

Introducing the new NHSEI CQUIN: DrEaMing

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NHS England and NHS Improvement



Reducing LOS and complications DrEaMing within 24h of surgery

- Drinking free fluids
- Eating soft diet
- Mobilising with support of one person

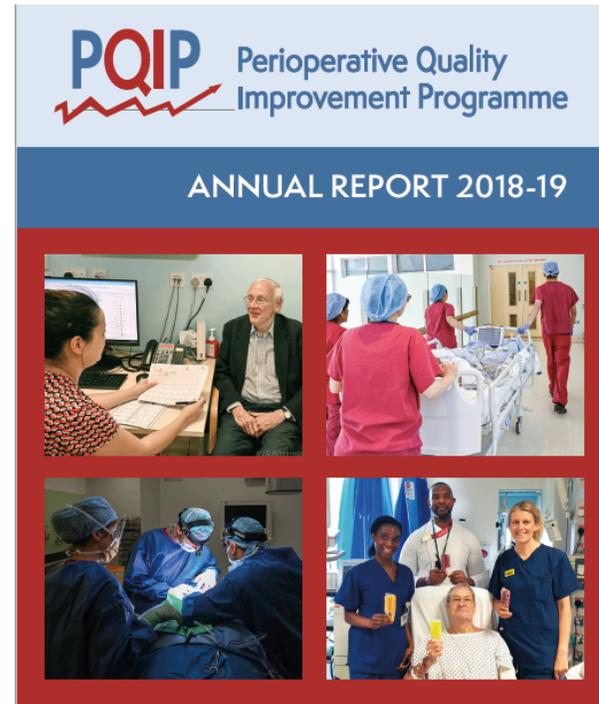


DrEaMing: ERAS lite?

- Enhanced recovery experience in the UK
- Low-hanging fruit eaten
 - Preoperative assessment; temperature management; abx prophylaxis; minimal access surgery
- Some stuff too controversial
 - Goal directed haemodynamic optimisation; avoidance of abdominal drains
- Some stuff achievable with effort
 - Early return to usual homeostasis

PQIP

Perioperative Quality Improvement Programme



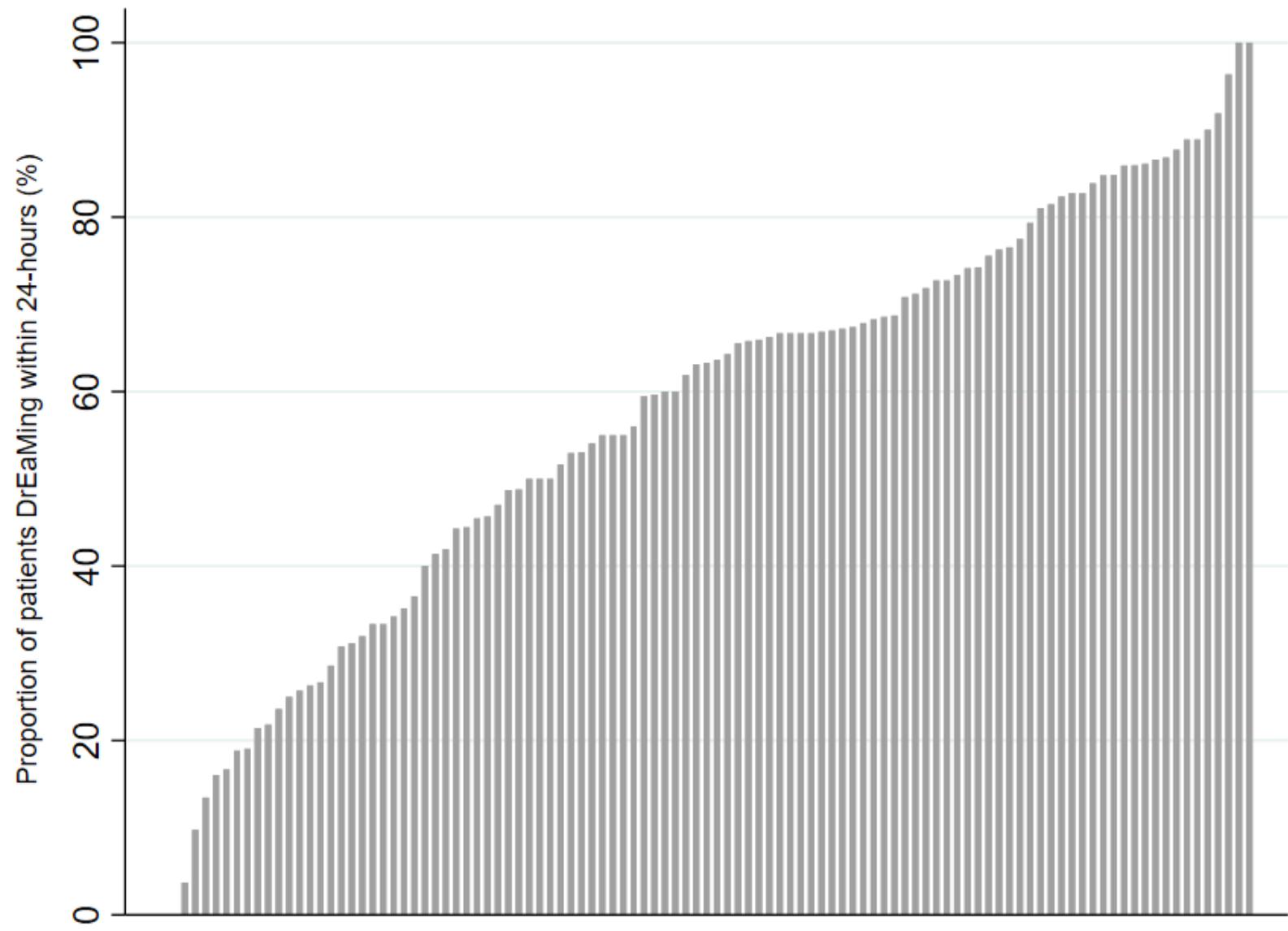
DrEaMing: Publication in BJA coming soon (in the next few days...)

