



# The National Emergency Laparotomy Audit (NELA) – top tips for making it successful in your hospital

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AAGBI WSM 2014

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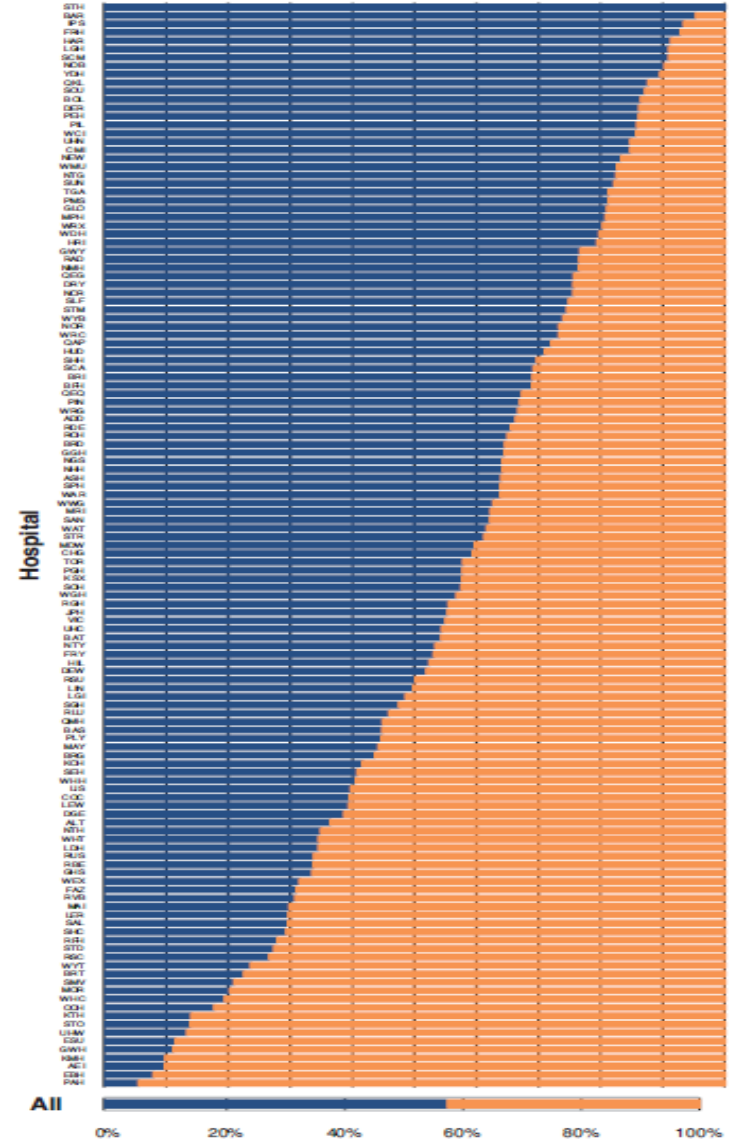
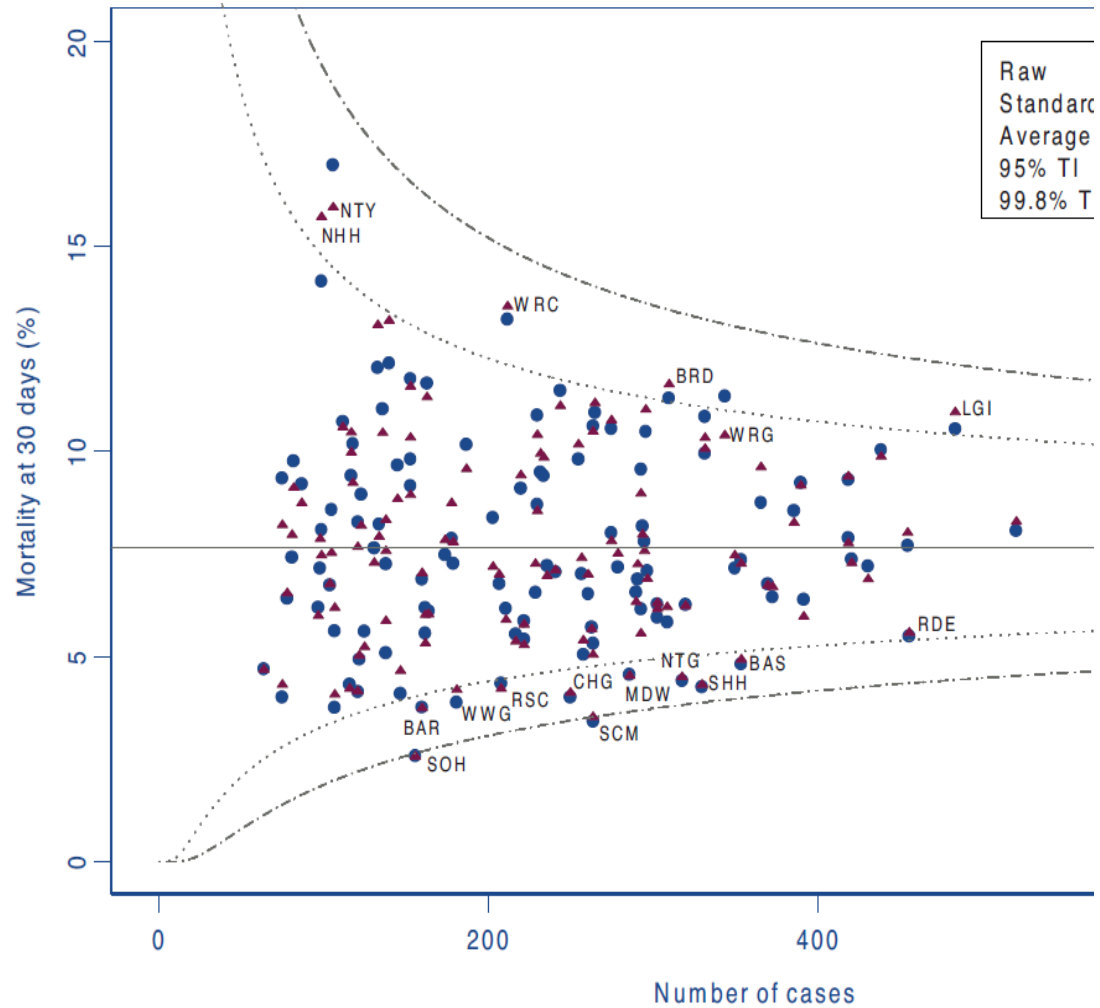
# Overview

