



# Enhanced Recovery

“You're better sooner”

## Maintaining the momentum Spread & Adoption

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National Improvement Lead  
NHS Improvement



# ***Enhanced Recovery Partnership***

The Partnership:

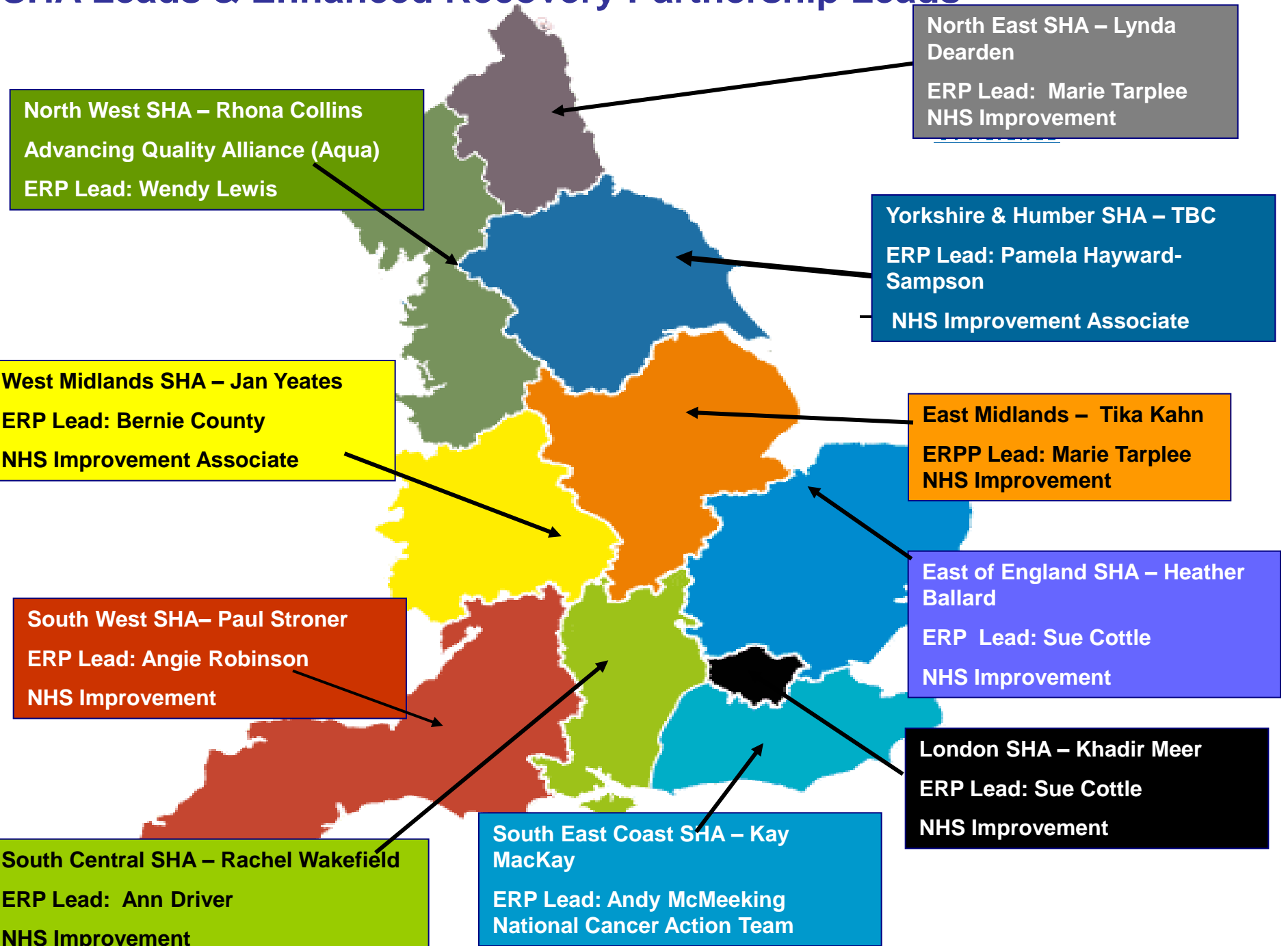
- National Clinical Leadership, NHS Improvement, National Cancer Action Team, Department of Health, SHA's, Cancer Networks
- National Advisory Board for enhanced recovery

