

National Emergency Laparotomy Audit

UPCARE: Programme name*	National Emergency Laparotomy Audit
Workstream name (if applicable) - please do not change this field.*	Not applicable
Contract status	Ongoing
Audit or non-audit	Audit
HQIP commissioned*	Yes
HQIP AD	PS
HQIP PM	NP
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales; Northern Ireland
1.1b Geographical coverage - External agreement	Isle of Man
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Surgery
1.3a Healthcare setting*	NHS secondary or tertiary care
1.4 Inclusion and exclusion criteria*	<p>NELA will enroll the patients treated in England or Wales who meet the following criteria</p> <ul style="list-style-type: none">• aged 18 years and over,• who undergo an expedited, urgent or emergency (NCEPOD definitions) abdominal procedure on the gastrointestinal tract. <p>This will include</p> <ul style="list-style-type: none">• Open, laparoscopic, or laparoscopically-assisted procedures• Procedures involving the stomach, small or large bowel, or rectum for conditions such as perforation, ischaemia, abdominal abscess, bleeding• Washout/evacuation of intra-peritoneal abscess (unless due to appendicitis or cholecystitis – excluded, see below)• Washout/evacuation of intra-peritoneal haematoma• Bowel resection/repair due to incarcerated incisional, umbilical, inguinal and femoral hernias (but not hernia repair without bowel resection/repair with bowel resection)• Bowel resection/repair due to obstructing/incarcerated incisional hernias provided the presentation and findings were acute. This will include laparoscopic division of adhesions.• Laparotomy/laparoscopy with inoperable pathology (e.g. peritoneal/hepatic metastases) where the intention was to perform a definitive procedure or diagnostic procedures.• Laparoscopic/Open Adhesiolysis• Return to theatre for repair of substantial dehiscence of major abdominal wound (i.e. "burst abdomen")• Return to theatre for complications that require the assistance of a general surgeon following gynaecological oncology surgery.• Any reoperation/return to theatre for complications of elective general/upper GI surgery meeting the criteria above is included. Returns to theatre for oncology complications described immediately above this point), for complications following non-GI surgery are excluded (see exclusion criteria) <p>If multiple procedures are performed on different anatomical sites within the abdominal/pelvic cavity, the patient would be included if the major procedure is</p> <ul style="list-style-type: none">• Non-elective colonic resection with hysterectomy for a fistulating colonic cancer would be included as the bowel resection is the major procedure• However bowel resection at the same time as emergency abdominal aortic aneurysm repair would not be included as the aneurysm repair is the major procedure <p>The above criteria are not exhaustive. Please contact the project team if you require any clarification.</p> <p>NELA Exclusion Criteria</p> <p>Patients with the following characteristics will be excluded from NELA:</p> <ol style="list-style-type: none">1. Patients under 182. Elective laparotomy / laparoscopy3. Diagnostic laparotomy/laparoscopy where no subsequent procedure is performed (NB, if no procedure is performed because of inoperable pathology)4. Appendicectomy +/- drainage of localised collection unless the procedure is incidental to a non-elective procedure on the GI tract5. Cholecystectomy +/- drainage of localised collection unless the procedure is incidental to a non-elective procedure on the GI tract (All surgery involving the appendix or gallbladder, including any surgery relating to complications such as abscess or bile leak is excluded. The only exception is as an incidental procedure to a more major procedure. We acknowledge that there might be extreme cases of peritoneal contamination, but total laparotomy judgement calls about severity of contamination.)6. Non-elective hernia repair without bowel resection or division of adhesions7. Minor abdominal wound dehiscence unless this causes bowel complications requiring resection8. Non-elective formation of a colostomy or ileostomy as either a trephine or a laparoscopic procedure (NB: if a midline laparotomy is performed, formation of a stoma then this should be included)

9. Vascular surgery, including abdominal aortic aneurysm repair
10. Caesarean section or obstetric laparotomies
11. Gynaecological laparotomy (but see comment above about inclusion of gynae-oncology)
12. Ruptured ectopic pregnancy, or pelvic abscesses due to pelvic inflammatory disease
13. Laparotomy/laparoscopy for pathology caused by blunt or penetrating trauma
14. All surgery relating to organ transplantation (including returns to theatre for any reason following transplant surgery)
15. Surgery relating to sclerosing peritonitis
16. Surgery for removal of dialysis catheters
17. Laparotomy/laparoscopy for oesophageal pathology
18. Laparotomy/laparoscopy for pathology of the spleen, renal tract, kidneys, liver, gall bladder and biliary tree, pancreas or urinary tract
19. Returns to theatre for complications (eg bowel injury, haematoma, collection) following non-GI surgery are excluded i.e., returns to theatre for gynaecological, vascular, hepatic, pancreatic, splenic surgery are excluded. The specific exception to this list is that of complications requiring th after gynaecology-oncology surgery – these cases should now be INCLUDED, as per inclusion criteria above).

