

# Facilitators and Barriers to DrEaMing

Dr Georgina Singleton

ST6 Anaesthetics/ PQIP Fellow 2020-22 singleton.georgina@gmail.com

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# Facilitators of DrEaMing

Support or 'buy-in' from frontline teams and managers

'You need buy-in from the whole team' [Anaesthetist]

- Communication
- Local Champions

'Certainly for us, the perioperative nurse; she is the one that has done all the initial driving with this' [Surgeon]

- Demonstration of early 'wins'
- Clear pathways or guidelines
- Adapting to the local context
- Involving the patient











### Barriers to DrEaMing

- Lack of or unclear documentation
  - 'There's one group of surgeons saying one thing, then one group saying something else. There's a fear about getting it wrong and it's sometimes easier to do nothing. This is toxic to any enhanced recovery programme.'[Anaesthetist]
- Post-op ward destination
  - 'the ward is also a gastro [ward] . . . with all the emergencies, so it's a very heavy workload. So if you're young, you'll get out of bed, if you need two people to get you out of bed, it's not as certain' [Nurse]
- Lack of resources e.g. staff, space, time
  - 'We need people to get people out of bed, whose job it is to get people out of bed.' [Surgeon]
  - 'There aren't the staff to be able to mobilise them effectively.' [Nurse]
- Lines, drains, tubes, epidurals
- Perceived resistance to change
  - 'people are very slow in accepting change' [Anaesthetist]











#### Some examples



- Documentation of a 'cup of tea in recovery' in the post-operative plan
- Lines drawn on the floor as target distances to walk to on day 1
- Storing supplement drinks in an accessible fridge
- Hospital gowns for the day of surgery only
- Thirst on the recovery check-list
- Prescribing a post-op DrEaMing bundle











# My take-home messages

- Focus on what works for the local context
- Identify who can help collaborate
- Use a systematic approach
- Keep it simple, don't try to do too many things at once
- Evaluate early and refine as you go
- Celebrate 'wins' but don't fear failure









