

EmLap programme NENC

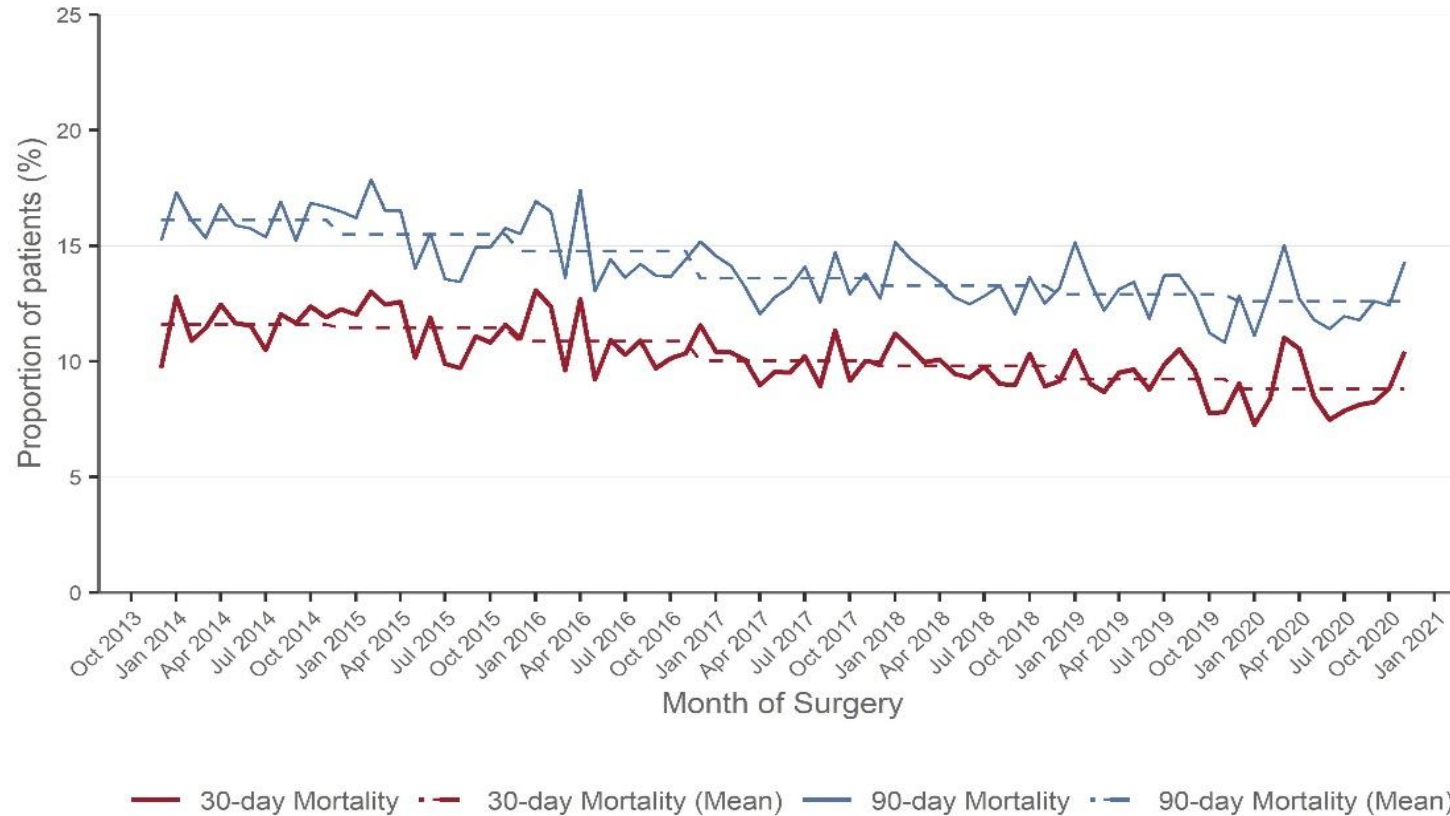
- Introduction, updated NELA data and regional data sharing results
- “Starting on the Right Track” – Emergency Medicine
- Regional stocktake survey results
- Breakout and discussion
- “Actionable Reports in Acute Abdominal CT Reporting” – Radiology
- Close 1200

ELN 2010/11 vs NELA 2020/21 – 10 years of progress

	ELN 2011	NELA 2021
Contributing hospitals (n)	37	177
Cases (n)	c1800	c180,000
Nations involved	4 (Eng, Scot, Wales, IoM)	2 (Eng and Wales)
Risk assessment (%)	Not available	c85
High Risk: Cons Surgeon in theatre (%)*	75-86	>95
High Risk: Cons Anaes in theatre (%)*	62-76	>92
Mortality (%)	15	c9
Mortality 80+ (%)	c24	c14

*High risk in ELN study: ASA3+. High risk in NELA analysis: 5% by NELA risk score