- By successful, I mean...
  - Data collection
  - Improvement in outcome
- To improve care you need...
  - Clinical & non-clinical engagement
  - Decent data available locally
  - A Quality Improvement plan
- Implications of introducing something new

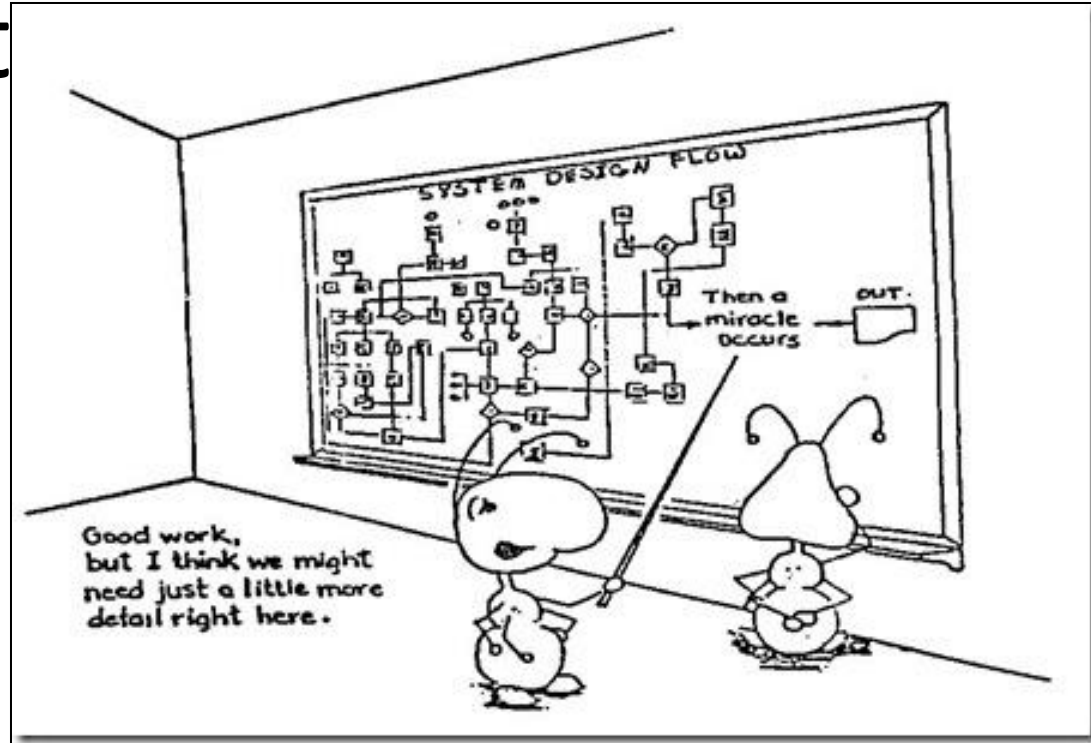
# The dataset

- Why this dataset?
- What does it aim to achieve?
- How should it be collected?
- Who should collect it?

