

Initiatives to reduce length of stay in acute hospital settings: a rapid synthesis of evidence relating to enhanced recovery programmes

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Plain English summary

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There has been growing interest in the NHS over recent years in the use of programmes to improve patient experience and reduce time to recovery for patients undergoing elective surgery. The success of these enhanced recovery programmes is usually measured through reduced length of stay in hospital, reduced complications after surgery and reduced number of readmissions to hospital.

We looked at various electronic databases and other sources, including 'real-world' data from hospitals, to identify studies that looked at the effects of enhanced recovery programmes on patients undergoing elective surgery in hospital settings. We also searched for studies that described the key factors associated with successful adoption, implementation and continued success of enhanced recovery programmes in UK settings.

A large number of studies were identified, but only a few studies were well conducted and most studies were conducted in countries other than the UK. The majority of studies were in patients undergoing colorectal surgery.

Enhanced recovery programmes have been adopted with some enthusiasm by the NHS as a means of achieving productivity gains and cost savings. There is consistent evidence that enhanced recovery programmes may reduce length of patient hospital stay without increasing readmission rates. The evidence does not, however, identify which enhanced recovery programme elements and combinations of elements are most effective. As such, conclusions on which combinations provide greatest gains and how best to implement them cannot be made. Findings relating to other outcomes, costs of enhanced recovery programmes, experience in using the programmes and patient experience were limited by generally poor-quality evidence and poor reporting.

The extent to which managers and clinicians considering implementing enhanced recovery programmes can realise reductions in length of stay and cost savings will depend on length of stays achieved under their existing care pathway, and on how well the programme is implemented. Other factors outside the scope of the programme, such as integration with social care, will also impact on overall gains.

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