Dedicated Enhanced Recovery Website

- [www.improvement.nhs.uk/enhancedrecovery](http://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



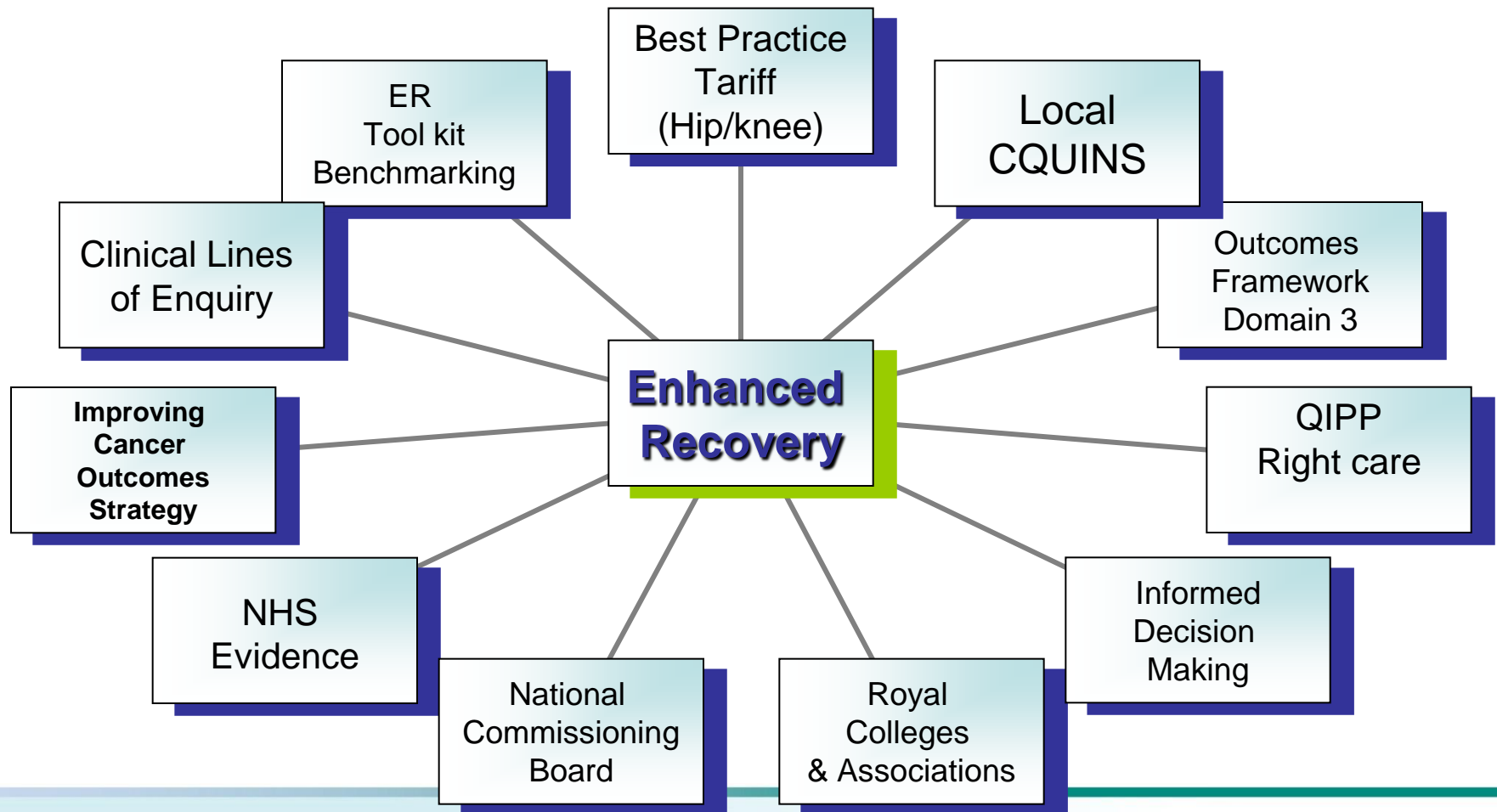


**Positive Future  
in challenging times**

**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

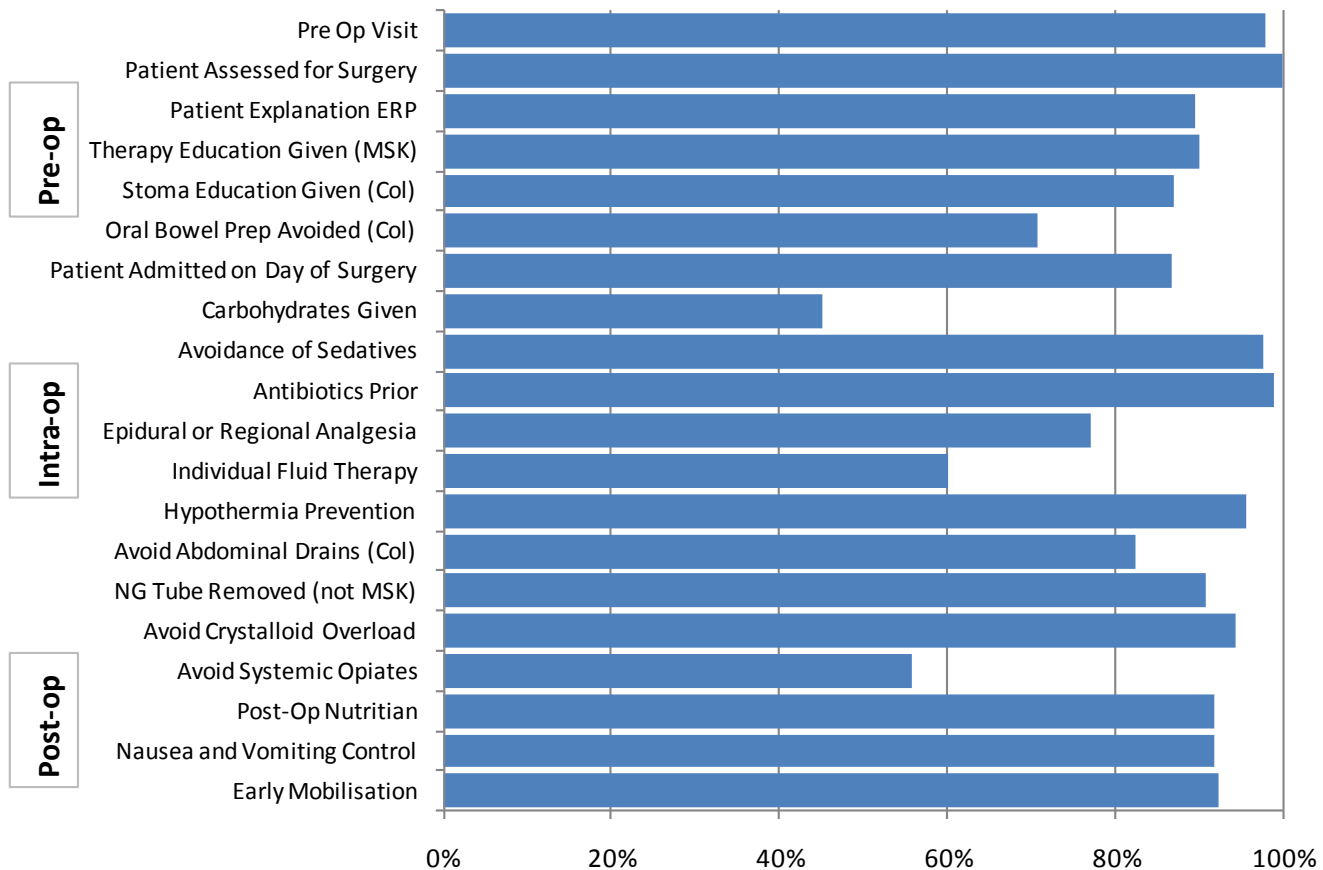
- A national tool has been developed to allow any trust to audit their implementation of their local enhanced recovery pathway. It's free to use and provides immediate access to benchmarking reports.
- The dataset consists of data fields which covering the following
  - Audit number, DOB, Gender
  - 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>**



