

Enhanced surgical recovery: Reducing variation

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Enhanced Recovery (ER) after Surgery (or Fast Track) is a bundle of 'best evidence based practices' delivered by a multi-professional health care team, with the intention of helping patients recover faster after surgery [1,2].

The Enhanced Recovery Partnership Programme (ERPP) was run by the Department of Health in England from May 2009 to April 2011 to encourage the wide spread adoption of ER with the aim of improving recovery from major surgery [1,3]. The Programme initially concentrated on elective major surgery in four specialities (Colorectal, Musculoskeletal, Gynaecology and Urology). Audit of ER practice by the early adopters demonstrated greater than 80% compliance with the majority of elements recommended by the ERPP.

A pilot study using Commissioning for Quality and Innovation (CQUIN) to encourage practice change showed a dramatic improvement in outcomes in North Central London with very high levels of compliance with the ERPP recommended principles [4].

The final report published by the ERP included evidence of widespread adoption of ER in the NHS in England and achievement of stated goals i.e. reduced length of hospital stay after surgery resulting in more operations being performed despite fewer bed days, no increase in readmissions and high levels of patient satisfaction [5].

More recent reports (2018) from the UK Perioperative Quality Improvement Program (PQIP) suggests that currently only around 2/3rds of UK patients having major surgery are on an enhanced recovery program and compliance with key elements is from 31-97% [6]. General consensus backed up by published reports is that compliance is king and variation is still the enemy of quality.

References

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