



FOCUS ON: ENHANCED RECOVERY

Thinking differently: Working to spread enhanced recovery across England

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S U M M A R Y

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Awareness of enhanced recovery has moved swiftly since the Enhanced Recovery Partnership Programme was launched in 2009 as a joint venture between the Department of Health, NHS Improvement, NHS Institute for Innovation and Improvement, and the national Cancer Action Team.

The innovative approach to elective surgery has demonstrated improved patient experience and clinical outcomes while also achieving efficiency savings, increased quality and productivity, and decreased length of stay.

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1. What is enhanced recovery?

Enhanced recovery is an innovative approach to elective surgery, which ensures that patients are in the optimal condition for treatment, have different care during their operation, and experience optimal post-operative rehabilitation. The underlying principle is to enable patients to recover from surgery and leave hospital sooner by minimising the stress responses on the body during surgery.

The approach – sometimes known as rapid or accelerated recovery – was pioneered and evaluated in Denmark, and has been successfully implemented in around 50 centres in England. It has been applied to colorectal, orthopaedic, gynaecological and urological operations, but could possibly be extended to some other forms of surgery. In fact, some centres are already looking at applying the techniques to upper GI, vascular and liver pathways.

Patients around the country are already benefitting from this innovative approach – one which ensures they play a vital role as partner in their care – but the scope for even more patients to benefit is large. Patients on enhanced recovery pathways recover more quickly following surgery, and so can leave hospital and get back to normal activities sooner. The idea is to minimise the stress – both physically and mentally – on the patient, thus improving the patient's experience as well as impacting positively on both quality and productivity.

2. The perceived benefits

Enhanced recovery has many benefits, broadly categorised into health and cost efficiency. Patients are fitter sooner, which enables

faster rehabilitation and return to normal activities. There is an improved patient experience and improved clinical outcomes, and the need for ongoing care interventions could be reduced, or can happen more quickly when needed. However, a reduced length of stay, shorter pathways/reduced waits, increased capacity, the meeting of operational and quality standards, and improved cost efficiency are a sound financial argument for the adoption of enhanced recovery, and an improved staff experience adds weight.

3. Strategic context

In recent years, the NHS has been striving to improve the quality of care given to patients, driven by initiatives such as Lord Darzi's High Quality Care for All, the Cancer Reform Strategy, the 18 Weeks referral to treatment target, and, most recently, the Quality and Productivity Challenge (QIPP). Now, the NHS is being asked to deliver more for less without compromising on quality.

High Quality Care for All sets out a framework to make high quality care available for all NHS patients, and World Class Commissioning sets out a strategy for commissioning NHS services with a focus on delivering improved health outcomes. WCC envisages that people will have choice and control over the services they use, services will be evidence-based, and PCTs will work with others to optimise effective care. This is reinforced through the NHS Constitution. The patient experience and quality care permeate everything.

Yet, there is a recognised need for the NHS to make billions of pounds worth of efficiency savings during 2011–2014 while still focussing on quality improvement; the Enhanced Recovery Partnership Programme is perfectly placed to make a significant contribution to achieving this. The programme delivers on every aspect of the Quality and Productivity Challenge:

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- Improved quality of patient care
- Improved quality of working life
- Innovative pre-, peri- and post-operative techniques recognised to make a real difference to patient experience
- Shorter length of stay increases productivity
- Making sure the patient is in optimal health condition before surgery minimises risk (works towards prevention) of readmission and re-operation

Developing and diffusing new practices and technologies will help drive up standards and unlock savings, and improving processes and procedures and prioritising the most effective treatments will help to reduce errors and waste while improving quality of care.

4. The enhanced recovery partnership programme

As part of sustaining the achievements of 18 Weeks and delivering the National Cancer Reform Strategy (2007), the Department of Health joined together with NHS Improvement, the National Cancer Action Team and the NHS Institute for Innovation and Improvement to investigate enhanced recovery approaches.

Bringing together the expertise and experience of these organisations – which have already embarked on improving the quality of planned care – the ERPP is actively building on this experience and knowledge, working with the partners to share the learning and avoid duplication of effort in order to capture the overall impact of the programme across the NHS. The team is headed by Professor Sir Mike Richards, and includes nationally respected clinical leads in anaesthetics, surgery, nursing, primary care and allied health professions.

The programme aims to improve the quality of patient care through improving clinical outcomes and experience, and to reduce the length of the elective care in patient pathway across the NHS by utilising the good practice principles of enhanced recovery models of care. The generic elements of enhanced recovery which could be applied and adopted across most specialties have been defined with help from expert sites, and now the programme is working to support spread across the NHS.

5. Programme scope

There are already several colorectal and musculoskeletal departments across the country operating enhanced recovery pathways within planned care, and a number of gynaecology and urology departments which have adopted certain elements; the partnership programme seeks to focus on the spread of their learning to other trusts and local health communities at first, and then to other specialties. The initial scope of the programme has been to focus on planned/elective care pathways including cancer pathways within the original four specialty areas.

Enhanced recovery as a concept, as well as the elements involved, have been defined so that a common language can be adopted across the NHS. The programme sought to initially understand how many organisations are implementing enhanced recovery and to what level, and to identify:

- The core quality benefits
- The core principles that can be applied across multiple specialty pathways
- The specialty-specific principles
- The potential impact (in terms of benefits for patients and the NHS), and the associated quality metrics
- The most appropriate materials to support implementation and spread, and
- The most appropriate method for clinicians and managers to implement, spread and sustain enhanced recovery principles in practice (including identifying training, skills and cost implications)

These were identified via two events held in summer 2009, where those already working in enhanced recovery – the pioneers – came together to inform the direction of the programme. (See voting in [Tables 6 and 7](#)).

The focus then moved, through the end of 2009 and beginning of 2010, to the 16 Enhanced Recovery Innovation Sites (14 in England, two in Scotland). The sites were chosen through an SHA-based application process, and ranged in experience from complete novices looking to implement enhanced recovery in their local health community, through to sites who were expert in one specialty, but looking to spread to other specialties. After attending workshops and receiving expert advice, those sites are now working on spread and adoption in both their own trusts, and neighbouring communities.

Work in 2010/11 aims to maintain the core programme and work on spread and adoption across the wider NHS, with help from SHAs.

6. The elements of enhanced recovery

As previously established, representatives from sites already implementing similar models of care attended events in summer 2009 where the generic elements of enhanced recovery were agreed.

These include:

- Optimising the pre-operative health state, which could commence in primary care
- Anaesthetic pre-admission assessment with medical optimisation, risk stratification and discharge planning
- Informed decision making and managing patient expectations
- Admission on day of surgery

Table 1
Annual impact of potential improvements in mean LOS assessed using 2008–2009 HES data.

Mean LOS improves to best decile							
Procedure group	Current mean LOS	Potential LOS for improving providers	No. providers improving	No patients in improving providers	Average LOS change	Bed days saved	Cost of bed days saved (£)
Colectomy	10.2	7.9	121	8100	2.4	17,900	£ 4,500,000
Excision of rectum	12.4	9.1	119	7700	3.2	23,600	£ 5,900,000
Primary hip replacement	6.3	5.1	126	43,600	1.6	58,900	£ 14,700,000
Primary knee replacement	6.1	5.0	125	51,300	1.4	63,200	£ 15,800,000
Bladder resection	16.5	12.5	45	1000	3.8	4000	£ 1,000,000
Prostatectomy	4.7	3.1	56	2200	1.7	3800	£ 1,000,000
Hysterectomy	4.3	3.1	122	29,800	1.1	34,800	£ 8,700,000
						206,200	£ 51,600,00

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