1.5 Methods of data submission* Bespoke data submission by healthcare provider; Extraction from existing data source(s)

1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.* 2nd April 2024

1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.* 2nd April 2025

1.7 Data flow diagram https://www.nela.org.uk/downloads/NELA%20-%20HQIP%20Dataflow%20Chart_15%20Feb%202023.pdf

1.8 Data quality & analysis plan The technical documents released with each annual report detail various components of our analysis plan: <https://www.nela.org.uk/reports>

In terms of data quality:

Data acquisition is via the dedicated NELA webtool and features:

- Unique logins to limit access to user's hospital
- Real-time in-built logic checks to support data validation, and prevent duplicate patient entry
- Real-time flagging of cases with incomplete data

Data is exported by the Project Team for analysis securely. Patient Identifiable Information can only be visualised or exported from the webtool and is only used centrally to link to other datasets.

Data validation

Performed by assessing reliability and accuracy against other sources including ONS, HES, and other linked databases. For example:

- internal agreement between data items that appear in two databases (e.g. date of surgery)
- internal consistency between NELA indication for surgery / HES diagnosis codes
- imputation techniques to handle missing data as required to maximise data quality
- NELA derived in-hospital mortality compared with ONS date of death

1.9 Outlier policy <https://www.nela.org.uk/NELADocs#pt>

2.1 Outcome measures

1. 30- and 90-day mortality
2. Postoperative length of stay

Process/outcome measures outlined here: <https://www.nela.org.uk/Audit-info-Documents#pt>

2.2 Process measures

- Proportion of patients who had a CT scan that was reported by senior radiologist and communicated with the team in the correct time sca
- Proportion of patients with suspected infection or sepsis that have antibiotic administration within the correct clinical timeframe
- Proportion of patients arriving in theatres according to correct clinical timeframe
- Proportion of patients in whom a risk assessment was documented preoperatively AND postoperatively
- Proportion of high-risk patients (risk of death of $\geq 5\%$) with consultant surgeon and consultant anaesthetist present in theatre
- Proportion of high-risk patients admitted directly to critical care postoperatively
- Proportion of patients aged 65 or older and frail, or aged 80 and older who receive postoperative assessment and management by a men expertise in comprehensive geriatric assessment (CGA)
- Proportion of patients aged 65 or older where a formal assessment of frailty was made
- case ascertainment
- mortality
- length of stay

2.6a Do measures align with any of the following sources of evidence (select all that apply) NICE clinical guideline; Professional society; Royal College

2.6b Evidence supplemental information	https://www.nela.org.uk/downloads/RCS%20Report%20The%20HighRisk%20General%20Surgical%20Patient%20%20Raising%20the%20Stan https://www.aomrc.org.uk/reports-guidance/statement-on-the-initial-antimicrobial-treatment-of-sepsis-v2-0/ https://www.roca.ac.uk/safety-standards-quality/guidance-resources/guidelines-provision-anaesthetic-services https://cpoc.org.uk/sites/cpoc/files/documents/2021-06/Preoperative%20assessment%20and%20optimisation%20guidance.pdf https://cpoc.org.uk/guidelines-resources-guidelines/perioperative-care-people-living-frailty Other standards documents can be downloaded here: https://www.nela.org.uk/Standards-Documents#pt
3.1 Results visualisation	Annual report; Interactive online portal (run charts available); Other; Static data files
3.2a Levels of reporting*	National; Trust or health board; Hospital or specialist unit; Integrated care system (ICS)
3.3 Timeliness of results feedback	Within 2 years; Within 1 month
3.4 Link to dynamic reporting*	https://data.nela.org.uk/Reports/Hospital-reports.aspx
2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2023 - 04/02/2024
2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/03/2024 - 04/02/2025
Dataset #1 name	Patient Audit Dataset - Operative Cohort
Dataset #1 type*	Clinical audit
Dataset #1 population coverage*	All eligible patients
Dataset #1 items collected (n)	88
Dataset #1 use of existing national datasets	Hospital episode statistics (HES); Office for National Statistics (ONS); Patient episode database for Wales (PEDW)
Dataset #2 name	No Lap
Dataset #2 type*	Clinical audit
Dataset #2 population coverage*	All eligible patients
Dataset #2 items collected (n)	56
Dataset #2 use of existing national datasets	Hospital episode statistics (HES); Office for National Statistics (ONS); Patient episode database for Wales (PEDW)
Dataset #3 name	Not applicable
Dataset #4 name	Not applicable
When was your Healthcare Improvement Plan (sometimes referred to as a Quality Improvement Plan) last reviewed? Please upload under 'Files' below using naming convention ('yyyymmdd_PROGRAMME-Workstream-HIplan').	11/03/2023
National report publication date (within calendar year 01/01 - 31/12/2023)*	February 2023 with addendum published in January 2024
Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	spring/summer 2024 (confirmed date pending)

**Planned national report
publication date (within
calendar year 01/01 -
31/12/2025)***

pending

**Please add the most recent
date that you have reviewed
and updated an online
version of UPCARE
Workstream section(s) on
your project's website (click
into the response to see
pop-up guidance).**

02/23/2024

**Please add a hyperlink to
UPCARE Workstream
section(s) on your website
(click into the response to
see pop-up guidance).***

<https://www.nela.org.uk/Audit-info-Documents#pt>

Files 20231103_NELA-EmLap-HIplan.pdf