Introduction

At Homerton Hospital we are committed to the continuous improvement of our services and we are pioneers of peri-operative care.

The National Emergency Laparotomy Audit has provided us with framework enabling us improve care for our high risk surgical patients. We designed and implemented a quality improvement (QI) programme in order to create a reliable care pathway for patients undergoing emergency laparotomy.

Methods

- We constructed a driver diagram in order to facilitate the change process.

Aim

Create a reliable care process for emergency laparotomy patients

Primary drivers

- Process mapping meeting
- Present changes to staff
- Regular feedback of NELA data
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Secondary drivers

- Agree key areas to improve across peri-operative team
- Use QI methods to change care processes
- Create a team culture committed to improvement and responsive to feedback
- Recruit champions to roll out change across specialties

We identified five key goals:
1. A formal risk score completed prior to surgery
2. Surgery within six hours of the decision
3. Goal-directed fluid therapy intra-op
4. Measurement of serum lactate post-op
5. All patients considered for ITU/HDU post-op.

We implemented a number of strategies to bring about change:
- We elected NELA champions in each specialty
- We created posters and reminder notices which we placed on anaesthetic machines prompting staff to engage with NELA
- We regularly audited our data and held feedback sessions to highlight good practice and areas for improvement.

Results

In the six months following the start of our QI project we had significant positive results.

- Before the start of the project 0% of patients had documented risk scores, following our interventions this increased to a median of 40% with a peak of 100% for the month following a feedback session.

Discussion

There has been a real change in culture at Homerton Hospital. Our regular meetings and interventions have generated enthusiasm for the project. As a result there has been “buy-in” from the emergency medicine, surgery, anaesthetics and ITU teams.

Emergency laparotomy patients are a priority and variation in care has significantly reduced. Our initial focus for improvement was the immediate operative period. Change here has been a success and we have now extended its scope to the Emergency Department and to the wards.