# Limitations of National Audit Reports



# National Audit



Data collection



Data analysis



Report

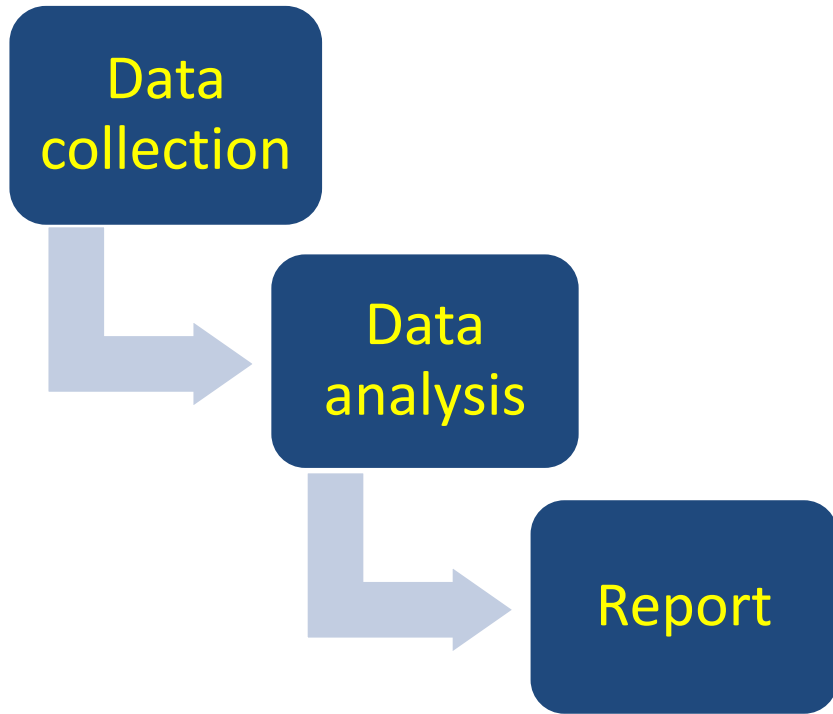


The "Big" plan



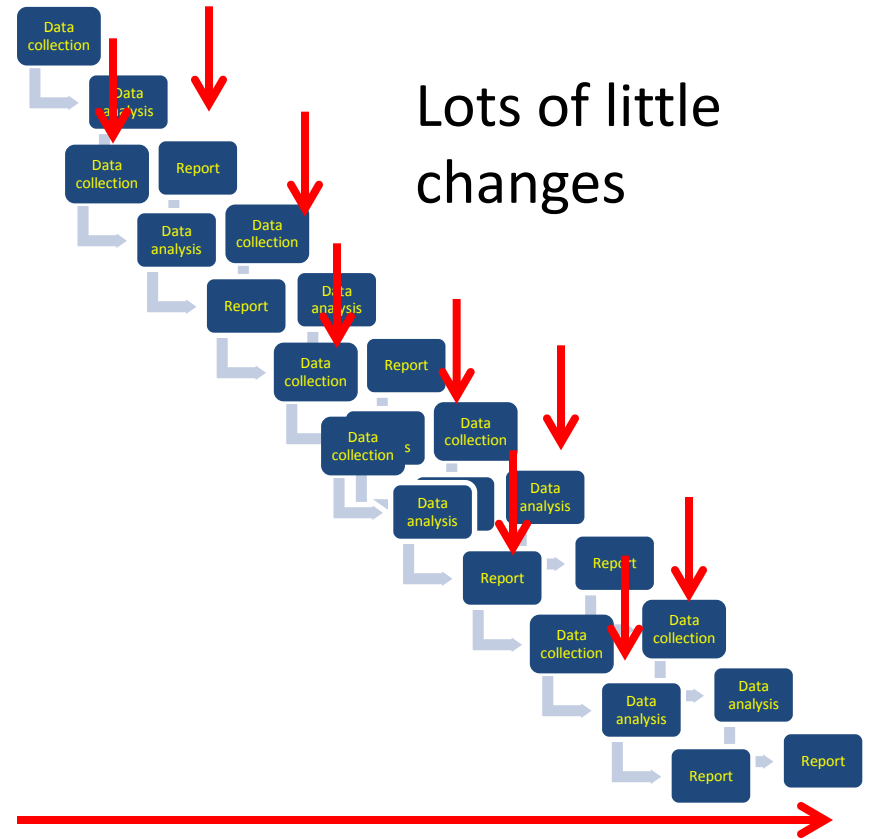
16-18 months

# National Audit



16-18 months

# Local Quality Improvement



16-18 months

# Data reflects key areas where a difference can be made

- Time of review by consultant surgeon
- Admission to first dose of antibiotics
- Time from decision to theatre
- CT reported pre-op
- Objective assessment of risk of mortality
- Consultants in theatre for high risk cases
- High risk patients directly admitted to critical care post-op

You are here: [Clinical](#) | [Export](#)

- Proforma
- Hospital documents
- Export
- Custom fields
- Reports

## Clinical - Export

### Notice for users of Microsoft Excel 2003 and earlier.

If you plan to view the data in Microsoft Excel 2003 or earlier you will not be open up the full dataset due to a limit of 256 columns. You will need three separate exports for Sections 1-3, 4-7 and 8.

