Hospitals implement Enhanced Recovery pathways, improving the patient’s journey through multimodal approach of care delivery

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1. Stakeholders

Context:
The Enhanced recovery programme has been used in the National Health Service since early 2000's. ERP is about improving patient outcomes and speeding up a patient's recovery after surgery. It results in benefits to both patients and staff. The programme focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence based care at the right time.

2. Concerns

Problem:
In 2009/10 Average Length of Stay (AvLOS) for total hip and knee replacement within BMI Healthcare varied between 5 and 12 days. This compared unfavourably to national targets of 3.5 days.
Successful implementation of ERP was expected to result in empowered patients, positive experiences and collaborative team working.

Assessment of problem and analysis of its causes:
An initial assessment of pathways within each hospital revealed incompleted adoption of standard pathways and a high degree of variability in compliance where they had been adopted. More importantly, results showed variation in operational outcomes.
Engagement with all stakeholders was essential for identifying key elements and challenges for the programme to address. The improvement to the patient outcomes and effective utilisation of resources were high priority.

Intervention:
A team was appointed to propose and implement an improvement methodology and collaborative approach to change and developed the tools to enable that change.

3. Solutions

Study design:
The NHS improvement methodology was adopted, including multiple cycles of the 'Plan, Do, Study, Act’ method. Outcomes and process indicators were measured for each part of ERP across all hospitals in the group using the standardised pathways.

Strategy for change:
The new approach using QI methodology commenced with teams attending ERP workshops and identifying a department manager to lead and engage staff in their unit. PODA cycles and process mapping enabled the impact of successive small changes to be tested and measured. Critical Success Factors were used for feedback and to monitor change. A pathway audit tool was developed to audit compliance.

Problems Identified:
- No Standardised pathway for joint replacements
- No Multidisciplinary Assessments undertaken
- Poor interdepartmental communication
- No standardised Clinical Documentation – many local variations if used

Development Phase:
- Research into what is best practice for Hip replacement surgery
- Discussion / interviews with multidisciplinary team at hospital sites
- Monitor and process map the current patient journey and identify areas for improvement – led to the Development of the Best Practice Model for the patient pathway
- Introduction of Enhanced recovery principles workshops

4. Results

“Improvement methodology and a collaborative learning network is effective in accelerating the pace and scale of improvement across multiple hospitals.

Measurement of improvement and effects of change:
Standardised process and outcome metrics were tracked monthly for total hip and knee replacements, reviewing each aspect of the patient’s journey and its impact on Length of Stay.
Individual hospital data was presented at monthly regional and hospital meetings on a performance matrix for peer review.
This facilitated sharing of information and ideas between locations around how others were reducing LOS, introducing new models and ensuring adherence. As a result, compliance improved across all hospitals. In many hospitals, introduction of better pain management protocols and good pre-operative assessment enabled reduced length of stay and in some instances, even day case hip surgery.

AvLOS Total Knee Replacement by hospital, 2010 - 2012

AvLOS Total Hip Replacement by hospital, 2010 - 2012