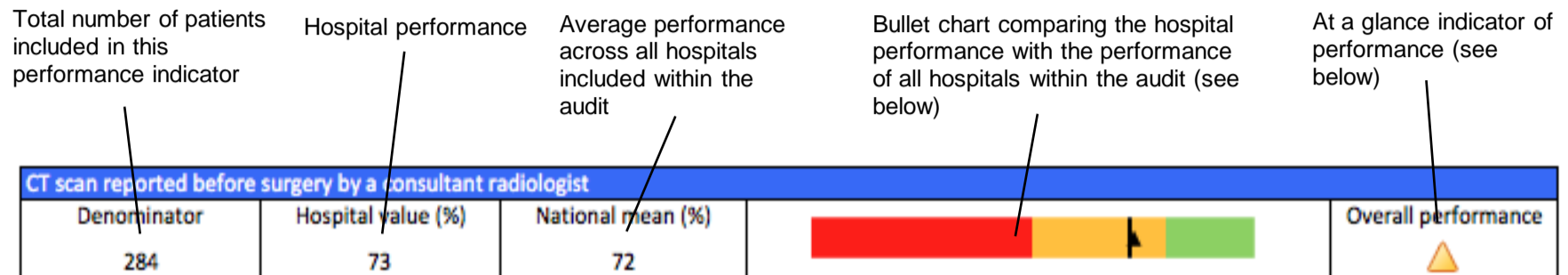


# National Emergency Laparotomy Audit - Hospital Performance Indicators

## Overview



## Interpreting bullet charts and symbols

### RAG rated process measures:

Red RAG rating: hospitals in this range meet a standard for <50% of patients

Amber RAG rating: hospitals in this range meet a standard for 50% to 79% of patients (<70% for case ascertainment)

Green RAG rating: hospitals in this range meet a standard for ≥80% of patients (≥70% for case ascertainment)



The black triangle represents the specific hospital's performance

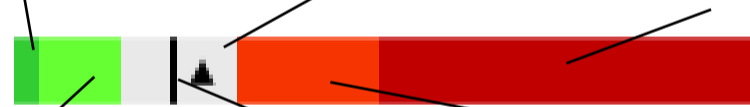
The black bar represents the average performance of all hospitals included in the audit

### Outcome measures without risk adjustment:

Hospitals in the dark green range are between the minimum value and the 2nd centile

Hospitals in the grey range are between the 25th and 75th centiles

Hospitals in the dark red range are between the 98th centile and the maximum value



Hospitals in the green range are between the 2nd and 25th centiles

The black bar is the median value of all hospitals included in the audit

Hospitals in the red range are between the 75th and 98th centiles

### Risk-adjusted 30-day

Hospitals in the dark green range have a risk-adjusted mortality below the lower 99.8% confidence interval

Hospitals in the grey range have a risk-adjusted mortality within the expected range (between the upper and lower 95% confidence intervals)

Hospitals in the red range have a risk-adjusted mortality between the upper 95% and 99.8% confidence intervals (alert status)



Hospitals in the green range have a risk-adjusted mortality between the lower 99.8% and 95% confidence intervals

The black bar is the average mortality rate of all hospitals in the audit

Hospitals in the dark red range have a risk-adjusted mortality above the upper 99.8% confidence interval (outlier status)

Note: Graphs has been rescaled for each hospital according to their own confidence limits which are based on the numbers of patients entered into the audit. Hospitals with smaller patient numbers may not have all ranges displayed

### At a glance indicators of overall performance:



A green circle means a hospital is performing well or as expected



A yellow triangle means a hospital could perform well if some improvements were made



A red diamond means a hospital should take steps to improve

# West Suffolk Hospital

1 December 2014 - 30 November 2015

Number of patients for this hospital included in the Second Patient Report of the National Emergency Laparotomy Audit: 141


## Case ascertainment (Overall performance labled as n/a may indicate unavailable data, or uncertainty over data accuracy)

	Hospital value (%)	National mean (%)		Overall performance
	84	70		

## CT scan reported before surgery by a consultant radiologist

Denominator	Hospital value (%)	National mean (%)		Overall performance
141	89	72		

## Risk of death documented before surgery

Denominator	Hospital value (%)	National mean (%)		Overall performance
141	99	64		

## Arrival in theatre within a timescale appropriate for urgency

Denominator	Hospital value (%)	National mean (%)		Overall performance
141	78	82		

## Preoperative review by a consultant surgeon and anaesthetist when the risk of death ≥5%

Denominator	Hospital value (%)	National mean (%)		Overall performance
96	83	57		

## Consultant surgeon and anaesthetist present in theatre when the risk of death ≥5%

Denominator	Hospital value (%)	National mean (%)		Overall performance
78	96	74		

## Consultant surgeon present in theatre when the risk of death ≥5%

Denominator	Hospital value (%)	National mean (%)		Overall performance
78	96	89		

## Consultant anaesthetist present in theatre when the risk of death ≥5%

Denominator	Hospital value (%)	National mean (%)		Overall performance
78	100	82		

## Admitted to critical care following surgery when the risk of death >10%

Denominator	Hospital value (%)	National mean (%)		Overall performance
78	98	85		


## Assessment by elderly medicine specialist in patients aged 70 years and over

Denominator	Hospital value (%)	National mean (%)		Overall performance
60	5	10		


## Proportion of patients having an unplanned return to theatre after emergency laparotomy (a low value is preferable)

Denominator	Hospital value (%)	National median (%)		Overall performance
75	10.6	8.7		n/a

## Proportion of patients with unplanned critical care admission from the ward within 7 days of surgery (a low value is preferable)

Denominator	Hospital value (%)	National median (%)		Overall performance
141	2.9	3.3		n/a

## Median length of stay following surgery in patients surviving to hospital discharge (days)

Number of patients	Hospital value (days)	National median (days)		Overall performance
141	9.4	11.0		n/a

## Risk-adjusted mortality within 30 days of surgery for Year 1 and 2 (a low value is preferable)

	Hospital value (%)	National mean (%)		Overall performance
	8.7	11.4	