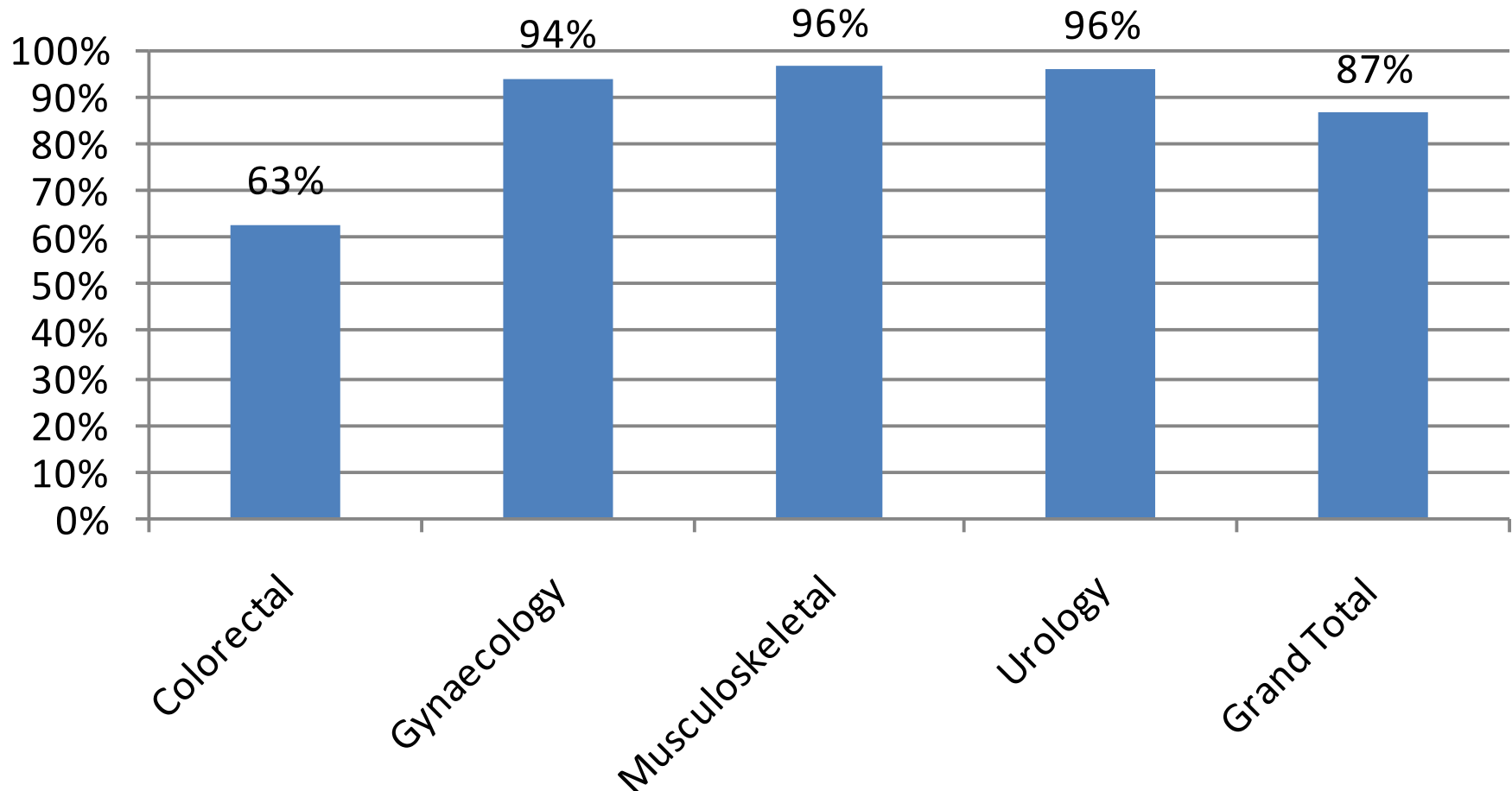
## Uptake of the elements of ER

### Compliance with ER Elements - Jan-May 2011





## Patient Admitted