

Key points from the RCoA Patient Voices Committee focus group discussing DrEaMing and the NHSE CQUIN.

Early Education: Patients need to know what DrEaMing is and what it involves. This needs to happen from the *very start of their perioperative journey*

Empowering patients is the ultimate aim. We want them to feel able to ask to DrEaM

Reiteration of a clear message at every patient contact (phone, in-person or written information) will *build on* the education and *challenge traditional views* of recovery post-op

A patient centered approach: DrEaMing is a generic QI metric but involving the patient in implementation individualises care and adds to empowering patients



Effective Communication of a clear message
With the patients
With the MDT
Between patients & the MDT

“DrEaMing is humanising, it will help make me feel like I am on the road to recovery”

“I want to avoid complications and a long hospital stay, if DrEaMing can help me do this then I will be asking where my breakfast is and when I will be moving”

“I want to get home quickly but don't want to feel rushed, a key contact who I can call if I need, would reassure me”

Put the patients at the centre of care:

- **Education is empowering:** Patients want to be educated about their care.
- **Support patients to be proactive:** All peri-op clinicians have a responsibility to explain and educate patients on post op expectations so *patients can partner* in achieving these

Communication is key:

- **With the patients:** The whole perioperative team need to be giving the same message
- **With the MDT:** Discuss and document clear expectations and goals for recovery



Pre-op: Raise & reiterate key recovery principles

- Two-part pre-assessment to allow for **early patient engagement** with a multimedia educational approach
- **Telephone preassessment** focusing on education around post-operative period and why ERAS will aid their recovery
 - Deep breathing exercises
 - Prehab exercise
 - **DrEaMing**
 - Pain management
 - Nutrition
- **Patient info pack** posted / emailed prior to F2F
- **Face-to-face preassessment** within 96 hours prior to surgery to **reiterate** pre-op education
- **Empower patients** and give them tools to be actively involved in their own recovery
- **MDT approach at all steps:** Thoracic CNS highlight concerns at earliest point
- **Input from therapy / dietician** pre-op if concerns



Day of surgery: Implement strategies discussed pre-op

- **Appropriate fasting** advice with **CHO loading drink** pre-op for non-diabetic patients
- Utilise theatre huddle to communicate patient concerns to the MDT
- Immediate pre-op discussions about analgesic options



Post-op: Reinforce recovery principles

- Twice daily **MDT huddles** to discuss all patients' recovery course
- Patients follow **bespoke co-designed ERAS pathway** updated yearly with patient & MDT feedback
- Patients encouraged by MDT to use enhanced **recovery diary with expected daily achievements**
- **Reinforce the importance of increased activity** for optimum recovery & reduced risk of complications – **minimal bedrest!**
- **Access to thoracic CNS** via phone / email for advice and support on discharge
- **Bi-monthly team meetings** to discuss service improvement and development

University College London Hospital Thoracic team top tips

- Involve your MDT from day one
- Accept that trial and error is part of the process
- Identify and nurture your change champions
- You and your team create your culture
- Reflect with your team on what worked and what has not worked
- Share and disseminate your results