



Enhanced Recovery

“You're better sooner”

Maintaining the momentum Spread & Adoption

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Enhanced Recovery Partnership

The Partnership:

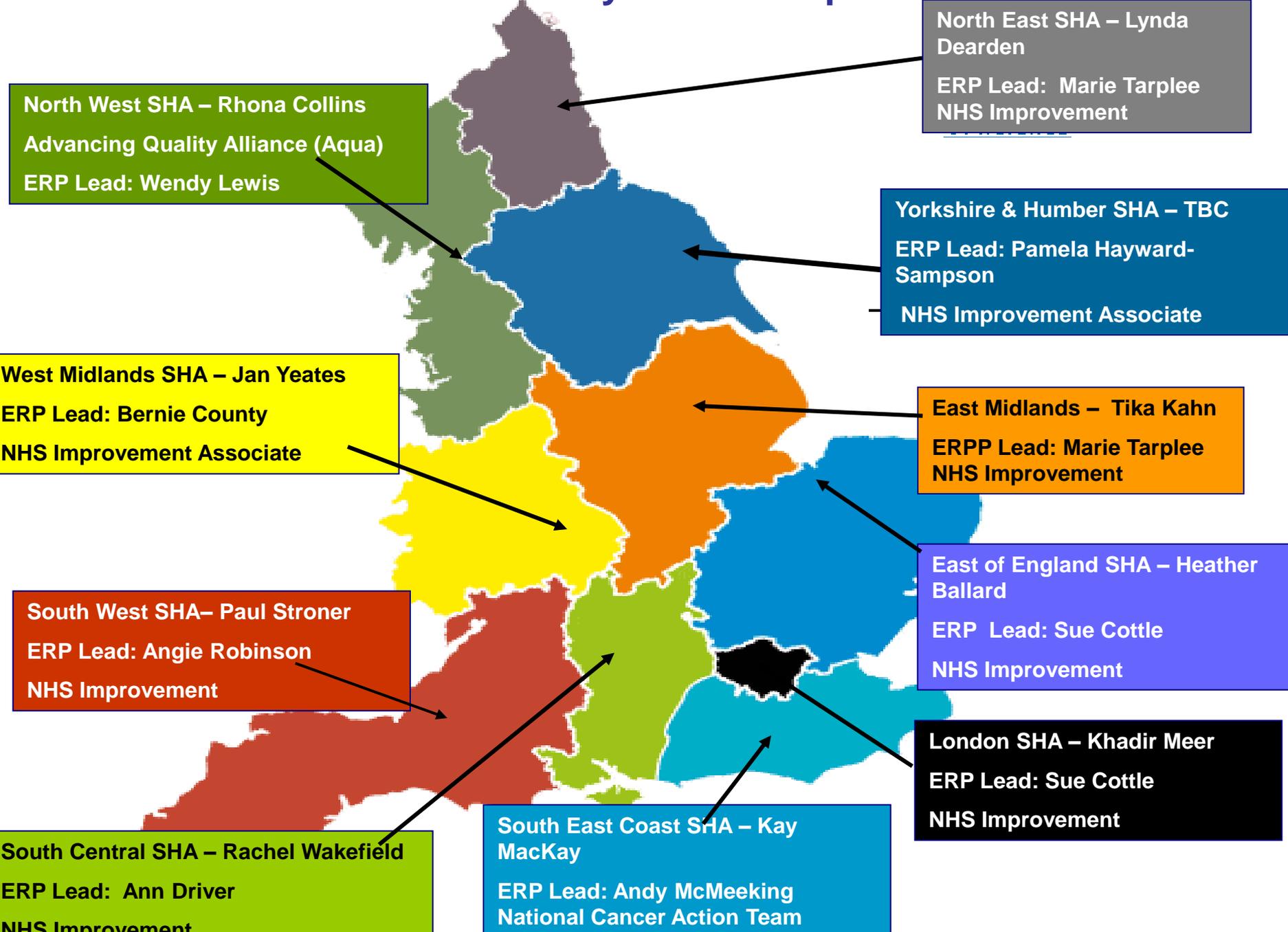
- National Clinical Leadership, NHS Improvement, National Cancer Action Team, Department of Health, SHA's, Cancer Networks
- National Advisory Board for enhanced recovery