Hospital:

- Export type:
- NELA proforma
  - NELA proforma PID
  - NELA other information
  - NELA comments (list by question)
  - NELA comments (list by patient)

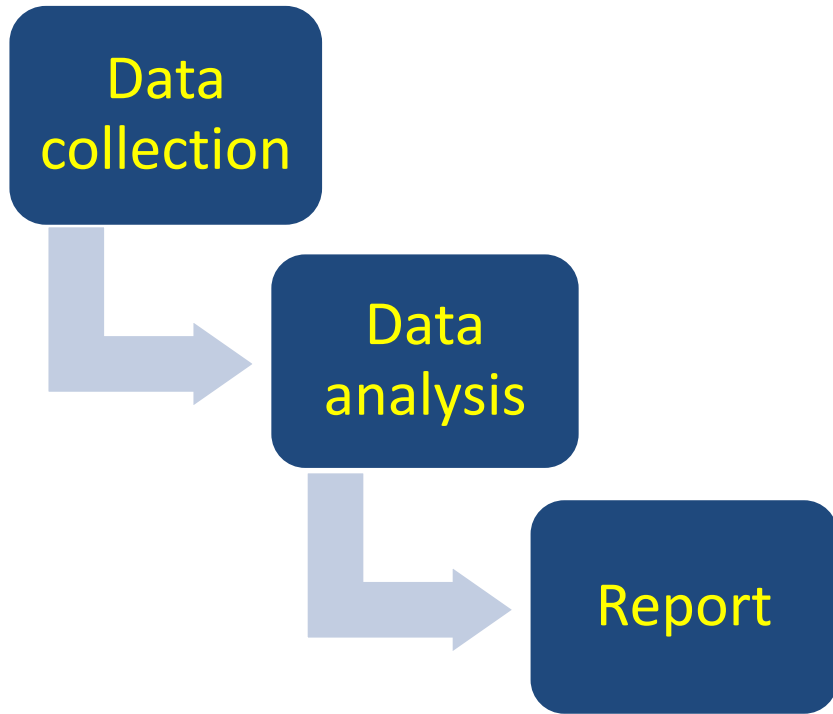
Locked only:

Date range: From  to  (based on dates patients admitted to theatre)

[Export to CSV](#)

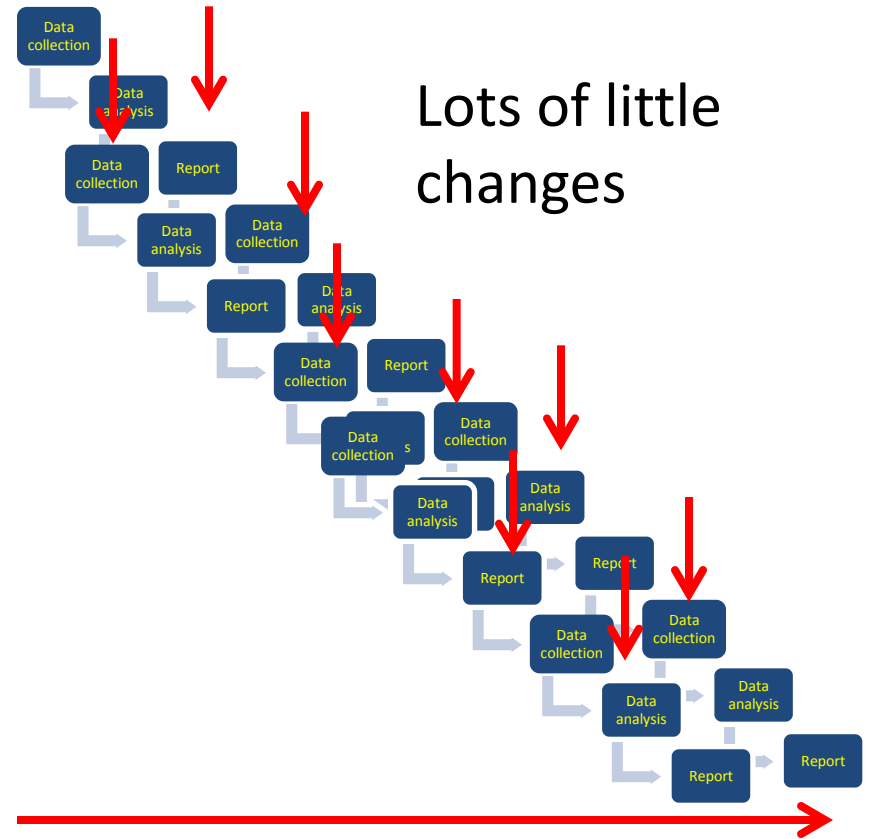


# National Audit



16-18 months

# Local Quality Improvement



16-18 months

# High quality local data

NELA - S07 - Mozilla Firefox

File Edit View History Bookmarks Tools Help

NELA - S07

data.nela.org.uk/Clinical/ClinV1/S07.aspx

Cannot complete audit All details Lock View comments

Complete Incomplete Errors Not saved

1. Demographics and Admission 2. Pre-op 3. Pre-op Risk stratification 4. Intra-op 5. Procedure 6. Post-op Risk stratification 7. Post-op

## Booking

- Surgeons
- Ward clerks
- Specialist Nurses

# High quality local data

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## Theatre

- Anaesthetists
- Surgeons
- ODPs etc

# High quality local data

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NELA - S07

data.nela.org.uk/Clinical/ClinV1/S07.aspx

Google

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## Discharge

- Surgeons
- Ward clerks
- Specialist Nurses
- Audit clerks

# Making it easier to do the right thing

## Data capture

Date/time 1<sup>st</sup> seen by surgical team

.../.../... .....:..... Grade.....

