Implementing the Enhanced Recovery Programme in Gynaecological Surgery.

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This case study forms part of our Improvement Programme, which seeks to support continuous improvement in care, by living our values and making the best use of our resources. It draws on proven management techniques, tailoring them to local needs and adapting them as we evolve, to optimise our service and strengthen our future.

please visit www.stgeorges.nhs.uk/TIP to find out more and get involved
Service profile:
In 2010/11, patients undergoing gynaecological surgery were managed with traditional methods of pre-operative preparation, surgical technique and post-operative care. The median length of stay was:

- Laparoscopic Hysterectomy: 2 days
- Abdominal Hysterectomy: 5 days
- Laparoscopic Myomectomy: 2 days
- Open Myomectomy: 6 days

The Enhanced Recovery Programme (ERP) is an internationally proven set of measures that concentrate on optimising pre-operative preparation, peri-operative care and post-operative follow up. It was felt the ERP provided specific opportunities to improve the service we offered:

- An improvement in patient satisfaction.
- A reduced length of hospital in-patient stay allowing subsequent increased activity and revenue in the context of the Trust-wide financial challenges.
- An improved image for St Georges Healthcare NHS Trust

Improvement Programme approach

1. Strategic Direction

A multidisciplinary project steering group was set up with core members to decide on implementation strategy:

- Executive Sponsor
- Project manager
- Lead clinicians (Consultant anaesthetist and gynaecology surgeon)
- Lead Nurse
- GP/Community Lead
- Therapies Lead
- Clinical Nurse Specialists

2. Implementation of Programme

a) Planning

- Stakeholders were invited to a “brainstorming session,” using Lean methodology to identify the optimal patient pathway and barriers to its implementation.
b) Process design:

- The plan was to include all patients undergoing major gynaecology surgery in the programme.
- Pre-operative patient information was sourced and altered to local needs.
- The in-patient pathway was re-written to incorporate the Enhanced Recovery Protocols.
- Use of the available physical space was re-organised to improvement patient flow.
- The post-operative follow up was allocated to the clinical nurse specialists.
- Results were submitted to a national database of Enhanced Recovery programmes to allow benchmarking.

c) People:

- Patient groups were involved in preparation of the patient education material.
- The Clinical nurse specialists led an educational programme directed towards clinical staff responsible for patient care (nursing and medical).
- The Enhanced Recovery Programme at St George’s was promoted to Primary Health care via cancer network meetings and other opportunities.
- The clinical leads worked with consultant medical colleagues to ensure inclusion and ensure that the peri-operative and intra-operative care elements were adhered to.
- The patient feedback programme ensured patient views were captured.

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**After the Improvement Programme initiative**

**Improved patient experience:**
- Patients now spend less time in hospital and take more ownership of their care.
- Formal patient feedback has been consistently high.

**Service improvements:**
- Freed up capacity on gynaecology ward by decreased length of stay:
  - Laparoscopic Hysterectomy: 2 days to 1 day: **Saving of 1 day per patient**
  - Abdominal Hysterectomy: 5 days to 3 days: **Saving of 2 days per patient**
  - Laparoscopic Myomectomy: 2 days to 1 day: **Saving of 1 day per patient**
  - Open Myomectomy: 6 days to 4 days: **Saving of 2 days per patient**
  - ERP programme also implemented in General Surgery & Urology.

**Trust Profile:**
- Positive patient experience published in the national press.
- Other London Trust asking us for our ERP pathways.