Dedicated Enhanced Recovery Website

- www.improvement.nhs.uk/enhancedrecovery

Named ERP Lead within the partnership working with each SHA to support local spread and adoption of enhanced recovery

SHA Leads & Enhanced Recovery Partnership Leads

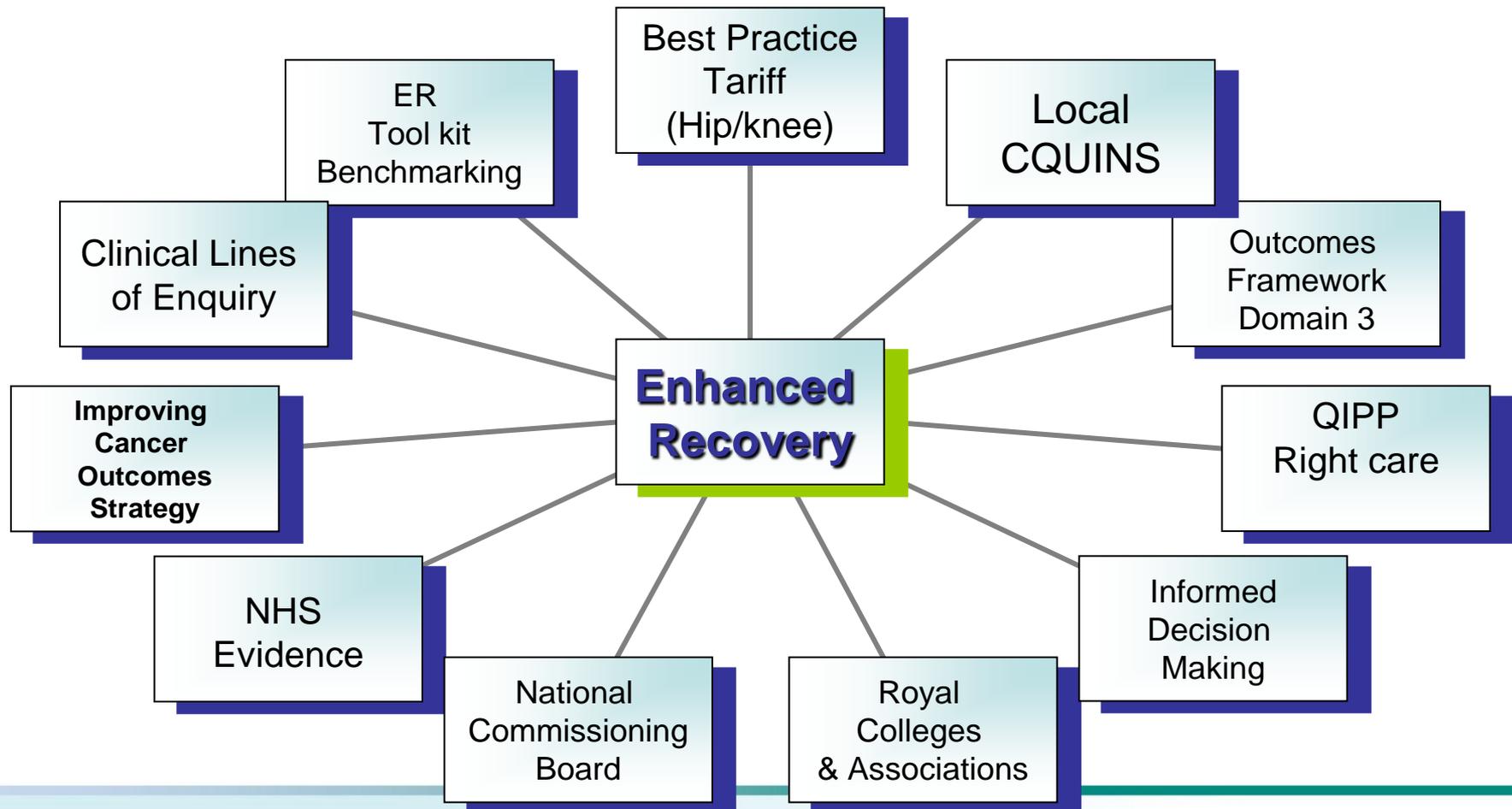




**The next 12 months
Maintaining the momentum**



Opportunities Enablers, Levers & Alignment





Maintaining the momentum: Support

- SHA's reported most providers have enhanced recovery at some stage of evolution in at least one specialty (Colorectal, Gynae, MSK, Urology -cystectomy/prostectomy)
- Continue to compile clinical evidence **FOR OTHER SPECIALITIES**
- Enhanced recovery tool kit – valuable benchmarking **include other specialities**
- Update Implementation guide –**LOOKING FOR NEW CASE STUDIES**
- Engagement with national bodies to embed enhanced recovery as the standard model of care



Maintaining the momentum

- **Incentives:** CQUINS and PbR best practice tariff can be useful. Plans need to be in place to **ensure sustainability post incentive.**



Regional CQUIN

- A Commissioning for Quality and Innovation (CQUIN) payment is a contractual incentive payment that enables commissioners to reward excellence. A regional CQUIN has been agreed for use by commissioners in London in 2011/12 to incentivise the implementation of enhanced recovery pathways for 8 procedures within colorectal, urological, gynaecological and orthopaedic

Indicators

- Reporting on the National ER data base
- 80% Surgery performed on day of admission
- Goal directed fluid therapy for colorectal surgery
- Reduction in Length of stay