Date/time seen by surgical consultant

.../.../... .....:.....

Date/time decision for theatre

.../.../... .....:.....

In theatre by

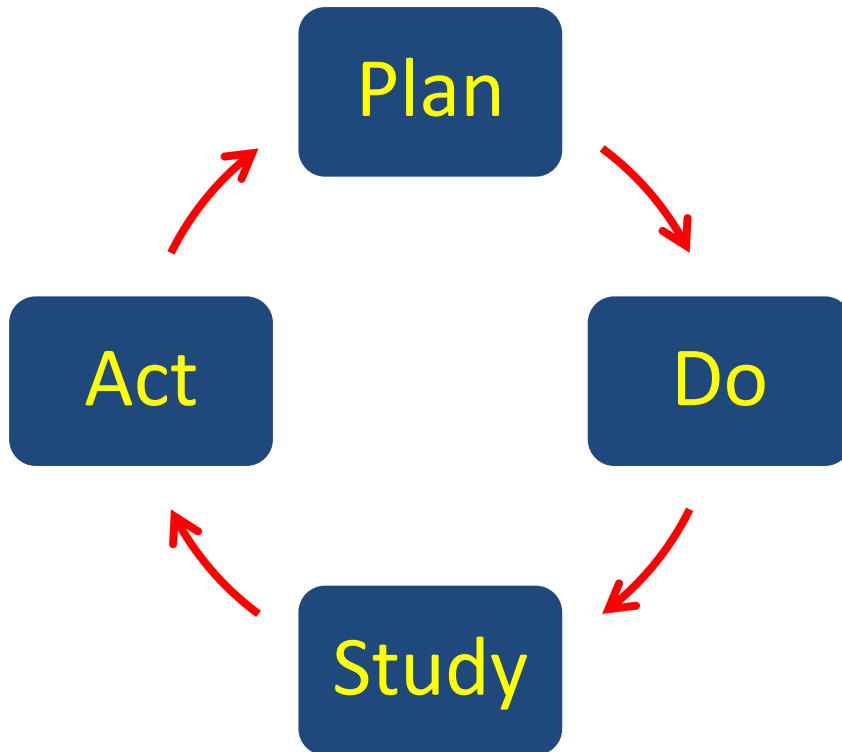
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# Quality Improvement...What is it?

*Quality Improvement* is a formal approach to the analysis of performance and systematic efforts to improve it

