Enhanced recovery in medicine

Ben Benjamin
Torbay Hospital
Why is this patient in hospital?

Acute medical ward audit – Derriford Hosp

Approx 50% because it is the only safe place to be – eg. vomiting blood, acute resp failure, intravenous antibiotics (maybe),

Other 50% for a variety of reasons
Bad reasons to be in hospital

• Waiting for tests (Xray, ultrasound, MRI)
• Waiting to see someone (Doctor, Specialist nurse, other specialist) to decide can go home
• Waiting for TTAs
• Waiting for peripheral hospital/residential home/nursing home bed
Why are you in hospital?

patient  doctor  nurse  notes

20% agreed on reason!
Do patients really know what is going on?

Do nurses really know what is going on?

Do doctors communicate with patients and nurses?
Hypothesis

If patients are given more information about the expected process of recovery and involved in the decision-making process they will recover more quickly, feel safer, be more satisfied with the care they receive and go home earlier.
Enhanced recovery elements identified

Referral from Primary Care
- Optimise pre-operative haemoglobin levels
- Manage pre-existing comorbidities e.g. diabetes

Pre-Operative
- Optimum health / medical condition
- Informed decision making
- Pre-operative health & risk assessment
- Patient information and expectation managed
- Discharge planning (EDD)
- Pre-operative therapy instruction as appropriate

Operative
- Minimally invasive surgery
- Use of transverse incisions (abdominal)
- No NG tube (bowel surgery)
- Regional / LA with sedation
- Epidural management (inc thoracic)
- Optimum fluid management
- Individualised goal directed fluid therapy

Intra-Operative
- Admit on day of surgery
- Optimised fluid hydration
- CHO Loading
- Reduced starvation
- No / Reduced oral bowel preparation (bowel surgery)

Post-Operative
- Planned mobilisation
- Rapid hydration & nourishment
- Appropriate IV therapy
- No wound drains
- No NG (bowel surgery)
- Catheters removed early
- Regular oral analgesia
- Paracetamol and NSAIDS
- Avoid systemic opiate-based analgesia where possible or administered topically

Follow-Up
- Discharge when criteria met
- Therapy support (stoma, physio)
- 24hr telephone follow up

Getting you home; swiftly and safely
Colorectal Surgery: *Length of stay*

*Large Intestine: Major Procedures*

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<thead>
<tr>
<th></th>
<th>UK</th>
<th>Kehlet</th>
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<tbody>
<tr>
<td>Days</td>
<td>16</td>
<td>4</td>
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</table>
What can we learn from enhanced recovery in surgery?

• Unable to influence pre-hospital state
• Can give appropriate fluids, nutrition, exercise
• Can involve patients in process of recovery
What is the relevance to medicine?

• acute illness is ‘stress’ just like an operation

• simple adherence to fluid, nutrition & mobilisation plus information are key and could be applied to all inpatients?
Getting you home; safely and at the right time

Infection - Getting you home; safely and at the right time

1. We think you have an infection. You will be treated with injections of antibiotics and then you will start taking antibiotics by mouth (this could be tablets and/or liquids).
2. We want you to help us with your recovery and in deciding when you can go home. This checklist shows where you are in the hospital and what you need to be able to do so that we can get you home; safely and at the right time.
3. If you are unsure about any of the questions, please speak to a member of staff, who will be happy to help you.

Home → Emergency Department/ A&E /Casualty → Emergency Assessment Unit (EAU3 or EAU4) → Ward

My normal place of residence or a relative’s home

What do you think is stopping you from going home today? Please write your comments below:

Day 1:

Day 2:

Other:

Refer to the discharge team? YES / NO

We want you to be involved in decisions about getting you home safely and at the right time. When you achieve each of these tasks, please tick the first box and complete the date ticked box. If you could not do these tasks before you came into hospital, please tick the third box.

<table>
<thead>
<tr>
<th>Task</th>
<th>Tick if you agree</th>
<th>Date ticked</th>
<th>Tick if you could not do this before you became ill</th>
<th>Sign here if this has been completed on behalf of the patient by a relative/carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can drink about 2 litres (10 cups) of fluid per day.</td>
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<tr>
<td>I can prepare food and drink by myself or with the help of my relative/carer.</td>
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<td></td>
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<tr>
<td>I can wash, dress and go to the toilet by myself or with the help of my relative/carer.</td>
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<tr>
<td>I am able to walk safely.</td>
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<tr>
<td>I can cope with the stairs (if I have them at home).</td>
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<tr>
<td>I understand how and when to take my medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to eat, drink and take medication without feeling sick or vomiting.</td>
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If the patient is ready to go home, but needs IV antibiotics, contact the Medical Admissions Team (MAT) on ext. 55776 or bleep #6920.

Clinical Assessment for patients with an infection and requiring IVAB (intravenous antibiotic) treatment

Purpose: to support diagnosis of an infection and to return the patient home safely and at the right time.

The patient has been diagnosed with: Tick box

<table>
<thead>
<tr>
<th>diagnosis</th>
<th>Chest infection</th>
<th>Gastroenteritis</th>
<th>Urinary infection (UTI)</th>
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</table>

Grade: ____________________________

Bleep: ____________________________

Date: ____________________________

Admit patient to an EAU or a ward as an inpatient and treat as per Trust guidelines.