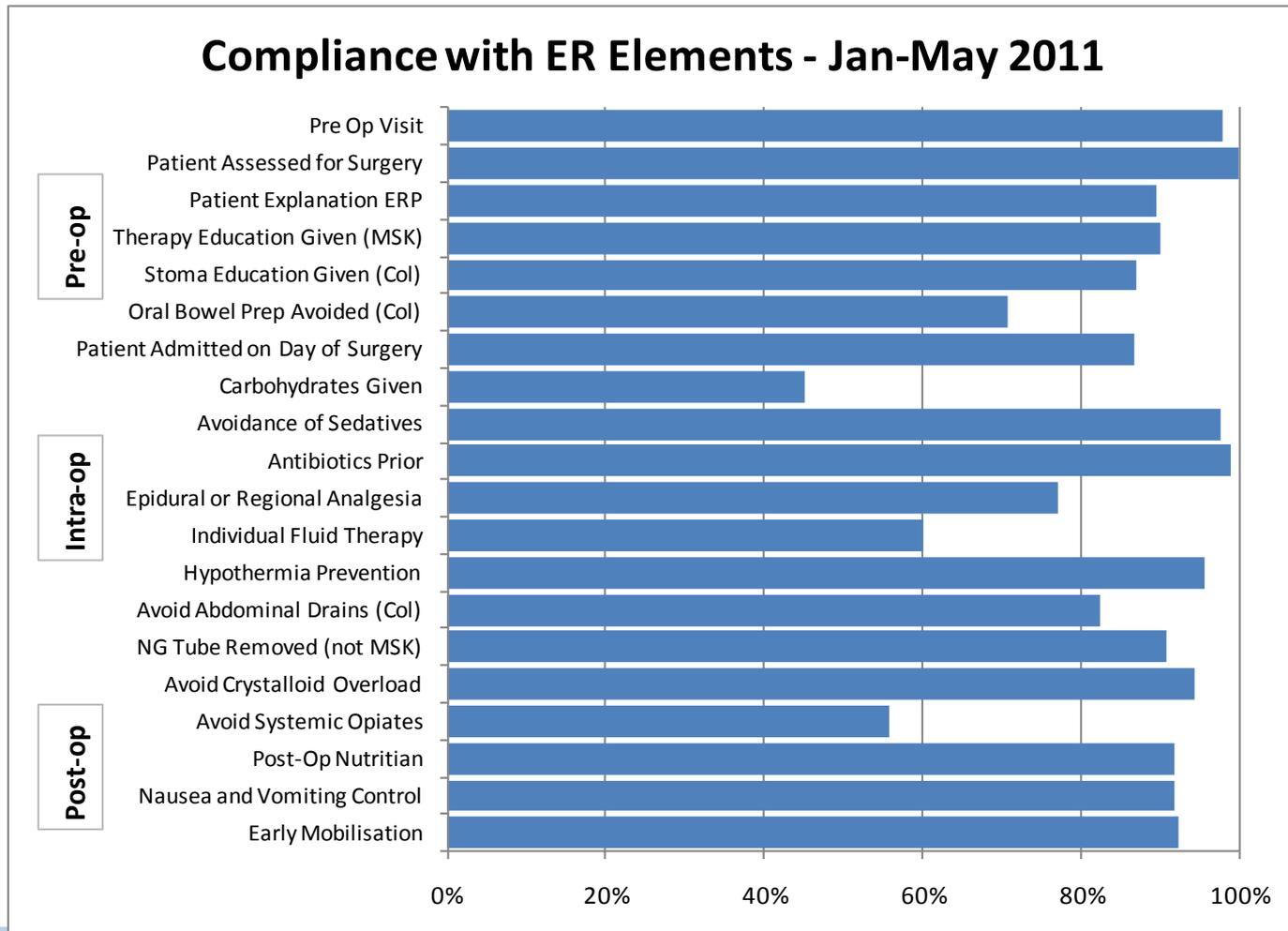
National Enhanced Recovery Tool

- A national tool has been developed to allow any trust to audit their implementation of their local enhanced recovery pathway. It's free to use and provides immediate access to benchmarking reports.
- The dataset consists of data fields which covering the following
 - Audit number, DOB, Gender
 - Operation, diagnosis, dates of admission, operation, discharge
 - HDU or ITU bed days
 - Patient experience
 - Details of re-operations or readmissions
 - Death?
 - Compliance against ER pathway (19 measures)
- In addition there are 25 fields covering risk adjusters, post-op morbidity score, POSSUM (morbidity and mortality risk)
- The tool allows users to download their data for local analysis or to run one of the pre-defined reports.
- To access the tool and to obtain a user name and password go to