- LEAN
- PDSA cycles
- SPC (Statistical Process Control)
- Six Sigma
- RPIW

# PDSA cycles



Small, rapid cycle changes designed to test, measure impact and test again

Eg

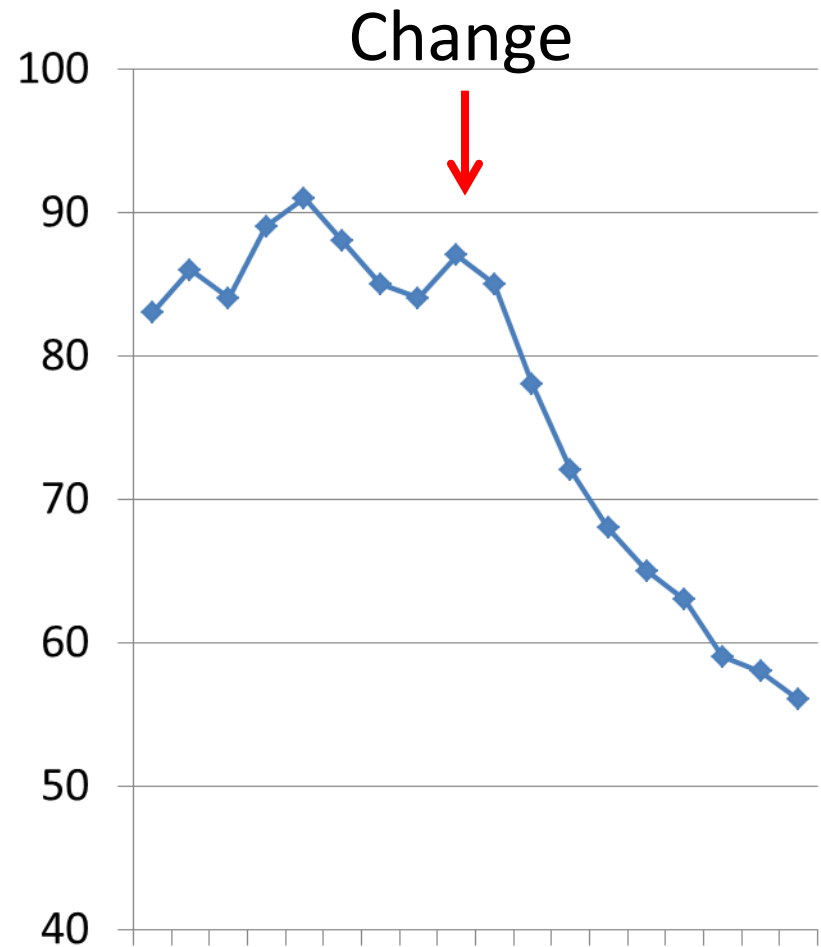
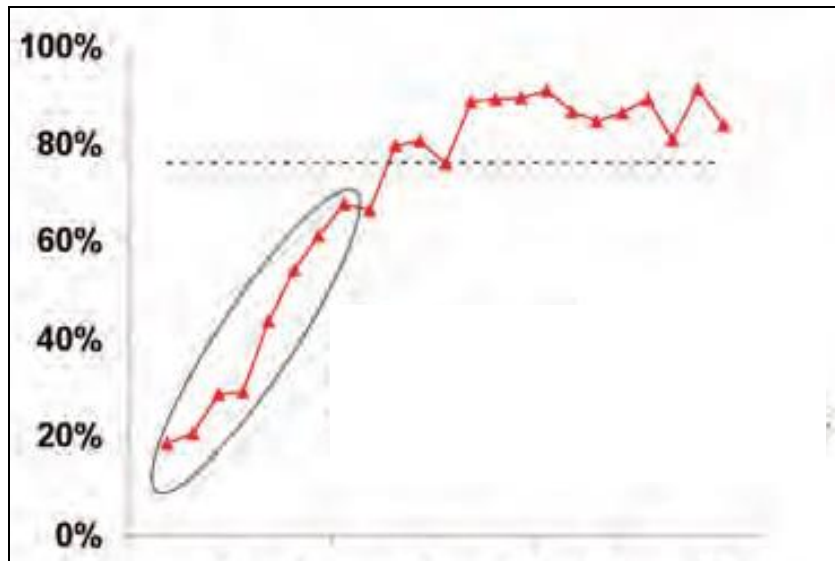
Lactate