on Day of Surgery- % compliant

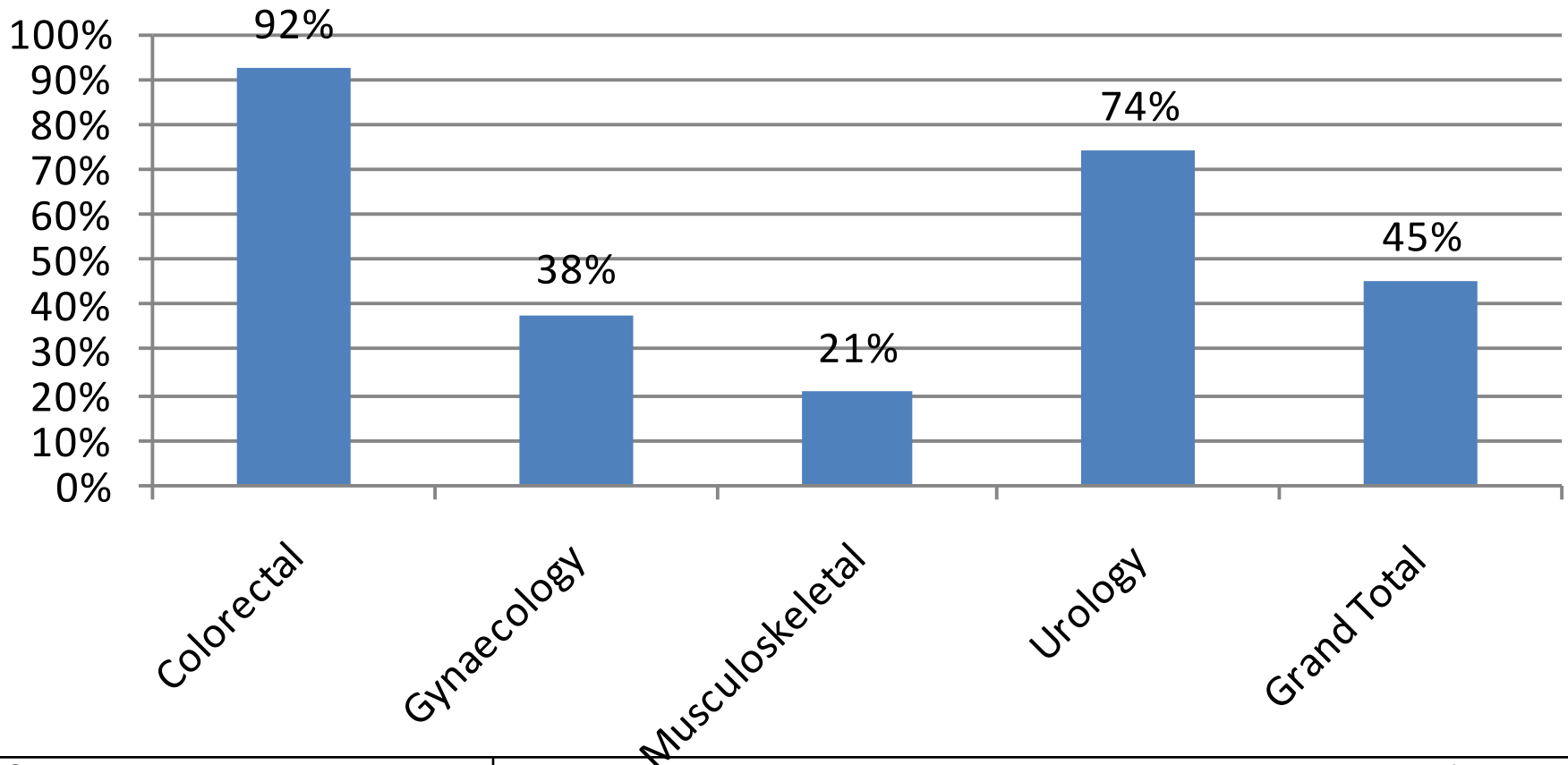


*Patient admitted on day of surgery*

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