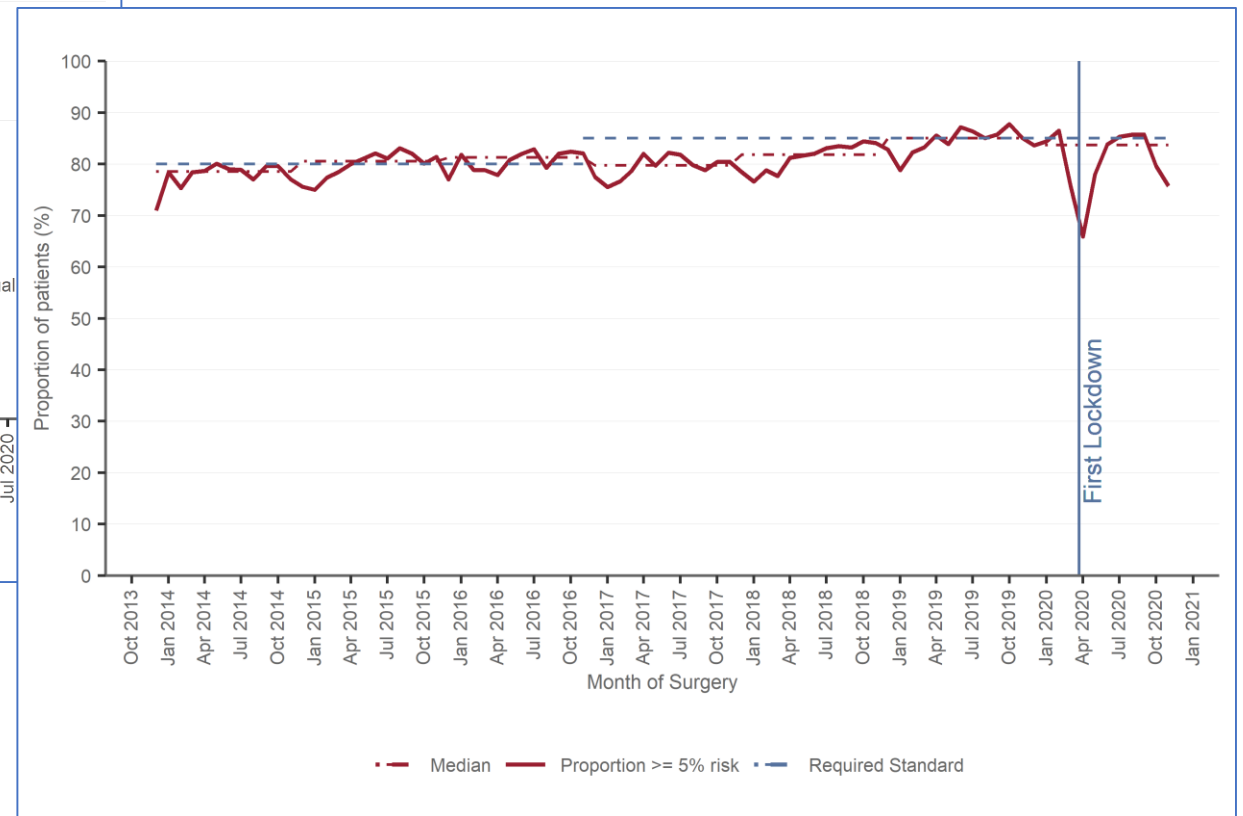
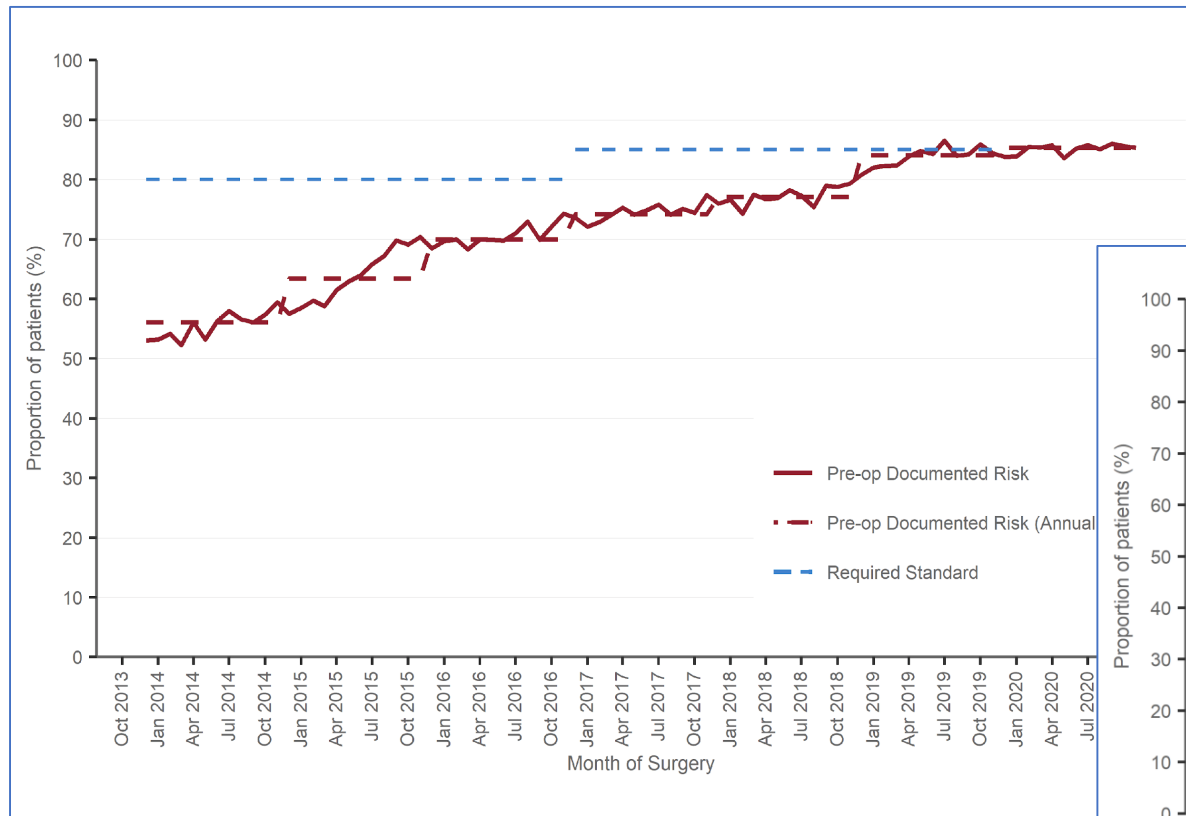
Mortality 30 and 90 days (15% 30-day in 2010)



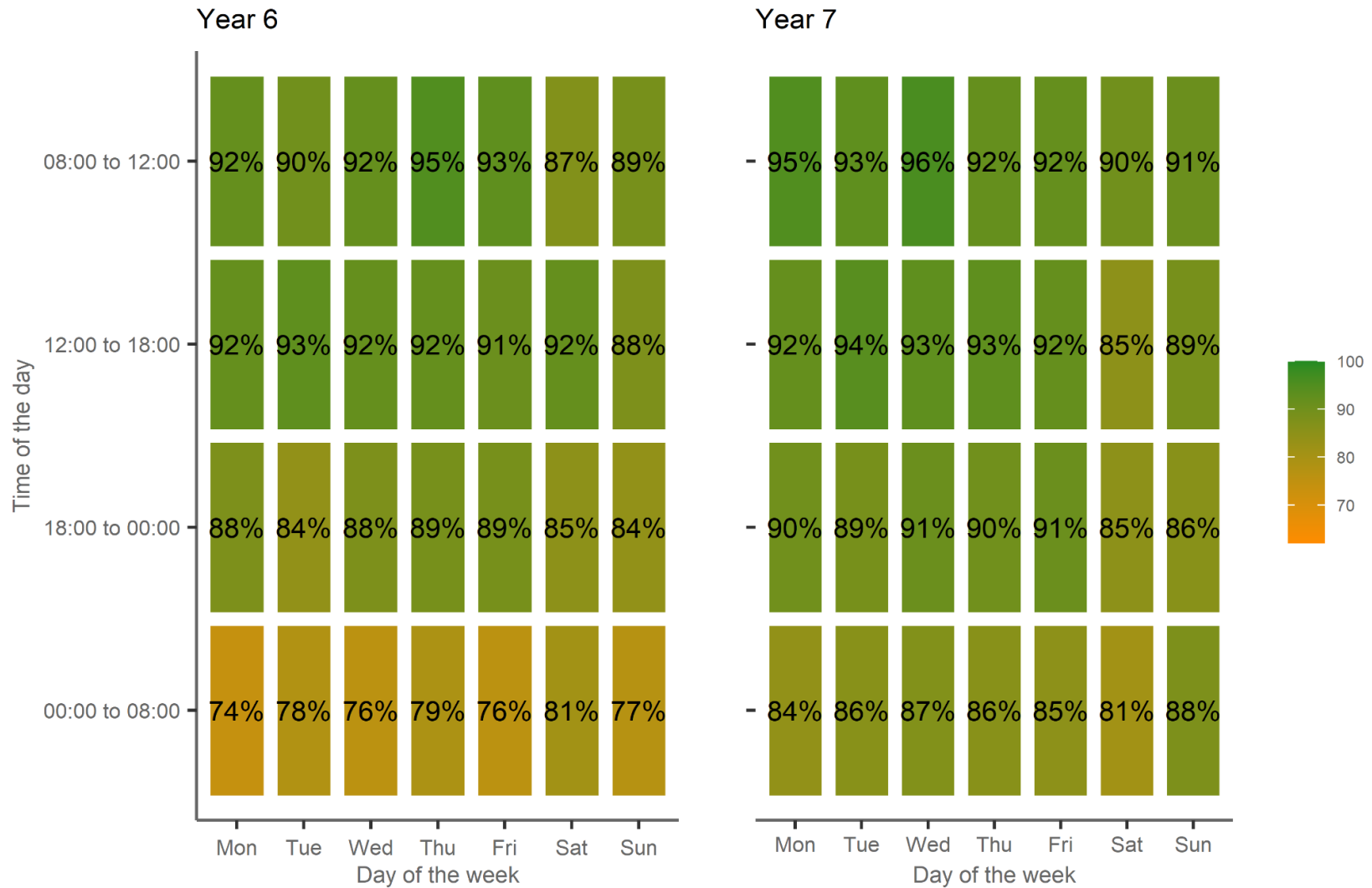
**Note – draft data
for year 7 –
subject to change**

