



- Mandatory national audit
- Included in trust quality account
- Organisational audit (resources & service provision) mid-2013
- Patient data collection Jan 2014 – Dec 2015
- Funding agreed for 2016 & 2017



Objective of NELA:

“...to enable the improvement of the quality of care for patients undergoing emergency laparotomy **through the provision of high quality comparative data** from all providers of emergency laparotomy”



Web-based: 88 individual data points

2.3 Consultant responsible for surgical care at the time the decision was made to operate (this may be different to the operating consultant)

Watson, Nicholas F5 16644339 Consultant not in list

2.4 What was the grade of the most senior person making the decision to operate?

Consultant
 Post-CCT non-consultant
 SAS grade
 Research Fellow / Clinical Fellow
 Specialty trainee / registrar
 Core trainee / SHO
 Other
 Unknown

2.5 Did this clinician personally review the patient at the time of this decision?

Yes No Unknown

2.6 (no longer required)

2.7 Was an abdominal CT scan performed in the pre-operative period as part of the diagnostic work-up?

Yes No Unknown

2.8 If performed, was this CT reported pre-operatively by a consultant radiologist?


Yes No Unknown

2.9 Date and time first seen by consultant anaesthetist prior to surgery

03/06/2015 Date not known Not seen
 08:50 Time not known

2.10 What was the date and time of the first dose of antibiotics following admission?

03/06/2015 Date not known Not administered
 08:05 Time not known



Trust/Health Board	Hospital	Data Entry Progress			Estimated Caseload*			Incomplete Cases					
		Cases entered	Cases locked	% of cases locked	Number of completed cases that remain unlocked	Estimated E4/Month	Estimated Complete E4 to Date	Estimated cumulative % of cases entered	Incomplete Cases Entered in May	Incomplete Cases Entered in June	Incomplete Cases Entered in July	Incomplete Cases Entered in August	Incomplete Cases Entered in September
Salford & West Birmingham Hospitals NHS Trust	Turkey Moor Hospital	43	41	95.35%	0	10	111	37.39%	0	0	0	0	0
Salford & West Birmingham Hospitals NHS Trust	Old Hospital	26	18	69.23%	3	5	58	45.22%	0	0	1	0	1
Salford & West Birmingham Hospitals NHS Trust	Lowdham General Hospital	126	97	76.98%	7	13	150	64.26%	2	2	0	3	2
Sheffield Teaching Hospitals NHS Foundation Trust	Northern General Hospital	156	114	73.08%	0	26	299	52.17%	0	3	7	3	3
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	148	143	96.62%	0	14	161	91.93%	0	0	0	0	1
South Devon Healthcare NHS Foundation Trust	Torbay District General Hospital	147	130	88.44%	0	13	150	86.67%	0	0	0	0	0
South Tees Hospitals NHS Foundation Trust	Fringing Hospital	77	72	93.51%	0	6	69	100.00%	0	0	1	0	1

*Estimated caseload is derived from NELA NHS sites and gives an indication of the number of cases your hospital has historically performed each year between 2004 & 2013. This estimate may be inaccurate if clinical coding is not accurate or if your trust has undergone a reorganisation resulting in a change in caseload. This may also result in some hospitals appearing to have entered a 100% of cases. Please contact NELA at nela@epoch.co.uk if further clarification is required.



Congratulations - Hospitals complete organisational audit

UPDATE:
A total of 180 Hospital sites have so far completed the organisational audit. There are now only 18 sites left to complete.


The NELA project team would like to thank all those currently participating for all their efforts in carrying out this audit.

We would also like to highlight and congratulate those sites that were the first to complete and lock their organisational audit data:

- Royal Devon & Exeter NHS Foundation Trust - Royal Devon & Exeter Hospital
- Sherwood Forest Hospitals NHS Foundation Trust - Kings Mill Hospital
- Derby Hospitals NHS Foundation Trust - Royal Derby Hospital
- The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust - The Queen Elizabeth Hospital




- National data for year 1 (Jan 14 - Nov 14)
- Can download spreadsheet of local raw data at any time





Objective of EPOCH

Can a quality improvement project to implement a care pathway improve 90 day survival for emergency laparotomy?

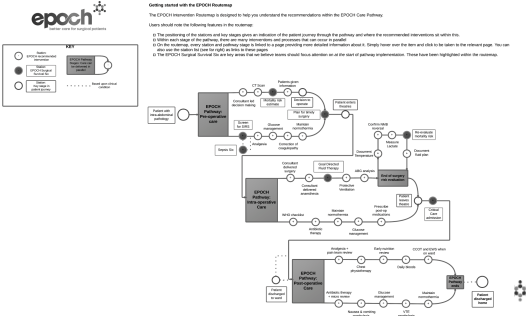


Trial design

- **Stepped wedge randomised cluster trial**
 - Hospitals randomised in geographical clusters
KMH, NUH, UHL, ULH, RDH, CRH
 - Data capture via HQIP-NELA
- **Intervention**
 - Care Pathway
 - Local leadership by ‘champions’
 - QI training, cluster meetings, web-based resources


Higher Risk Surgical Patient; RCS 2011



epoch
better care for surgical patients

Outcome measures


- **Primary: 90 day mortality**
- **Secondary:**
 - Hospital stay
 - Hospital re-admission
 - 180 day mortality
 - Cost effectiveness