<https://www.natcansatmicrosite.net/enhancedrecovery>

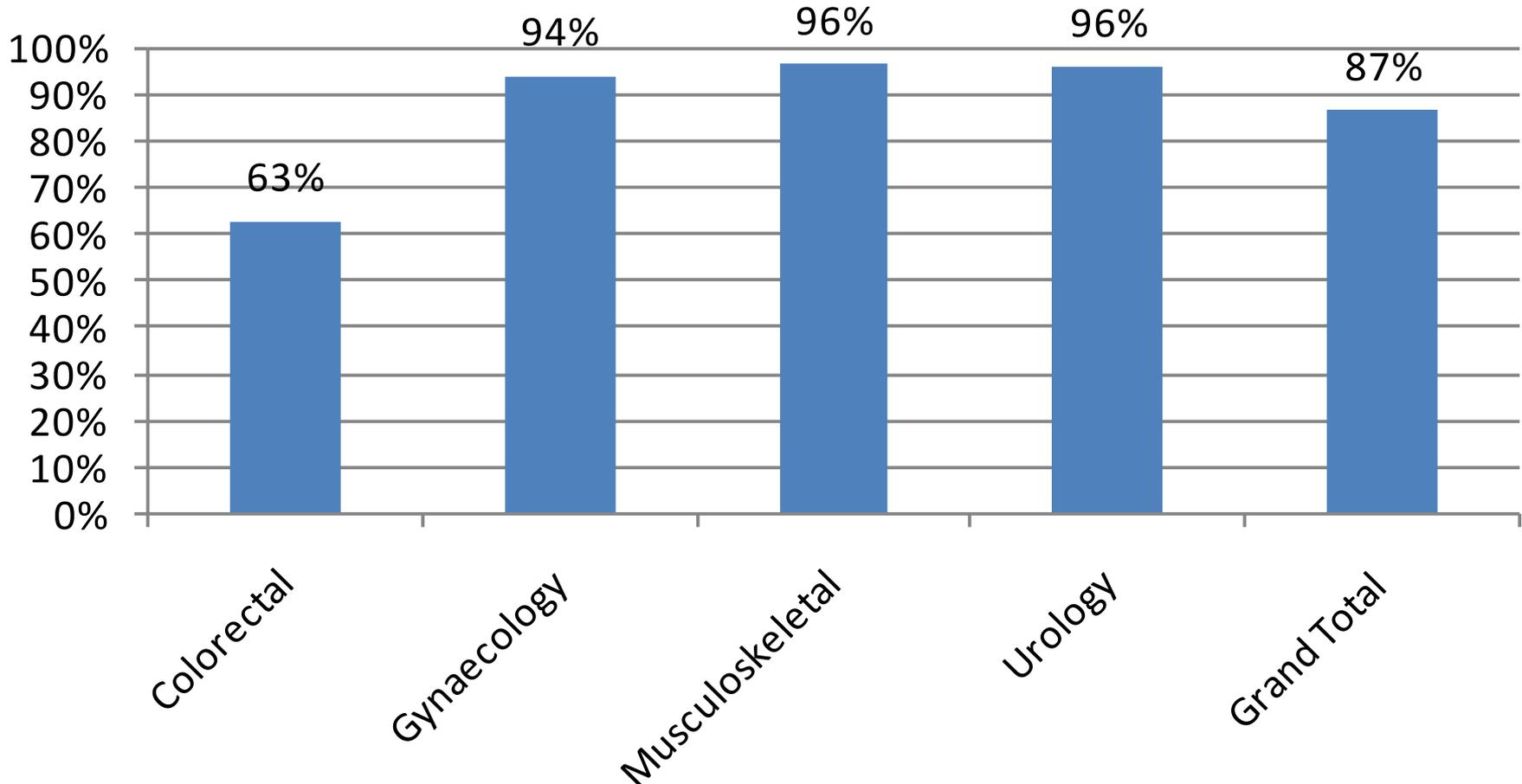


Uptake of the elements of ER





Patient Admitted on Day of Surgery- % compliant