Risk Assessment & CC admission 2013-2020

**Note – draft data
for year 7 –
subject to change**



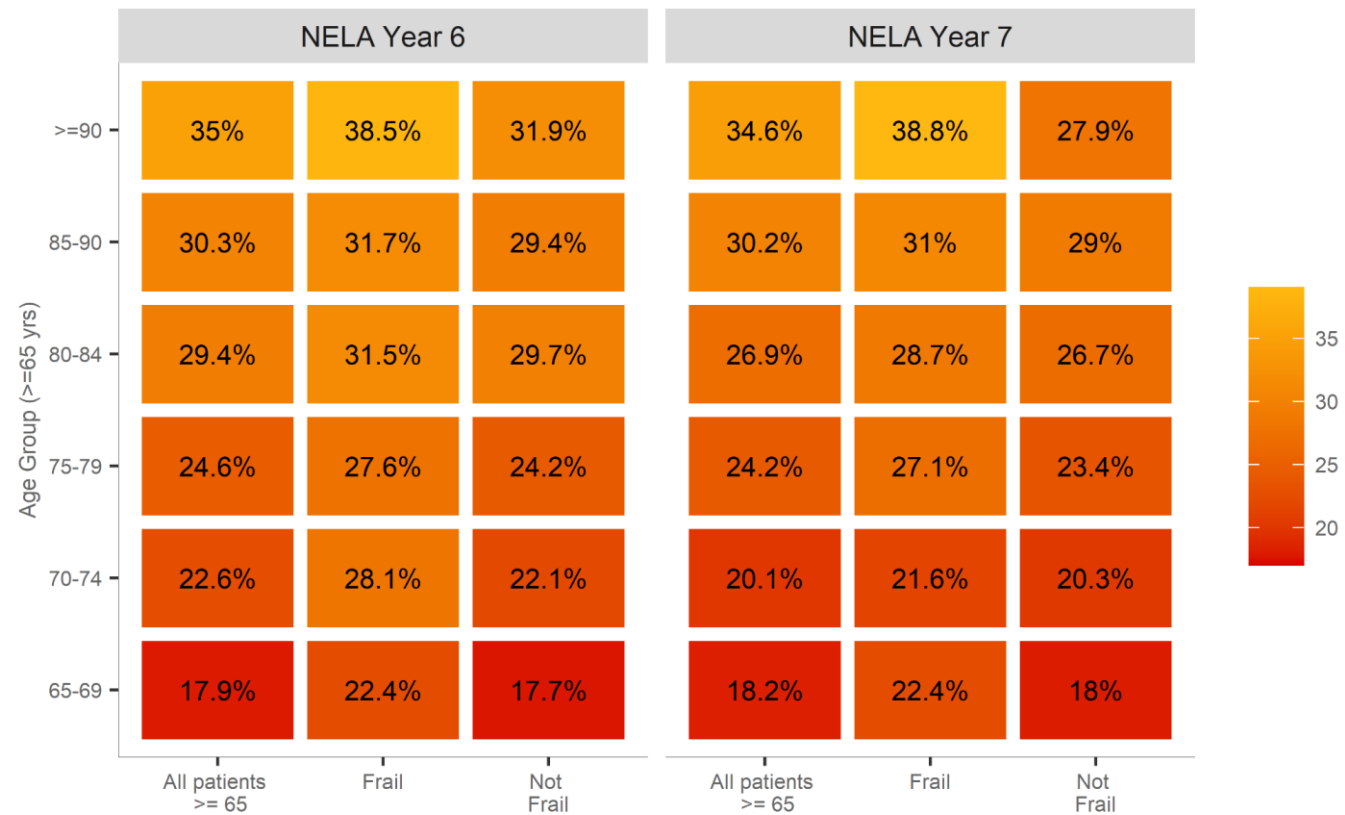
High Risk Patients – Direct Consultant Involvement in year 6 (2019) and year 7 (2020)



Note – draft data for year 7 – subject to change

Postop Elderly Care Involvement

“Patients over 80, or 65+ and frail, should receive input that includes geriatrician teams....” (RCS)



Note – draft data for year 7 – subject to change

Intra-abdominal Infection

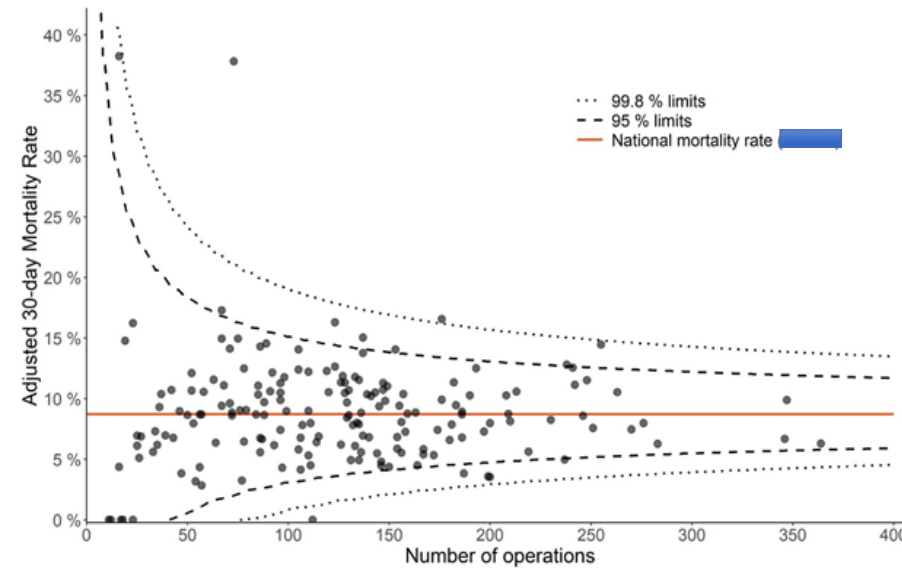
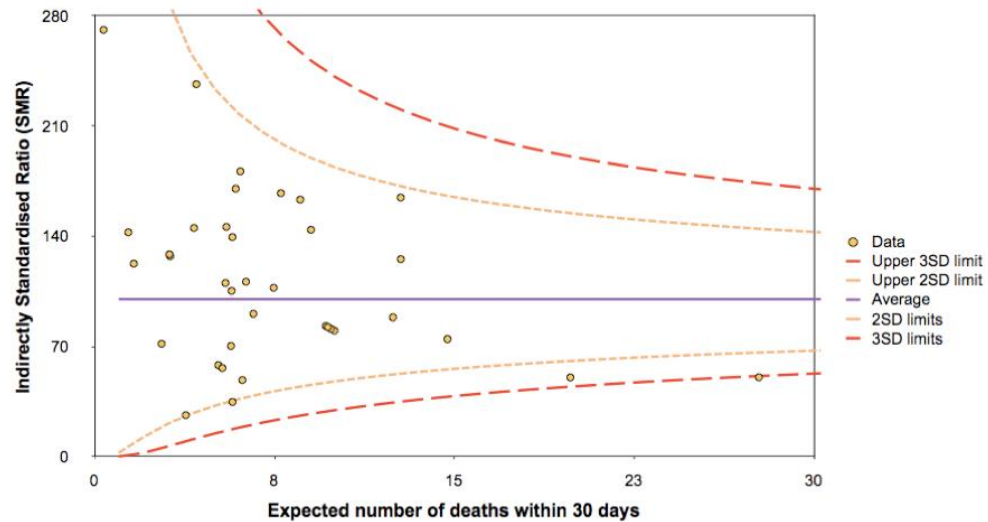
“Patients with sepsis should receive broad spectrum antibiotics within a maximum of one hour” (The Sepsis Trust)

- About a quarter have sepsis suspected on admission
 - 20% receive antibiotics within an hour
 - 10% no antibiotics until theatre (median 9 hours from admission)
 - Mortality risk is about 3 times greater

Variation persists: (ELN 2011 vs year 7 NELA report)

Note – draft data
for year 7 –
subject to change

30-day Standardised Mortality Ratio (SMR) for Emergency Laparotomy (10 year age bands)



Sources of comparative data for NENC

1. NELA annual RAG tables – outcomes and processes, but out of date
2. NELA quarterly reports – processes only
3. Data sharing locally – processes and outcomes, bespoke, orientated towards AHSN/ ELC work

Dashboard quarterly reports in NELA

The image displays three overlapping screenshots of the NELA (National Emergency Laparotomy Audit) dashboard. The top-left screenshot shows the homepage with a navigation menu and an 'Important announcement' section. The middle screenshot shows the 'Reports' menu with a green arrow pointing to the 'Hospital reports' option. The bottom-right screenshot shows the 'Reports - Hospital reports' page, which includes a 'QUARTERLY REPORT TIMETABLE' table and a 'Reports available' list.

