aimed at trusts that were already doing enhanced recovery which was designed to obtain people's opinions on which LOS reduction scenario they believed would be the most realistic / achievable in 12 months time for each procedure.

What is realistic and achievable in 12 months – Colectomy – current average 10.4 ?

1. 25% reduction in LOS (to 7.8days) for 40% patients
2. 25% reduction in LOS (to 7.8days) for 60% patients
3. 25% reduction in LOS (to 7.8days) for 80% patients
4. 25% reduction in LOS (to 7.8days) for 100% patients
5. 50% reduction in LOS (to 5.2days) for 40% patients
6. 50% reduction in LOS (to 5.2days) for 60% patients
7. 50% reduction in LOS (to 5.2days) for 80% patients
8. 50% reduction in LOS (to 5.2days) for 100% patients

**Potential impact –
figures for
demonstration purposes
only; need to be locally
determined**



Critical success factors and barriers

- Leadership and clinical engagement – 5 - prong approach
 - surgeon
 - anaesthetist
 - nursing/AHP
 - executive/management
 - primary care
- Engagement/communication with patients and staff
- Education of staff e.g. nursing staff and junior doctors
- Participation in audit of key elements of ER
- Action plan for adoption of ER (involving the steering group)
- Finance – some investment may be required
- **Barriers**
 - Absence of the above

Trusts with varying experience of enhanced recovery pathways

Legend

The following denotes a trust is working in this specialty:

(M) Musculoskeletal

(C) Colorectal

(U) Urology

(G) Gynaecology

Enhanced Recovery Innovation Sites (red)

Scotland

NHS Lothian (M)
Gold Jubilee National Hospital (M)

North East

Gateshead NHS Foundation Trust (M)
Newcastle Hospitals NHS Trust (C)
City Hospitals Sunderland NHS Foundation Trust (U)

South Tees Hospitals NHS Foundation Trust (C,G,U)

Yorkshire & The Humber

Sheffield Teaching Hospitals NHS Foundation Trust (G)
York Hospitals NHS Foundation Trust (C)
Scarborough Healthcare NHS Trust (C)

Leeds Teaching Hospitals NHS Trust (C,G)
Calderdale and Huddersfield NHS Foundation Trust (C,G)

East Midlands

Derby Hospitals NHS Foundation Trust (G)
Queen's Medical Centre (C)
Sherwood Forest Hospitals NHS Foundation Trust (C) (G)

The University Hospitals of Leicester NHS Trust (C,M,G,U)

East of England

Colchester Hospital University NHS Foundation Trust (C)
West Suffolk Hospital NHS Trust (M)
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes Hospital) (G)

West Hertfordshire Hospitals NHS Trust (C,M,G,U)

London

Barnet & Chase Farm Hospitals NHS Trust (C)
Guy's & St Thomas' NHS Foundation Trust (C)
Hillingdon Hospital NHS Trust (M)
Imperial College Healthcare NHS Trust (C)
South West London Elective Orthopaedic Centre (M)
St George's Healthcare NHS Trust (C) (U)
St Mark's Hospital (North West London Hospitals NHS Trust) (C)
The Whittington NHS Trust (C) (M)
UCLH NHS Foundation Trust (C)
Whipps Cross University Hospital NHS Trust (C)

The Hillingdon Hospital NHS Trust (C,G)
North Middlesex University Hospital NHS Trust (C,M,G)

South East Coast

Brighton and Sussex University Hospital NHS Trust (C)
Darent Valley Hospital (Darford and Gravesham NHS Trust) (M)
Royal Surrey County Hospital NHS Trust (C)
Worthing Hospital (C)

East Kent Hospitals University NHS Foundation Trust (Queen Elizabeth, the Queen Mother Hospitals) (G)

Medway NHS Foundation Trust (C)
Medway NHS Foundation Trust (C,M,G,U)
Brighton and Sussex University Hospitals (C,M,G,U)

North West

Aintree University Hospitals NHS Foundation Trust (M)
East Lancashire Hospitals NHS Trust (C)
Hope Hospital, Salford (C)
Wirral University Teaching Hospital NHS Foundation Trust (C) (M)

Aintree University Hospitals NHS Foundation Trust (C,M,UPGLi)

West Midlands

City Hospital NHS Trust, Birmingham (C)
Good Hope Hospital (C)
University Hospitals Birmingham NHS Foundation Trust (C)
Birmingham Heartlands NHS Trust (C)

University Hospital of North Staffordshire NHS Trust (C,U,G)