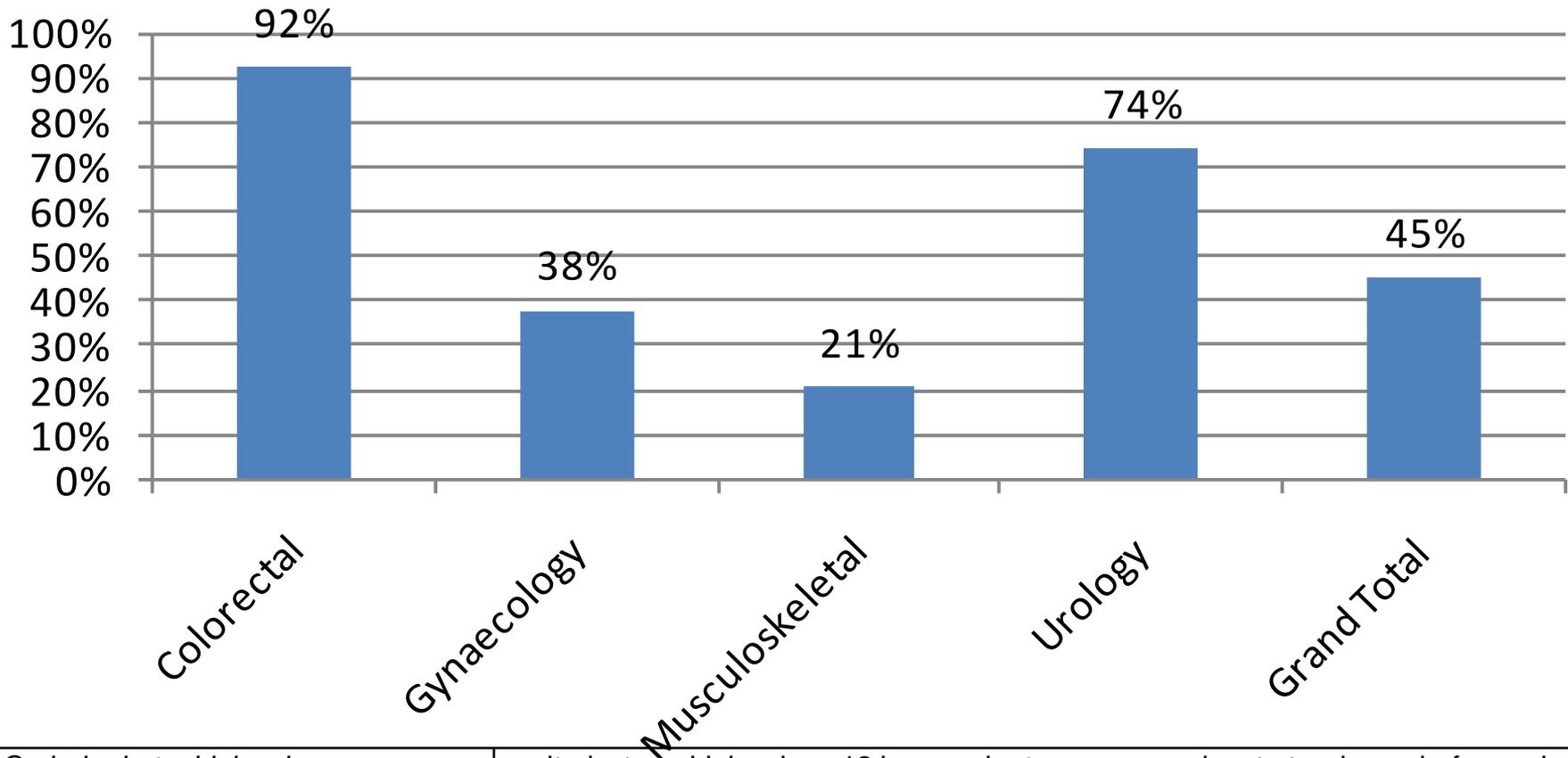


Patient admitted on day of surgery

Most patients are suitable to be admitted on the day of surgery;
Record "Yes" if patient admitted on day of surgery