Important announcement

NEW! The NELA team have report [here](#).

LATEST: NELA Annual Report

Update: Year 8 data collection began 1st Dec

Year 8 Update: Minor changes were made paper versions are available to download

Update: NEW NELA Mortality Monitoring (EWMA)

Update - The deadline to comply with the National Reporting and Infection Control (NRIC) September 2021. For more information click [here](#)

NELA & COVID-19 (Updated 03-04-2020)
Please see below an update in regards to NELA COVID-19 situation

QUARTERLY REPORT TIMETABLE:

Year	Financial Quarter	Start	End	Publication date	Publication
2021 (Year 8)	2020-21 Q4	01/01/2021	31/03/2021	Monday	21/06/2021
2021 (Year 8)	2021-22 Q1	01/04/2021	30/06/2021	Tuesday	20/09/2021
2021 (Year 8)	2021-22 Q2	01/07/2021	30/09/2021	Tuesday	20/12/2021
2022 (Year 8 & 9)	2021-22 Q3	01/10/2021	31/12/2021	Tuesday	21/03/2022
2022 (Year 9)	2021-22 Q4	01/01/2022	31/03/2022	Tuesday	20/06/2022

Reports available:

- Annual - Individual Hospital Reports
- Quarterly - Individual Hospital Reports
- BPT Quarterly Reports - Trust level (From June 2018)

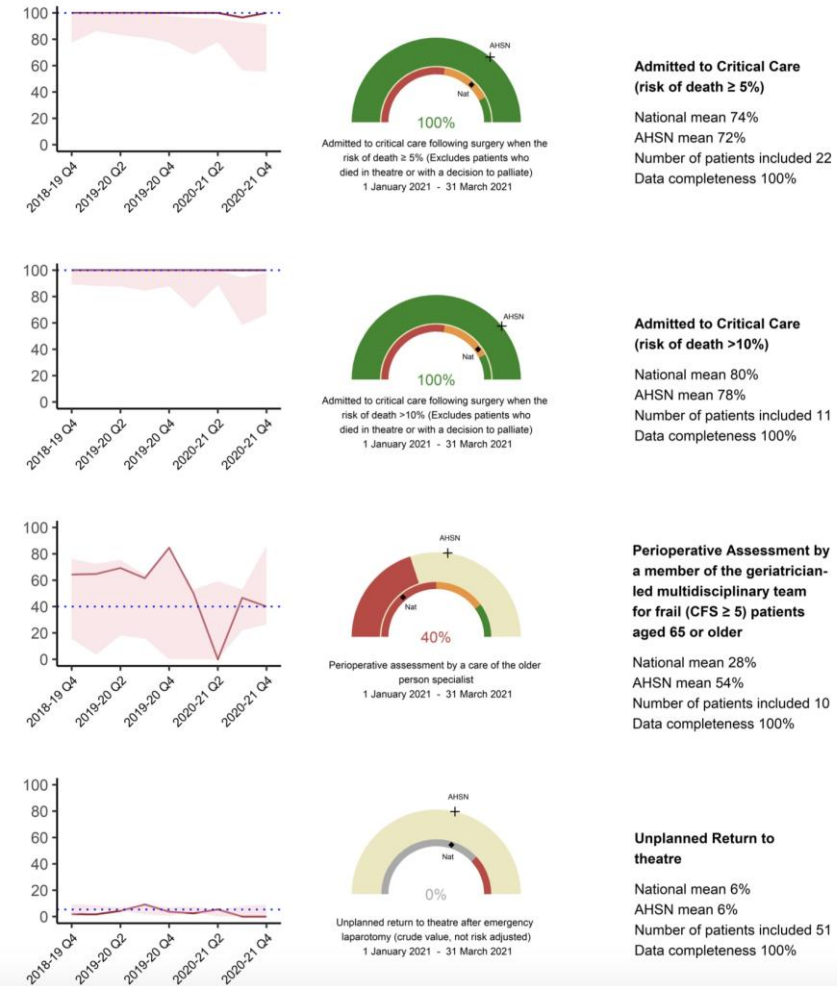
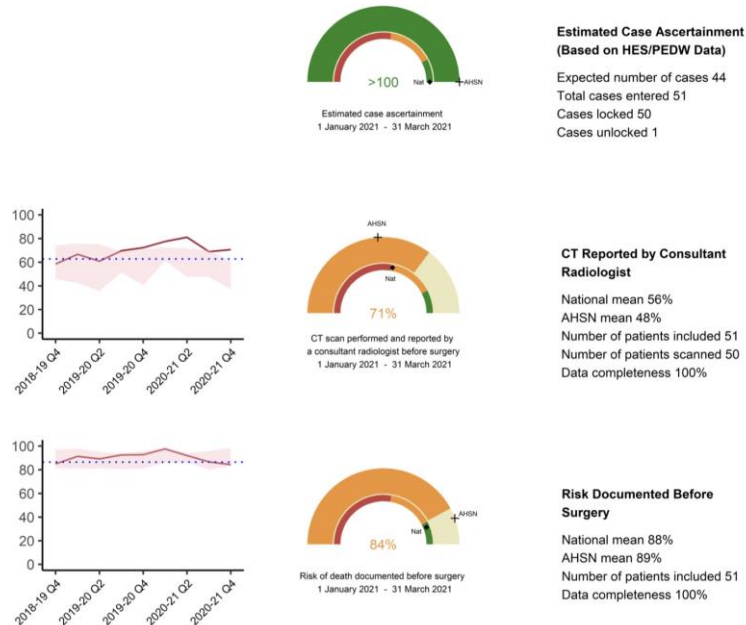
1st Apr- 30th Jun 2021 NELA dashboard Quarterly Reports

Royal Victoria Infirmary

2020-21 Quarter 4: 1 January 2021 - 31 March 2021

These plots represent patients having an emergency laparotomy during Year 2020-21 Quarter 4 of NELA data collection. This version will be made publically available via the NELA website. Feedback from participating hospitals is welcome.

NELA process and outcome measures



1st Apr- 30th Jun 2021 - NELA Dashboard Quarterly Reports

Hospital	Case Ascertainment (%)	CT reporting preop (%)	Risk documentation (%)	Arrival in theatre on time (%)	Cons S & Cons A (%)	Cons S (%)	Cons A (%)	CC 5% (%)	CC 10% (%)	COTE (%)	RTT (%)	unplanned CC (%)	LOS (days)
Carlisle	34	77	85	N/A	N/A	N/A	N/A	50	N/A	N/A	N/A	N/A	N/A
Darlington	>100	25	70	89	100	100	100	83	N/A	N/A	5	9	11
FRH	>100	67	87	83	82	91	91	100	N/A	N/A	7	7	29
Northumbria	>100	53	90	80	100	100	100	100	100	86	3	3	10
QEH	78	55	100	92	93	93	100	100	N/A	N/A	3	3	16
RVI	95	79	95	90	89	94	89	100	N/A	N/A	0	2	13
South Tyneside	>100	74	100	89	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SRH	>101	43	80	87	95	100	95	90	N/A	50	8	2	15
JCUH	93	69	84	67	100	100	100	94	100	5	4	0	14
Durham	>100	16	90	81	100	100	100	85	93	N/A	2	0	15
N Tees	>100	46	85	79	96	100	96	64	83	71	10	6	13

AHSN data sharing June 2019-Jan 2021 inclusive

- 6 KPIs
- Bespoke analysis
- Overlaps but not the same as NELA analysis
- Thank you to Michael Walkley at NEQOS for analysis

Hospital summary for process indicators (18/12: June 2019-Jan 2021)

Hospital	EmLap cases	Lactate	Antibiotics	Timely 2A	Cons S&A - High Risk	CC - High Risk	S03PreOpRiskOfDeath
		(pre-op)	(patients with suspected sepsis)	(median hours booking - theatre)	(both cons present 5%+ mortality risk)	(5%+ risk)	with a risk value
Royal Victoria Infirmary (RVI)	323	53%	73% (157)	3.1	100%	100%	90%
Freeman Hospital	76	75%	50% (35)	2.7	100%	100%	78%
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Value?