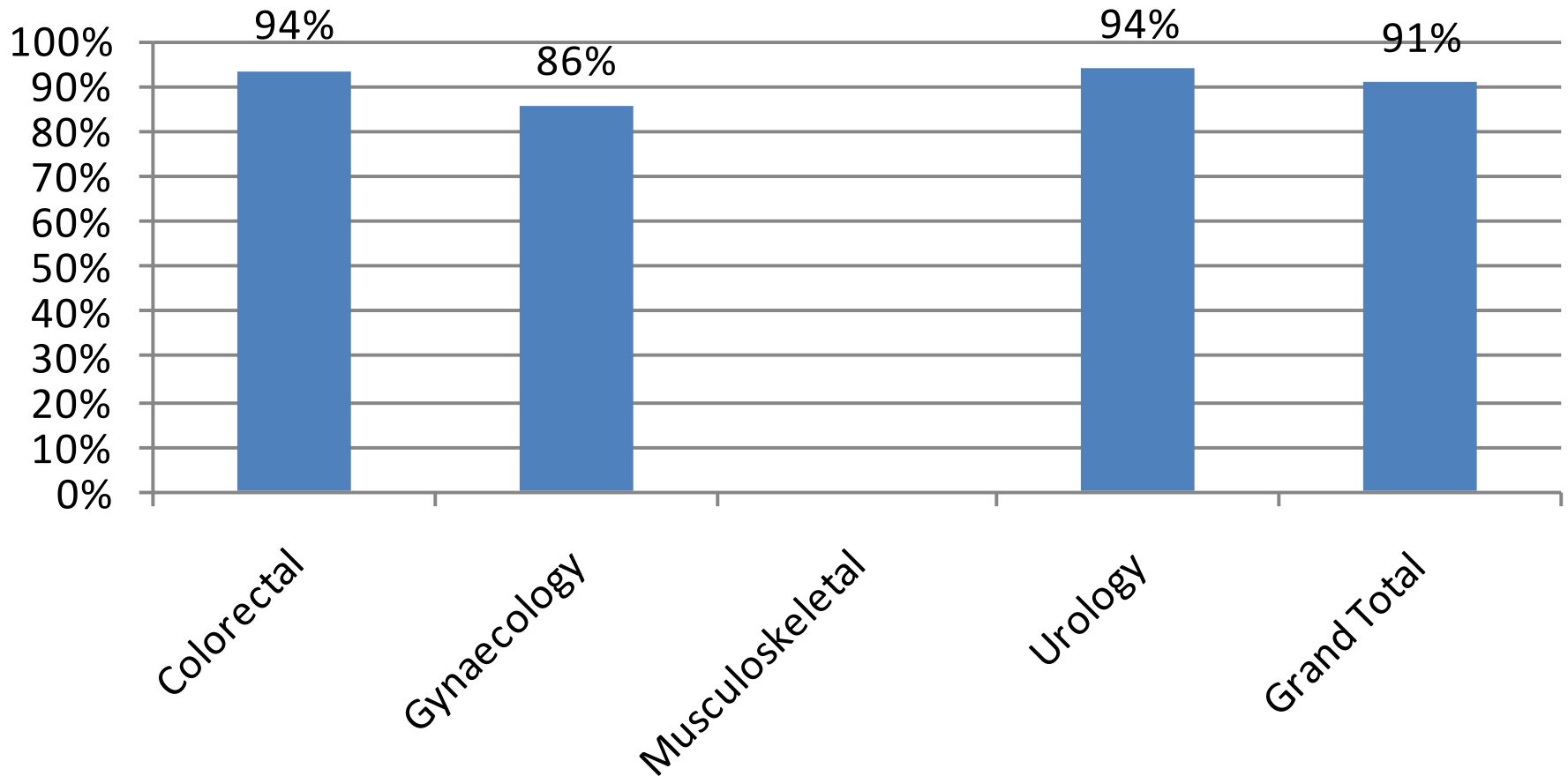
## Carbohydrates Given- % compliant



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