Carbohydrates Given- % compliant

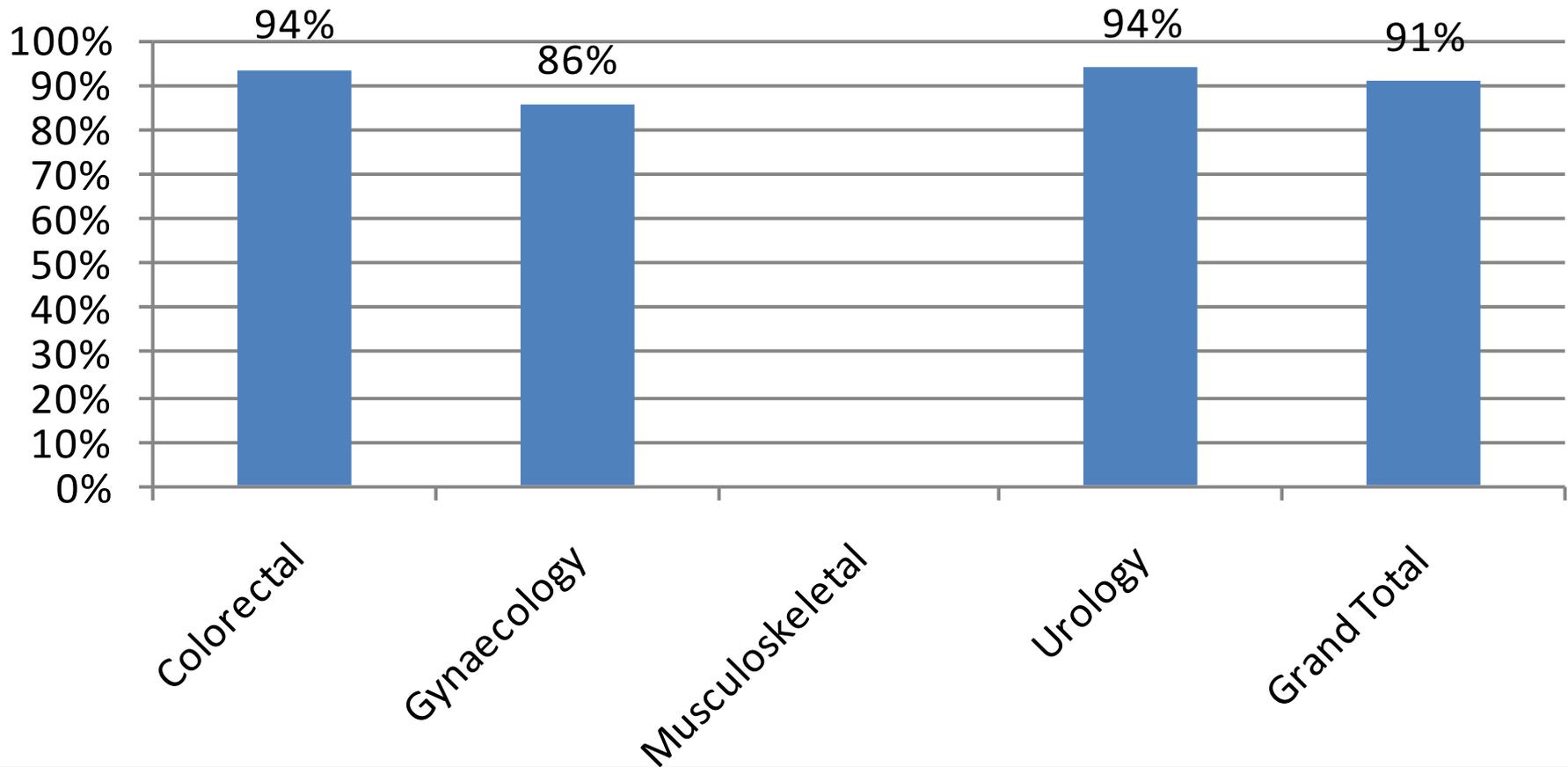


Carbohydrate drinks given preoperatively

maltodextran drinks given 12 hours prior to surgery and up to two hours before going to the operating theatre provided gastric emptying is not impaired.



NG Tube Removed- % compliant



NG Tube removed before exit from theatre

Definition not required (not applicable for MSK patients)



How do we move forward in Upper GI?

How many patients are benefiting?
How many should be?

How many elements of enhanced recovery do you have implemented?

What are you doing locally to take Enhanced Recovery forward?