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"sepsis" with high NEWS, and/ or predicted peritoneal contamination/ perforation

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One urgency category only

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Pretty consistent

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Some manage this consistently, some do not

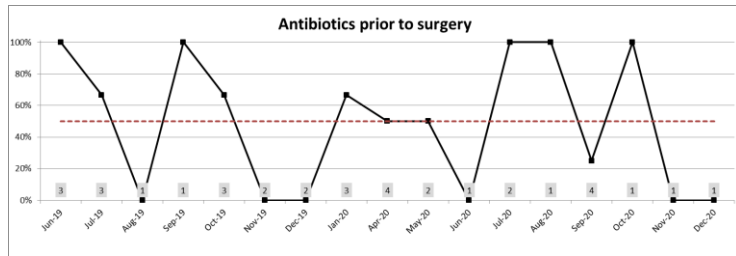
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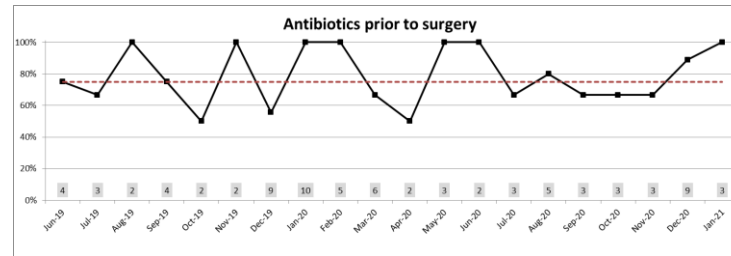
Half of units managing this 90%+