QI Timeline


- **Stage 1**
 - Site enrolment and R&D completion
- **Stage 2**
 - Investigators notified of cluster activation
 - Pre-activation tasks defined
- **Stage 3**
 - Investigators attend EPOCH Activation Educational meeting
- **Stage 4**
 - Investigators engage in QI planning & attempt first tests of change
- **Stage 5**
 - Improvement activities continue
 - Sites share success & challenges through ‘community of practice’
- **Stage 6**
 - End of study follow up & planning for sustainment of practice change

EPOCH SIV Version 1.0
31/01/2014



What’s the appeal (for me)

- Intuitively makes sense
- Meaningful (tangible clinical impact)
- Chance for us to be seen as good (the best?)
Level playing field
- Cost effective
- Transferrable skills



What we've done

- Clinical engagement
- Inclusive / multi-disciplinary working

- NELA
 - Cluster activation meeting at KMH (24th March)
 - Cluster follow-up meeting (15th June)
- EPOCH



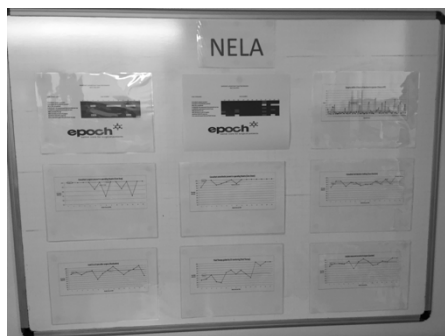
National Emergency Laparotomy Audit Group

Thursday 23rd April 2015

1830pm The Common Room, Anaesthetics Department, KMH

Present: N. Watson, J. Tansley
T. Jacks, C. Smith, T. Green,
D. Guzdz, K. Badrinath,
G. Moncaster

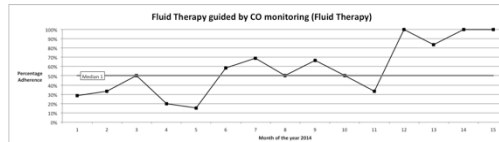
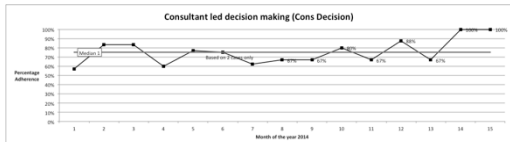
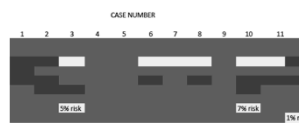
	Summary USING PSDA methodology	Action (I = Information) (A = Approval) (D = Discussion)	Responsible person/Owner
I. Purpose of meeting	1. To address NELA audit Quality Accounts 2. To improve delivery of emergency laparotomy Using National	I	NW



EMERGENCY LAPAROTOMY TEAM PERFORMANCE April / May 2015

CARE STANDARDS

- Consultant surgeon present
- Consultant Anaesthetist present
- NELA file completed
- P-POSSUM risk assessment documented pre-op
- P-POSSUM recalculated at end of case
- ABG (lactate) Pre-op
- ABG (lactate) at end of surgery
- Admitted HRA/ITU post-op
- Intra-operative goal-directed fluid therapy




SFH EMERGENCY LAPAROTOMY INDIVIDUAL FEEDBACK REPORT
 The following patient underwent an emergency laparotomy. Their care has been audited against the National Emergency Laparotomy Audit standards and as part of the feedback mechanism you have been sent this report.

Named Surgical Consultant: Watson
 Consultant Anaesthetist: Hudson
 Emergency Laparotomy Date: 5 May 2015
 NELA case id: 43509
 SFH feedback report no: 005

NELA STANDARD	ACHIEVED
Consultant surgeon present	
Consultant Anaesthetist present	
NELA file completed	
P-POSSUM risk assessment documented pre-op	
P-POSSUM recalculated at end of case	
ABG (lactate) Pre-op	
ABG (lactate) at end of surgery	
Admitted HDU/ITU post-op	
Intra-operative goal-directed fluid therapy	

Best wishes,
 Nick Watson
 Gareth Moncaster
 John Tansley





SFH EMERGENCY LAPAROTOMY INDIVIDUAL FEEDBACK REPORT
 The following patient underwent an emergency laparotomy. Their care has been audited against the National Emergency Laparotomy Audit standards and as part of the feedback mechanism you have been sent this report.

Named Surgical Consultant: Hind
 Consultant Anaesthetist: Dine
 Emergency Laparotomy Date: 8 May 2015
 NELA case id: 43501

NELA STANDARD	ACHIEVED
Consultant surgeon present	
Consultant Anaesthetist present	
NELA file completed	Part done
P-POSSUM risk assessment documented pre-op	
P-POSSUM recalculated at end of case	
ABG (lactate) Pre-op	
ABG (lactate) at end of surgery	
Admitted HDU/ITU post-op	6.8% mortality > Wast
Intra-operative goal-directed fluid therapy	

Best wishes,
 Nick Watson
 Gareth Moncaster
 John Tansley





- Updated emergency theatre SOP
 - ipad for data entry / risk calculation
 - Generic email / login for Th1 team leaders (removing barriers)
 - Purchase additional LiDCO
 - HCOP liaison / CGA (Steve Rutter)
- 




1st year patient report

- Tuesday 30th June
- “No mortality outliers”

DDF 2015

Dear NELA Leads for Kings Mill Hospital,

As part of the data analysis being performed for the first NELA Patient Report we are comparing how the various participating hospitals are performing on key patient process measures as well as the quality of the data being submitted. Our goal is to determine which hospitals are performing best in each of these fields and to identify what systems and practices are in place in these sites.

You'll be happy to know that we've identified your hospital as one of the top performers in one of these measures, with Kings Mill Hospital appearing in the top ten sites for the following:

Preoperative Risk Documentation

