

Patient perspective

DrEaMing (drinking, eating and mobilising) after surgery



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Jason Williams-James, RCoA Patients Voices member with personal experience of surgery and anaesthesia, discusses the importance of DrEaMing with Eleanor Warwick, ST6 Anaesthetist and Perioperative Quality Improvement Programme (PQIP) Fellow. They discuss why patients, the surgical multidisciplinary team (MDT), and organisations should be interested in this quality improvement metric.

JJ: Hi Elly, great to talk to you; please explain what DrEaMing is?

EW: Thanks Jason, DrEaMing is a concept that has been part of enhanced recovery programmes (ERPs) for some time, and it simply refers to whether a patient is drinking free fluids, eating a soft diet, and moving with the assistance of one person 24 hours after surgery. The DrEaMing bundle provides a simple quality-improvement (QI) metric that is an ideal place to start when considering perioperative care delivery.

JJ: What benefits does DrEaMing offer?

EW: DrEaMing has been one of PQIP's quality improvement targets since 2018, and it has been shown that patients who DrEaM, or achieve one of the constituents, have a shorter length of stay and reduced postoperative complications. A recent paper published in the *British Journal of Anaesthesia* and based on a PQIP cohort of 22,218 patients, showed that there is a reduced length of stay in those who DrEaM, despite any confounders.

JJ: If DrEaMing has been part of ERPs, why look at it in isolation?

EW: Although ERPs are associated with improved outcomes, these pathways have become more varied and complex, which has led to reduced compliance. Implementation of the DrEaMing bundle can provide a simpler QI metric. The aim is not to replace ERPs but to help re-prioritise QI endeavours to optimise perioperative care.

JJ: Why do you think DrEaMing is so important?

EW: We have discussed the evidence, but implementing a DrEaMing bundle also has benefits for patients, staff, and hospitals.

Benefits for Hospitals: DrEaMing is now an NHS England CQUIN quality indicator. English NHS trusts will receive a financial incentive if they demonstrate that more than 60% of eligible patients DrEaM. DrEaMing can also be implemented for more surgical procedures than those described in the CQUIN. Therefore, this simple QI initiative can help to streamline elective pathways – something that is particularly important at the moment when there is immense pressure on them.

Benefits for Staff: The multidisciplinary surgical team are invested in delivering exemplary care. By implementing DrEaMing initiatives, staff have the satisfaction of providing care that is evidence based and improves outcomes. Additionally, there is evidence that staff who work in hospitals with a positive QI culture are more engaged and satisfied, benefit from professional development, and indirectly benefit patient safety by establishing more effective teams.

Patient Benefits: Patients are the most crucial group to benefit from DrEaMing: improving patient care should be at the centre of everything we do. Engaging patients in their perioperative pathways

and empowering them to drink, eat and mobilise can not only reduce their length of stay – and complications, but it also humanises the whole experience of being in hospital.

JJ: However, I would be interested to hear your perspective on the benefits of DrEaMing for patients?

EW: Having some personal experience of recovering from surgery, I think it has many benefits from a patient's perspective. If patients are aware of DrEaMing from the pre-assessment stage, it manages their expectations and engages and empowers them in discussions about their own healthcare planning. I think it's important to educate patients that being able to drink and eat after surgery provides muscles with energy, and that fluids keep you hydrated which allows your metabolism to return to normal sooner. What patients often don't realise is that prolonged recoveries can cause unwanted complications (blood clots, pressure ulcers, pulmonary embolisms, and muscular atrophy), so I think DrEaMing can go a long way to help patients to recover more quickly and more completely.

JJ: Do you have any tips on how hospitals can implement DrEaMing?

EW: We know that even with robust evidence, implementing QI is challenging. PQIP recently ran its first collaborative QI webinar to help support hospitals with DrEaMing, and we are planning more of these events. DrEaMing is also featured in the RCoA quality improvement compendium which is an excellent place to start when commencing a QI project. However, here are our top tips for implementing DrEaMing –

- 1 Find a local champion to drive the process.
- 2 Work collaboratively with the whole surgical MDT.

- 3 Communicate with patients about DrEaMing early in their perioperative journey. Empower patients to ask: "Why am I not DrEaMing?" or "When can I DrEaM?". Although DrEaMing is a standard QI metric, for patients it needs to be delivered in a patient-centred way.
- 4 Gain institutional investment by involving managers as well as clinicians.
- 5 Start by focusing on specific specialties with the aim of DrEaMing becoming the standard of care.

JJ: Is there information out there for patients to explain the concept of DrEaMing?

EW: This is essential; from the work we have done within PQIP, we know that patients play a crucial role in the success of DrEaMing. The concept of DrEaMing is discussed in the *Fitter, better, sooner* information produced by the RCoA. I would also encourage trusts to create their own DrEaMing information materials. At every stage of the perioperative journey, staff members must also reinforce the message. Patients then know what to expect and will be more invested in the process.

JJ: Thank you, Elly. It has been great talking to you about DrEaMing and how it can benefit patients, staff and hospitals.

Further reading

- 1 Delivery of drinking, eating and mobilising (DrEaMing) and its association with length of hospital stay after major noncardiac surgery: observational cohort study, ScienceDirect (bit.ly/3dPaD8B).
- 2 Drinking, eating and mobilising (DrEaMing) CQUIN, GIRFT. (bit.ly/3AuUCxf).
- 3 DrEaMing Webinar (pqip.org.uk/pages/dreamweb22).
- 4 Audit Recipe Book, RCoA (bit.ly/3PUH1nH).