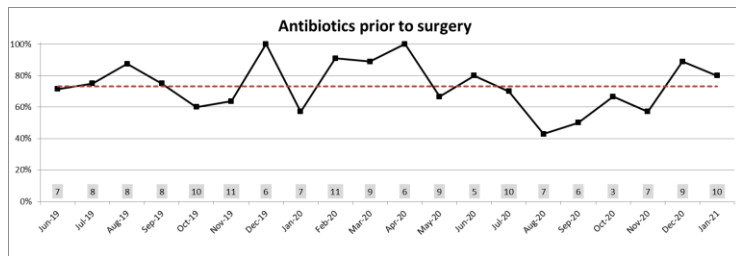
Antibiotics preop



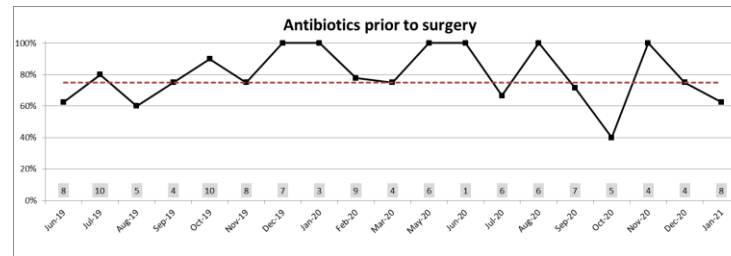
**Freeman
median = 50%**



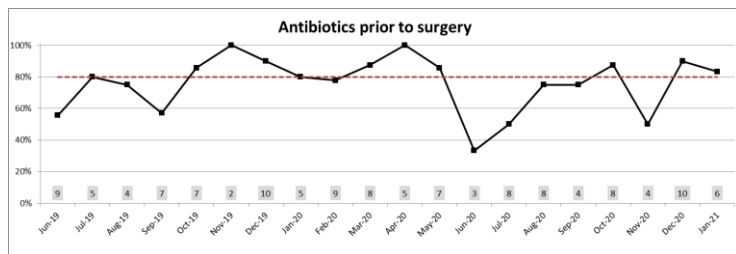
**Darlington
median = 75%**



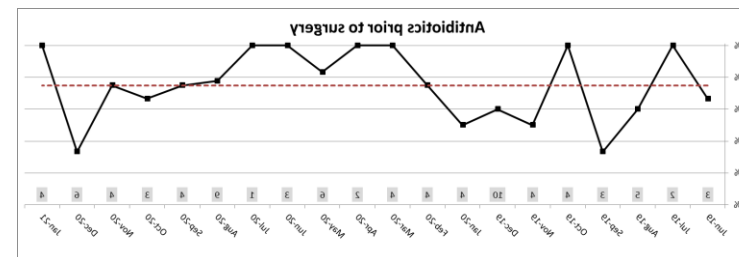
**RVI median =
73%**



**North
Durham
median =
75%**

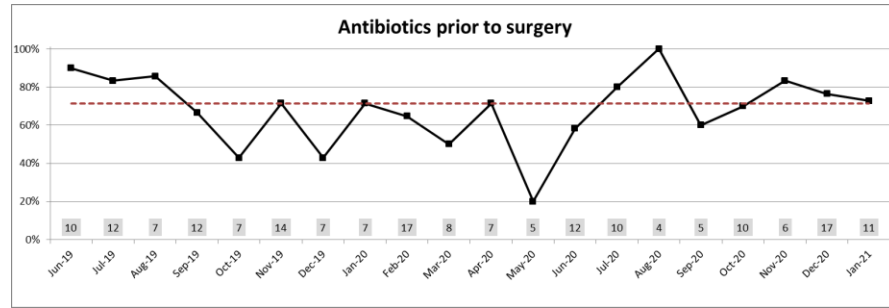


**SRH median =
80%**

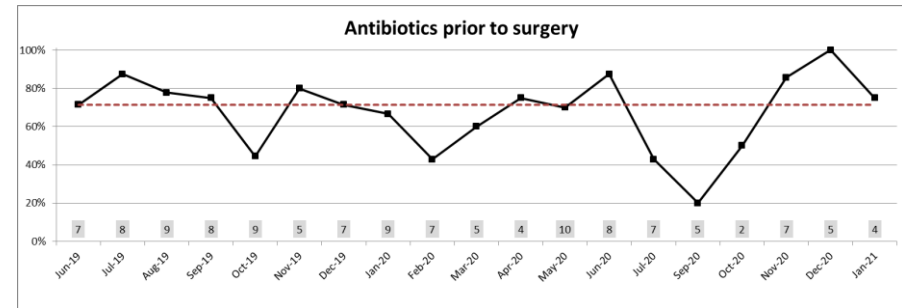


**Gateshead
median = 79%**

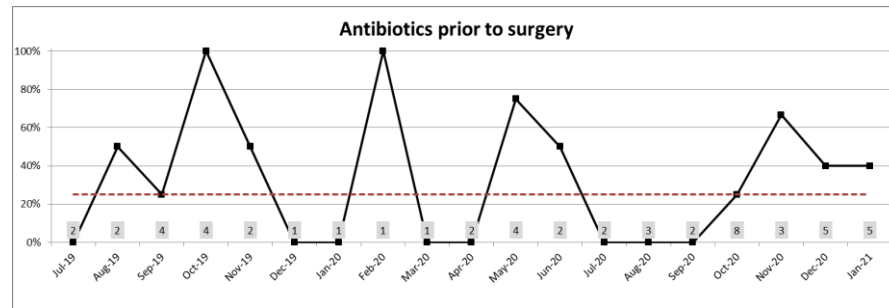
Antibiotics preop



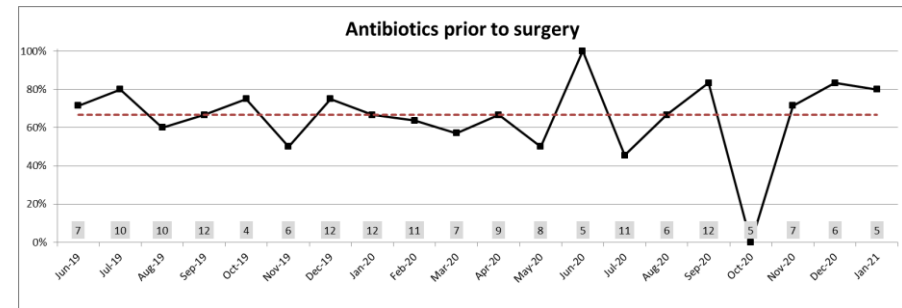
**Northumbria
median = 71%**



**North Tees
median = 71%**

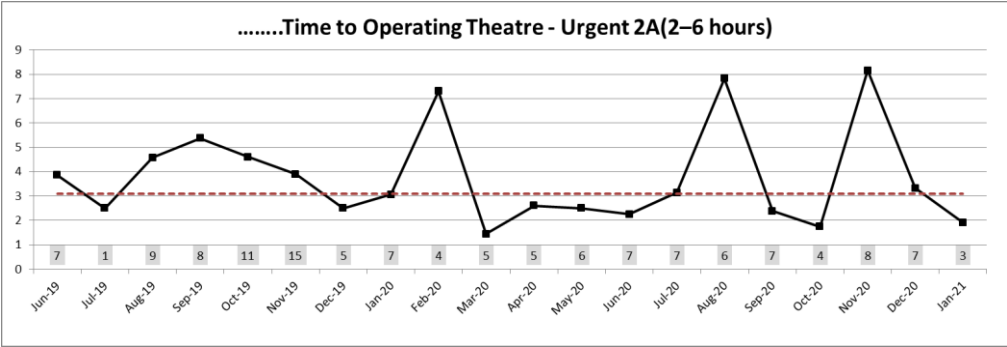


Carlisle median = 25%

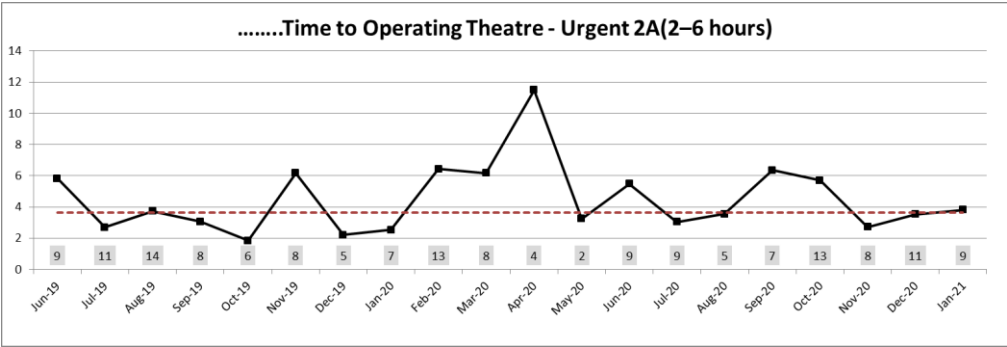


**James Cook
median = 67%**

Timeliness (2A 2-6hrs)

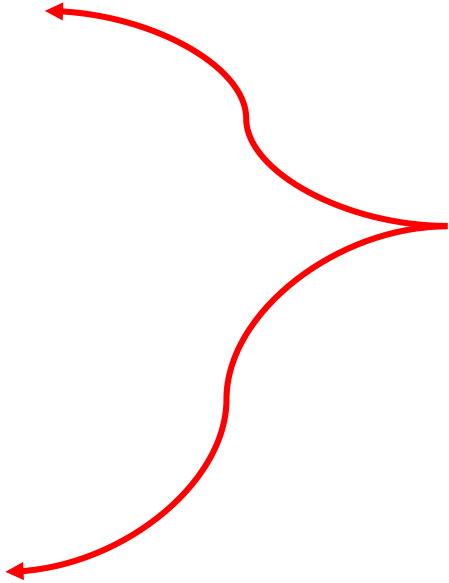


RVI median = 3.1 hrs

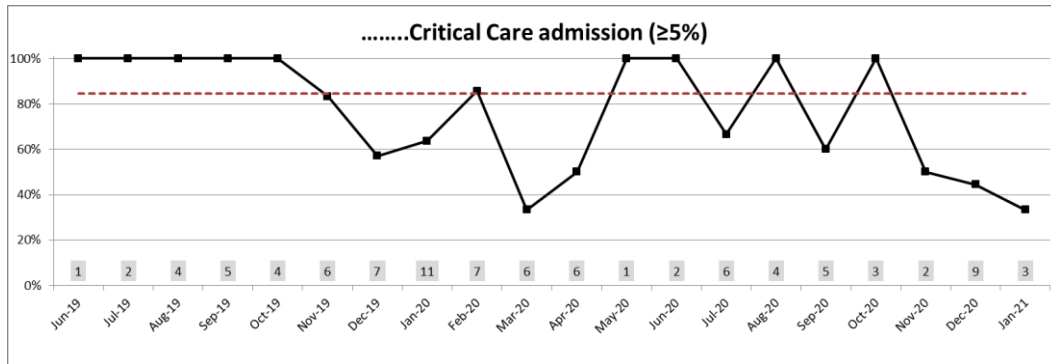


NSECH median = 3.6 hrs

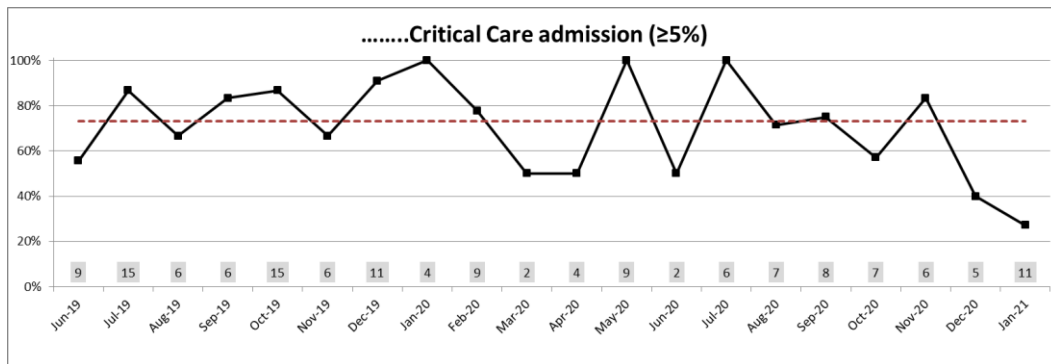
COVID effects?