ARE YOU WELL ENOUGH TO GO HOME?

Date, time and signature

Does the patient want to go home today?

Patient cannot go home today because: (tick all relevant reasons)

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<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Continuing fever</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Pain/other symptoms that need hospital treatment</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Dehydrated or patient requires more intravenous fluid (IV)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Different antibiotics need to be prescribed</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Patient needs a kidney scan as an inpatient</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Patient is not eating adequately/taking supplements</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Poor mobility/confusion</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Other reason</td>
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Notes: Insert comment

Ward clerks — on discharge, photocopy one copy for the patient notes and give the original document to the patient to take away.
Daily target setting

- Mobilisation
  - Day clothes, no PJs
  - Decision-making between the patient, medical team and families/carers

- Oral fluids
  - Energy drink

- Plan transport early

Getting you home; safely and at the right time
Pre-hospital

- Information from GPs, Ambulance crew, carers
- Patient’s clothes in bag
Mobilisation

- Get dressed! (no flappy gowns)
- Avoid catheters (consider leg bag)
- Is a monitor really necessary?
- Is a drip really needed?
- Drip-free mornings
Clothes

- The MAU is not a bedroom!
Clothes

- Bring in own clothes
- Supply of outdoor clothes (laundry)
Fluids

Drip-free mornings

Oral and IV prescription chart
Enhanced Recovery in Medicine

Patient name: ____________________________
NHS number: ____________________________
DOB: ____________________________
Or, affix PAS label here

Maintenance
Pt is vombing, cannot swallow or NBM

Replacement
Evidence of renal failure, pt is in negative fluid balance secondary to infection, history of diarrhoea, fever or vomiting

Resuscitation
P<100mmHg, BP<90/60, Capillary refill >2 seconds or cold periphery; Venous lactate >4 or pH<7.37

<table>
<thead>
<tr>
<th>Reason for fluid</th>
<th>Date</th>
<th>Fluid</th>
<th>Target input over next 24 hrs</th>
<th>Additive</th>
<th>Duration</th>
<th>Signature</th>
<th>Batch number</th>
<th>Time and signature administered</th>
<th>Sign if it can be given orally</th>
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Energy drinks

- 10 am drinks round – now ER round
- Energy drink station for ambulant patients
Involvement of patients and carers

- Encourage carers and relatives to be involved (problems with visiting times)
Visiting Hours

Afternoon - 2.00 to 4.30pm
Evening - 6.30 to 8.00pm

A maximum of two visitors will be able to visit each patient at any time (including children).

Children under 5 years will be limited to 30 minutes visiting, and children aged 5 years and over will be limited to a maximum of one hour.

Medication

Please hand in all your medications to the nursing staff.
Welcome to EAU3

If you are a carer, please feel free to visit EAU3 at any time.

General visiting hours:
Afternoon - 2.00pm to 4.30pm
Evening - 6.30pm to 8.00pm
Communication

- Posters
- Video
- ER motivation sessions – nurses/therapists
- Talks to carers (planned)
Getting you better; so you can leave hospital safely, and at the right time.

**What is Enhanced Recovery in Medicine?**

Enhanced recovery in medicine is a new approach to caring for patients admitted to hospital. This approach will improve your experience of being in hospital and the time it takes for you to recover.

**These are the things you can do, so you can leave hospital safely, and at the right time:**

- Get out of bed and stretch your legs. For help, contact a member of staff.
- Get dressed in day clothes. Shower/washing facilities are available to use.
- Drink plenty of fluids to keep hydrated. Use the drinks station at any time.
- Be involved in decisions about your care. Please ask a member of staff if you want your family/carer involved in decisions about your care.
- Have an energy drink each day to build up your strength. You will be offered an energy drink each day.
- How are you getting home? Book a lift with a family member/friend when you know what day you will be leaving hospital.

**What are the benefits?**

- “No decision about me, without me.” You and your family/carer will be involved in decisions about your care, every step of the way.
- A better experience for you whilst you are in hospital.
- Ensuring you leave hospital safely, and at the right time.

For more information, please speak to a member of staff.
Benefits

To improve patient and carer experience.

To reduce length of stay.

To reduce readmission rates.

To improve survival rates.
Measurement

- Patient experience interviews.
- LoS data.
- Survival rates.
- Beddays used by patients on ER
- Readmission rates.

Run charts –
- getting dressed by 10am
- Drip-free mornings
- Number of energy drinks consumed
Next steps

• Testing the process, approach and methodology continues for patients admitted on MAU.
• Rolling out to other medical wards.
• Involving patients and carers in the redesign plans.
• Involving academic partners to help us measure effect
Summary

In Torbay hospital we are testing the hypothesis that patient involvement in the recovery process from acute medical illness will result in more rapid recovery, earlier discharge and greater patient satisfaction.

We have developed a multidisciplinary approach, based on enhanced recovery principles, which encourages patients to achieve the goals necessary to get home more quickly and safely.
• Look at video – Torbay Hospital

Thanks to

Managers: Jane Dewar, Debbie Honeywill, Andrew Fordyce
Nurses: Erica Dunn, Nicki Joyce, Sue Bramwell
Carer lead: Stephen Black
OT: Becky Brixton