South West

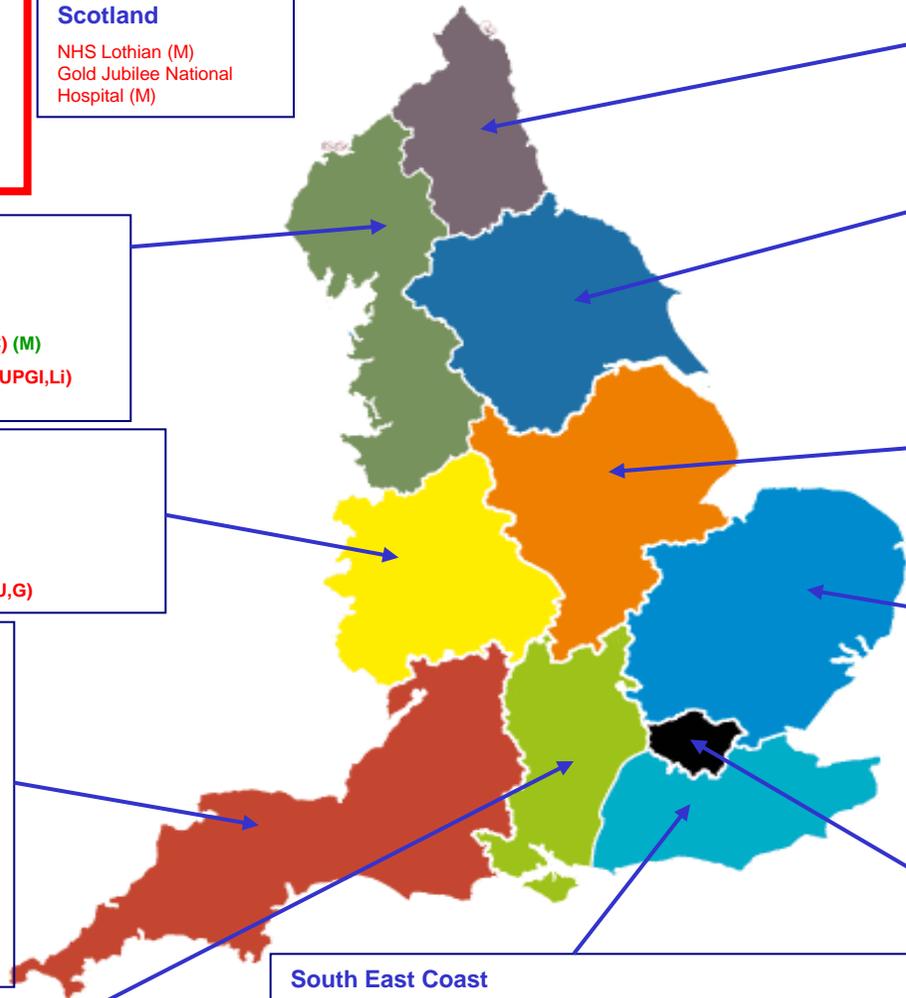
North Devon Healthcare NHS Trust (C)
South Devon Healthcare NHS Foundation Trust (C) (M) (G)
Royal Devon and Exeter NHS Foundation Trust (U)
Royal Bournemouth Hospital (M)
North Bristol NHS Trust (Southmead Hospital) (U)
Yeovil District Hospital NHS Foundation Trust (C) (M)
Salisbury NHS Foundation Trust (C)
Dorset County Hospital NHS Foundation Trust (C)
Plymouth Hospitals NHS Trust (C)
West Dorset NHS Trust (C)

South Devon Healthcare NHS Foundation Trust (Torbay Hospital) (C,M,G,U)

South Central

Isle of Wight Healthcare NHS Trust (C)
Milton Keynes Hospital NHS Foundation Trust (C)
Royal Berkshire NHS Foundation Trust (C)
Portsmouth Hospitals NHS Trust (C)
Southampton University Hospitals NHS Trust (C)
Oxford Ratcliffe (C)

Winchester & Eastleigh NHS Trust (C,M,G)
Royal Berkshire NHS Foundation Trust (C,M,G,U)



Where we are

- 14 Innovation sites across England
- The sites are implementing enhanced recovery in Gynaecology, Colorectal, MSK and Urology.
- Programme of support for sites until March 2010
 - Programme of workshops to learn the experts, network with other sites and share experience of implementation
 - Individual programme lead for each innovation site to provide support
 - Audit implementation
- Good fit with the Quality and Productivity Challenge
- By March 2010 – Every SHA should have a number sites with experience of enhanced recovery
- Next year 2010/11
 - aiming to spread ER in Gynaecology, Colorectal, MSK and Urology across England.
 - testing and collecting evidence in other specialities including Upper GI.

Further Information

- Web library - enhanced recovery pathways, patient information, implementation guidance,

<http://www.18weeks.nhs.uk/Content.aspx?path=/achieve-and-sustain/Transforming-and-improving/enhanced-recovery/library/>

- Implementation guidance – including best practice and links to evidence (due Dec 2009)