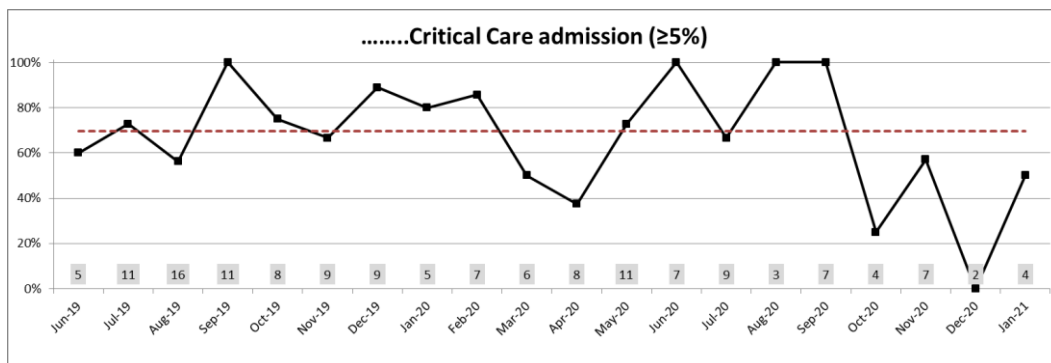
Crit Care (5%+)



Darlington median = 85%

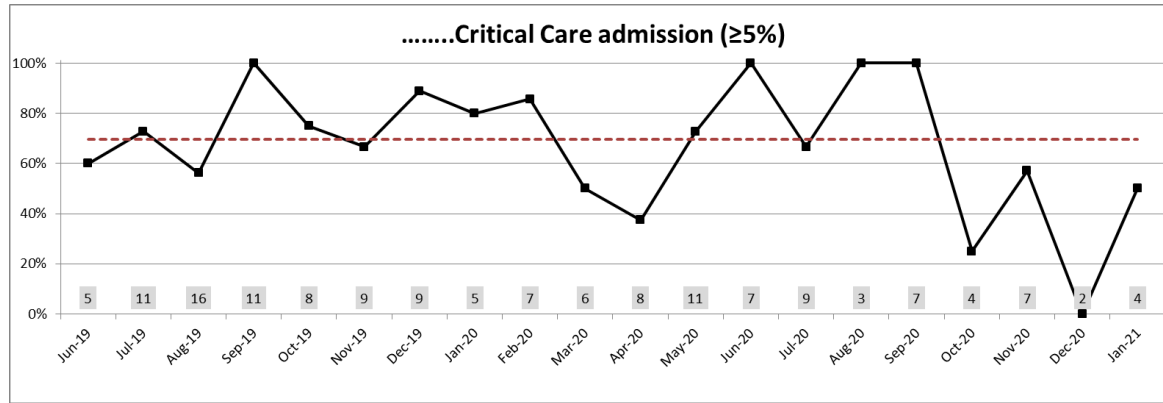


North Durham median = 73%

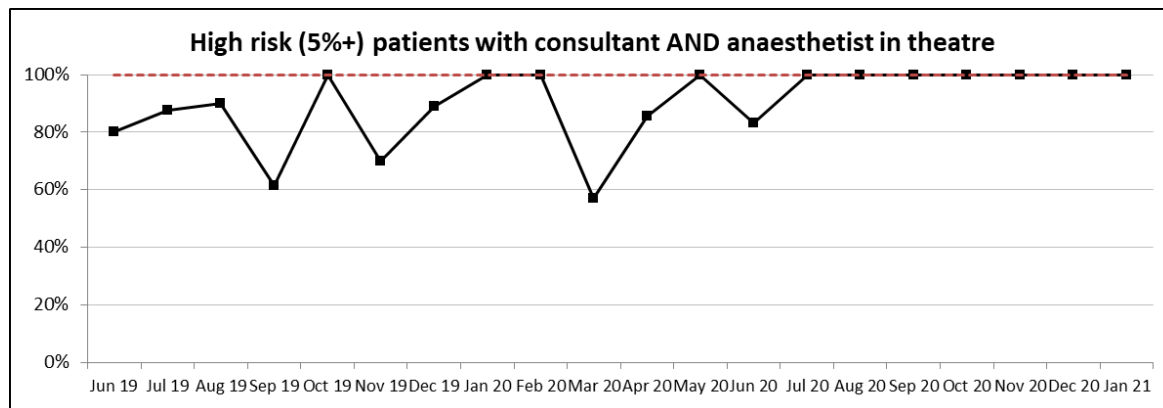


North Tees median = 70%

Crit Care (5%+) and Cons delivered care North Tees



North Tees median = 70%



North Tees median = 88%

Thoughts

- Cons delivered care largely consistently delivered
- Wider variation in other variables
- Antibiotics for those with sepsis or infection often not started preop
- COVID impact - differs in different ways in different hospitals

Questions

- Is local data sharing still worthwhile?
- Are we looking at correct variables?
- Are we reporting in a helpful manner?
- Are reports being seen by the right colleagues?

Stocktake survey June 2021

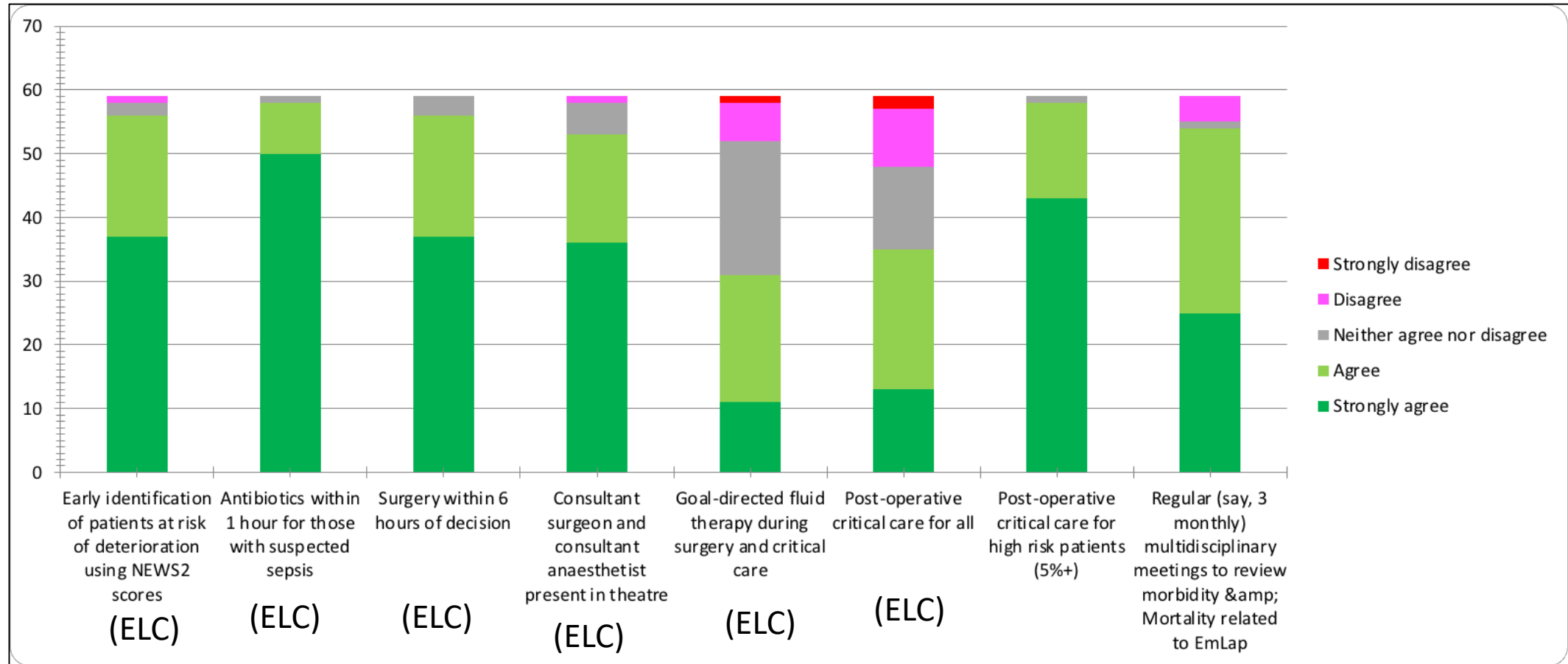
- 63 respondents
 - Newcastle majority
 - All hospitals except Durham and Darlington
- Multi-disciplinary representation, but anaesthesia bias

Speciality			
Answer Choice		Response Percent	Response Total
1	Anaesthesia	64.5%	40
2	Surgery	16.1%	10
3	Critical care	14.5%	9
4	Radiology	3.2%	2
5	Elderly care	0.0%	0
6	Emergency Medicine	1.6%	1
<i>answered</i>			62