Antibiotics

Consultant review

# Showing improvement locally

- Use your NELA data
- SPC/Run charts

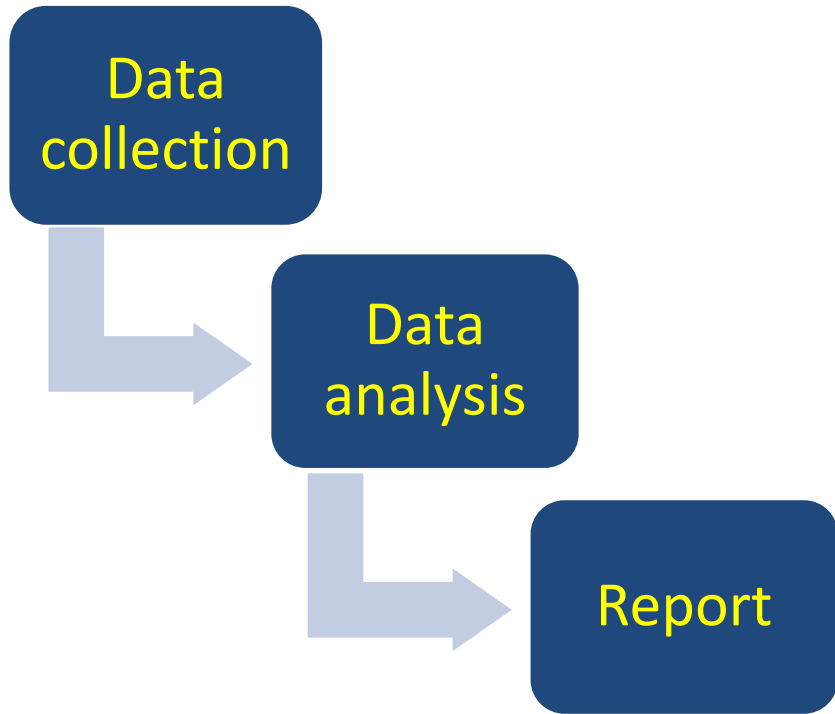




# Quality Improvement...Who does it?

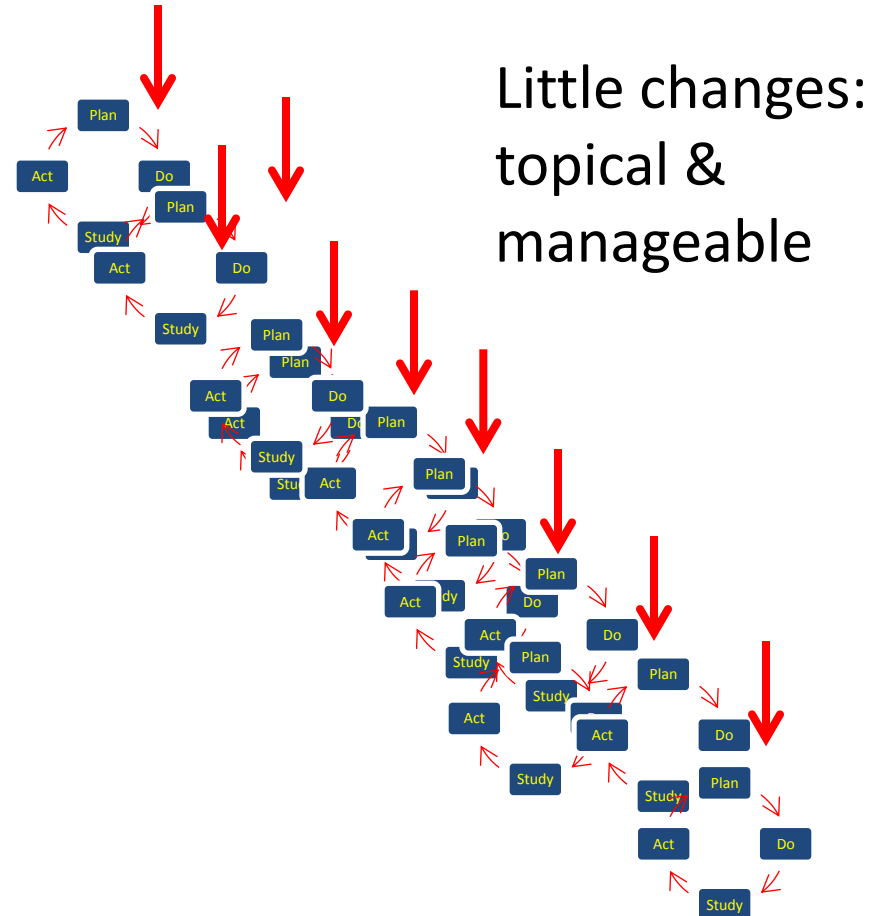
- Service Improvement team
- Audit dept
- *Ideally people close to the clinical area*
- Theatre / ward matron
- Who is doing a Masters?
- Ward / theatre nurse
- Business analysts
- Anaesthetic trainees – untapped area
- Foundation Doctors