Some patient factors influence it: **Most are modifiable**

Lots of hospital level process factors influence it: **All are modifiable**

Pain, tubes and drains are bad for it: **Important targets for improvement**





Homogenous group of colorectal procedures (n=7211)

	Quintile				
	1	2	3	4	5
Proportion of cases achieving DrEaMing (%)	0 – 33	34 – 54	55 – 67	68 - 81	82 - 100
Number of patients (N=7211)	1136	1266	1412	1974	1423
LOS (6 (4-9))	7 (5-9)	6 (4-8)	6 (4-8.5)	6 (4-9)	5 (4-8)
Incidence of major postoperative morbidity (%)	23.3	24.1	24.4	22.3	21.2

Hospitals with the highest proportion of DrEaMers:

2 day shorter median LOS than the hospitals with the lowest proportion of DrEaMers

Why should this be our issue?

NHS England and NHS Improvement



All roads end in DrEaMing

- Preoperative health screening
- Empowering patients (shared decision making)
- Optimisation of comorbidities
- Surgical technique
- Anaesthetic technique
- Analgesic strategy



CCG8: Supporting patients to drink, eat and mobilise after surgery

<p>Applicability: Acute</p> <p>CQUIN goal: 60% to 70%</p> <p>Supporting ref: Perioperative quality improvement programme (PQIP) report 3¹³</p>	<p>Ensuring that patients Drink, Eat and Mobilise ('DrEaMing') as soon as possible after surgery is a key element of the NHS's enhanced recovery programme, helping to prevent post-operative blood clots and respiratory complications resulting in an average 37.5% reduction in length of stay.</p>
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CCG8: Supporting patients to drink, eat and mobilise after surgery

Description	Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	
Numerator	<p>Of the denominator, admissions where, within 24 hours of surgery ending, the patient was supported to drink, eat and mobilise by the following actions being taken:</p> <ul style="list-style-type: none"> • Documented order and provision of the patient with free fluids • Documented order and provision of food, which may include oral soft nutrition or any other food • Documented order and provision of assistance to support an awake patient to mobilise from bed to chair 	
Denominator	Total elective inpatient admissions with a primary procedure in the following groups: colorectal resection, cystectomy, nephrectomy, hysterectomy, primary hip replacement, primary knee replacement, revision hip replacement, revision knee replacement and liver resection. See supporting coding guidance for OPCS codes.	
Exclusions	Admissions where the patient was sedated for the 24h after surgery ended.	
Data reporting and performance	<p>Quarterly submission via National CQUIN collection. See the section on <i>Understanding Performance</i> (above) for details about auditing as well as data collection and reporting. Data will be made available approximately six weeks after each quarter.</p> <p>Performance basis: Quarterly.</p>	
Scope	Services: Acute	Period: All quarters
Payment basis	Minimum: 60% Maximum: 70%	Calculation: Quarterly average %
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