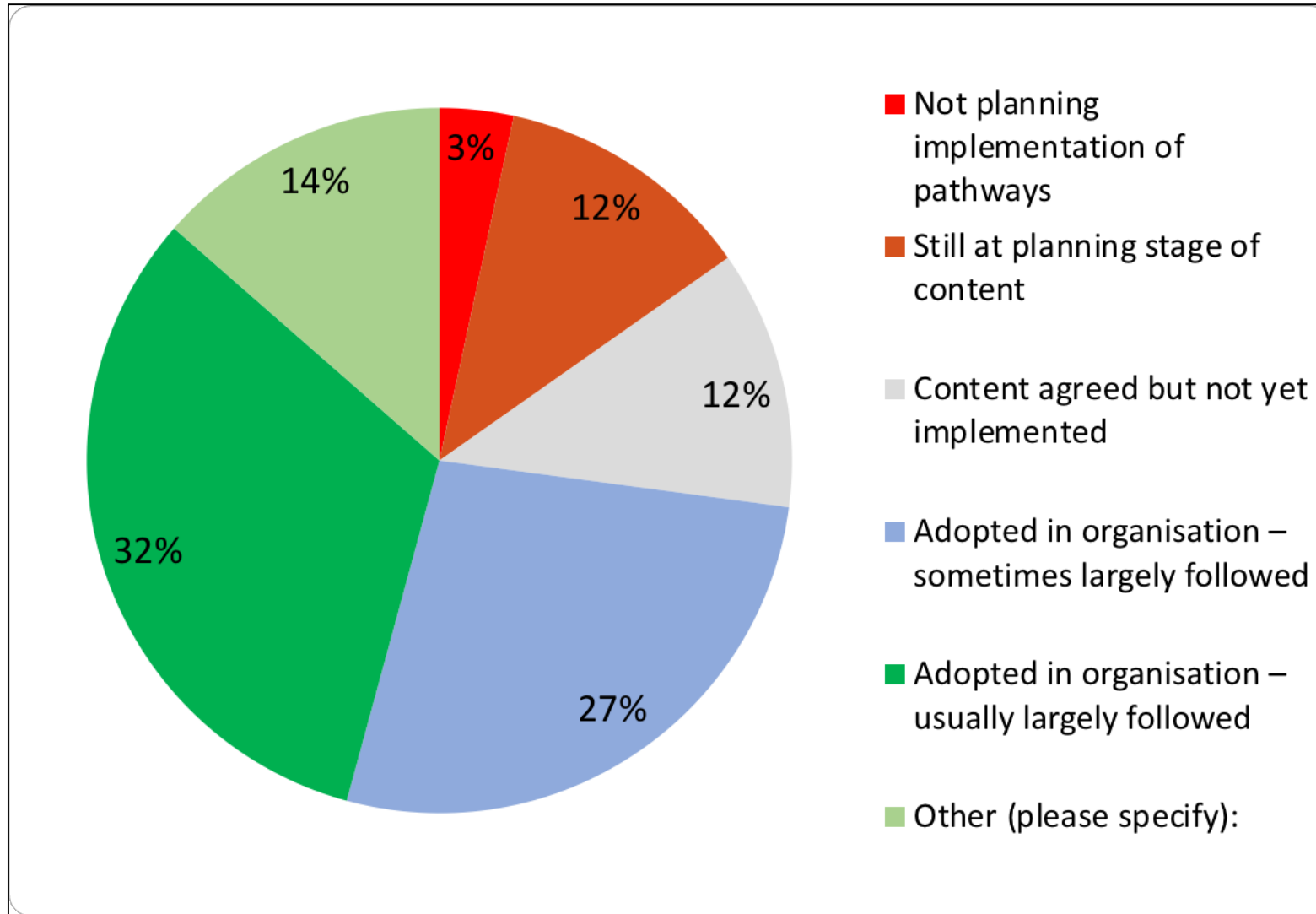
Opinions sought

- Content of pathway as per Emergency Laparotomy Collaborative
- Pathway implementation
- Main challenges in optimizing EmLap care
- Priorities for service optimization/ improvement

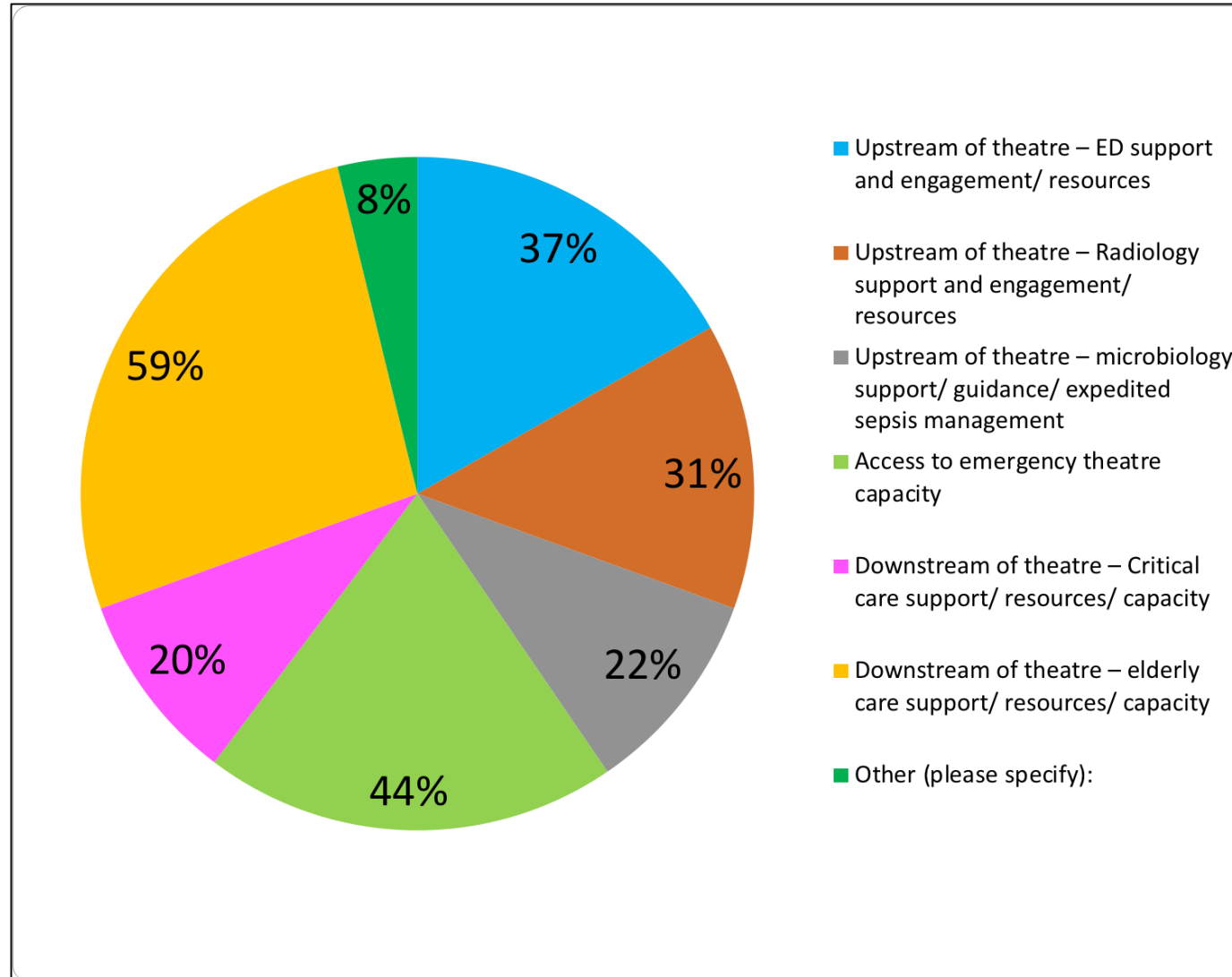
Strength of support for pathway content (ELC) (n=59)



Implementation of pathways (n=59)



Challenges – where do they lie? (n=59)



Priorities for service development (n=59)