How do we share what you are doing?
Building the evidence base

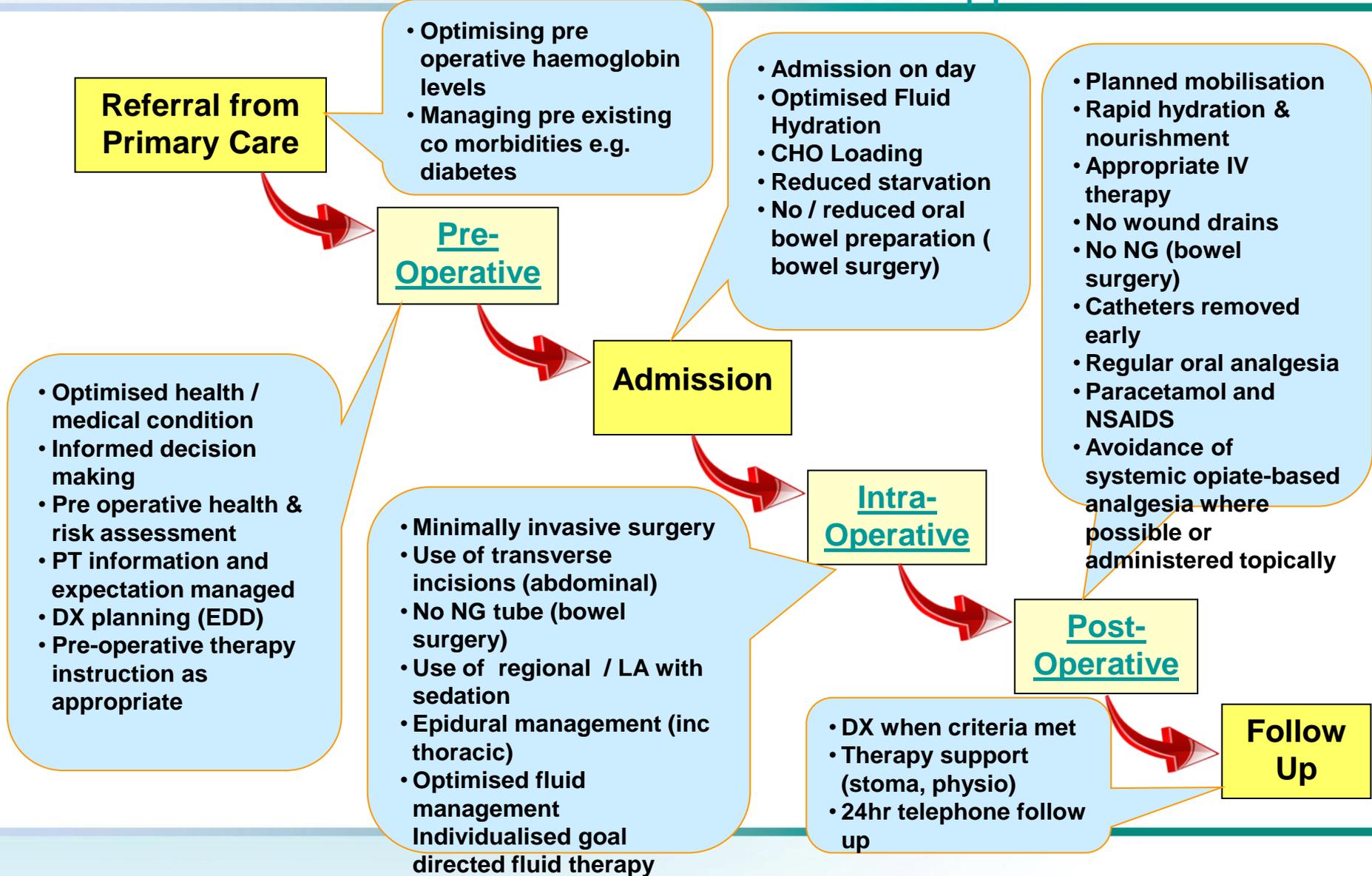


What Bill has found

ER UPPER GI AUDIT

		Number	Median CCU Stay (days)	Median Hospital Stay
Oesophagectomy	Pre	16	7.5	20.5
	Post	9	7	17
Total Gastrectomy	Pre	7	5	18
	Post	11	5	15
Subtotal gastrectomy	Pre	13	3	13
	Post	7	2	12

What elements are relevant to Upper GI?





Which elements of Enhanced Recovery apply to Upper GI?

- Please discuss and record on your worksheet
- Are there any **differences** for Upper GI patients. Please record them and the reason **why?**
- What do we need to do to help build the evidence base for Upper GI?