**



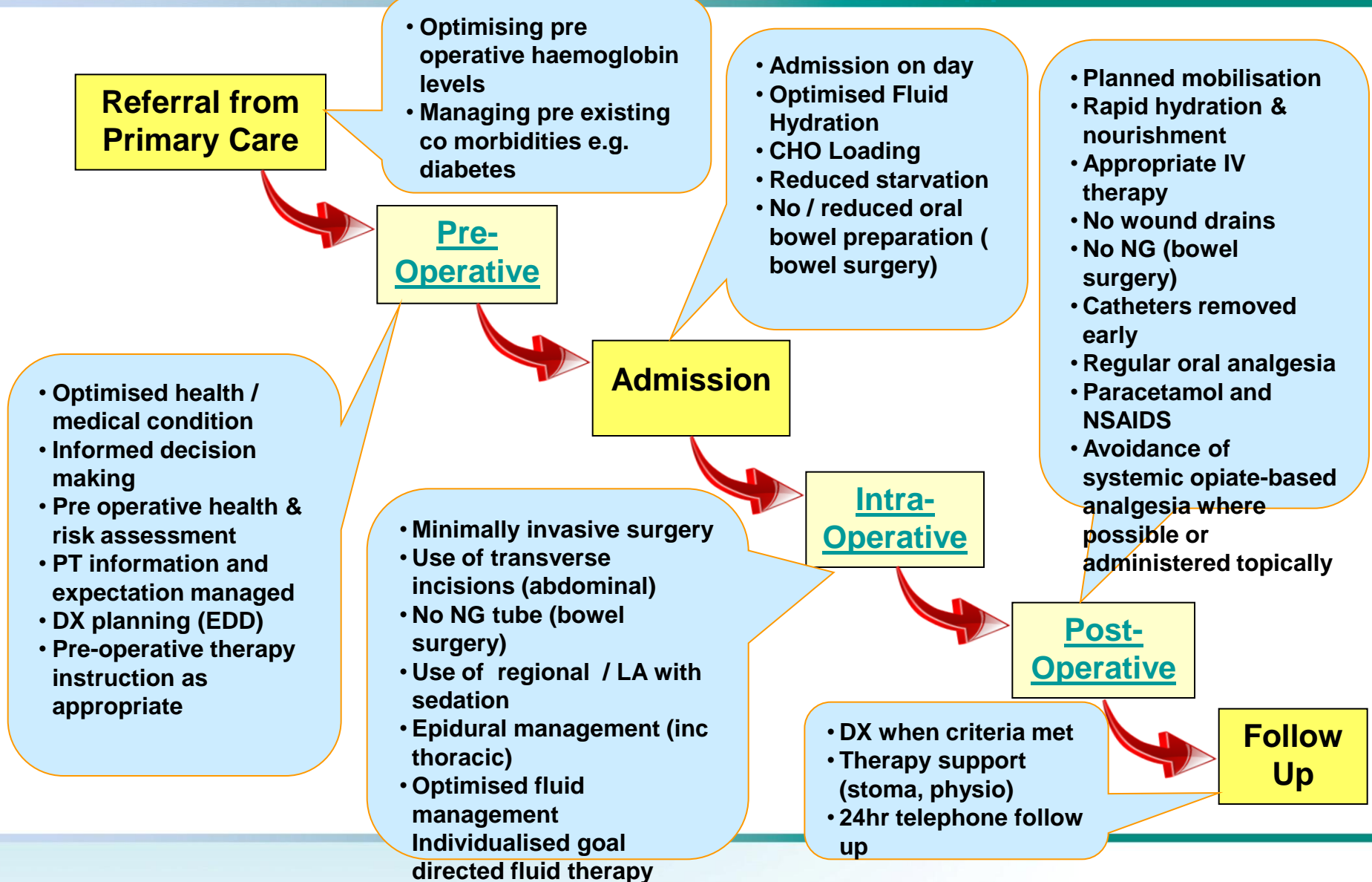
# What Bill has found

## 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?