# National Audit



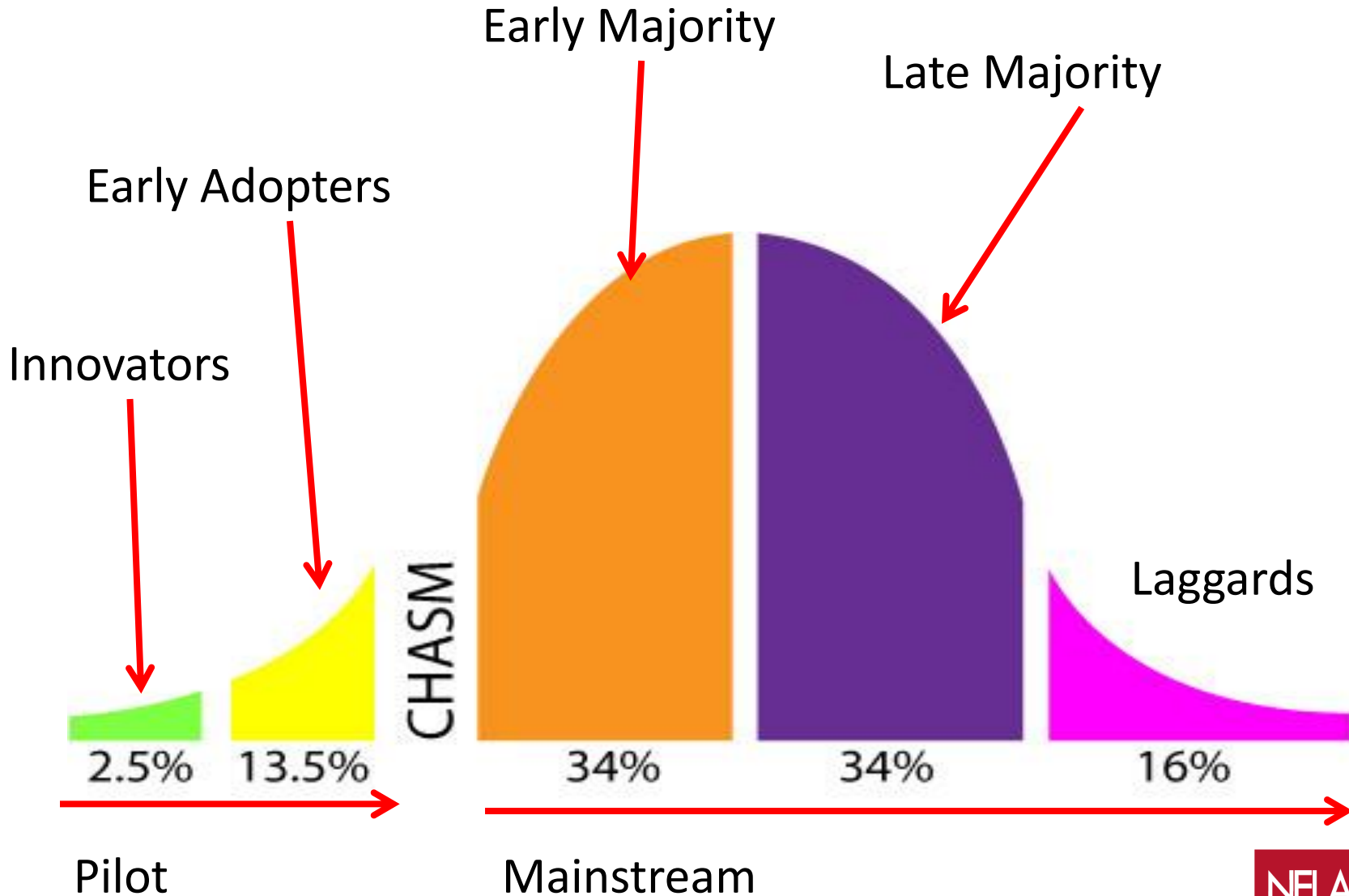
16-18 months

# Local Quality Improvement

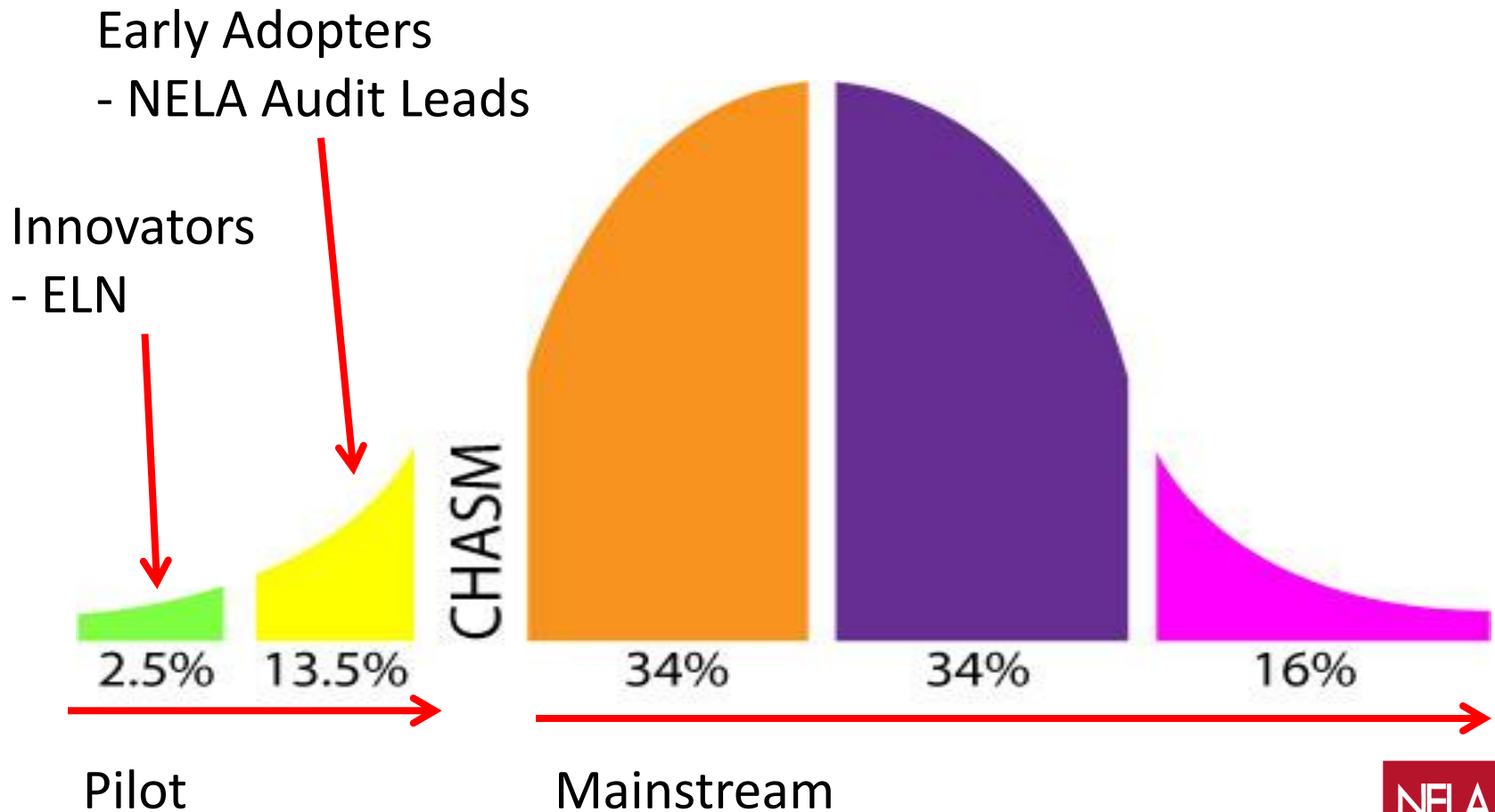


16-18 months

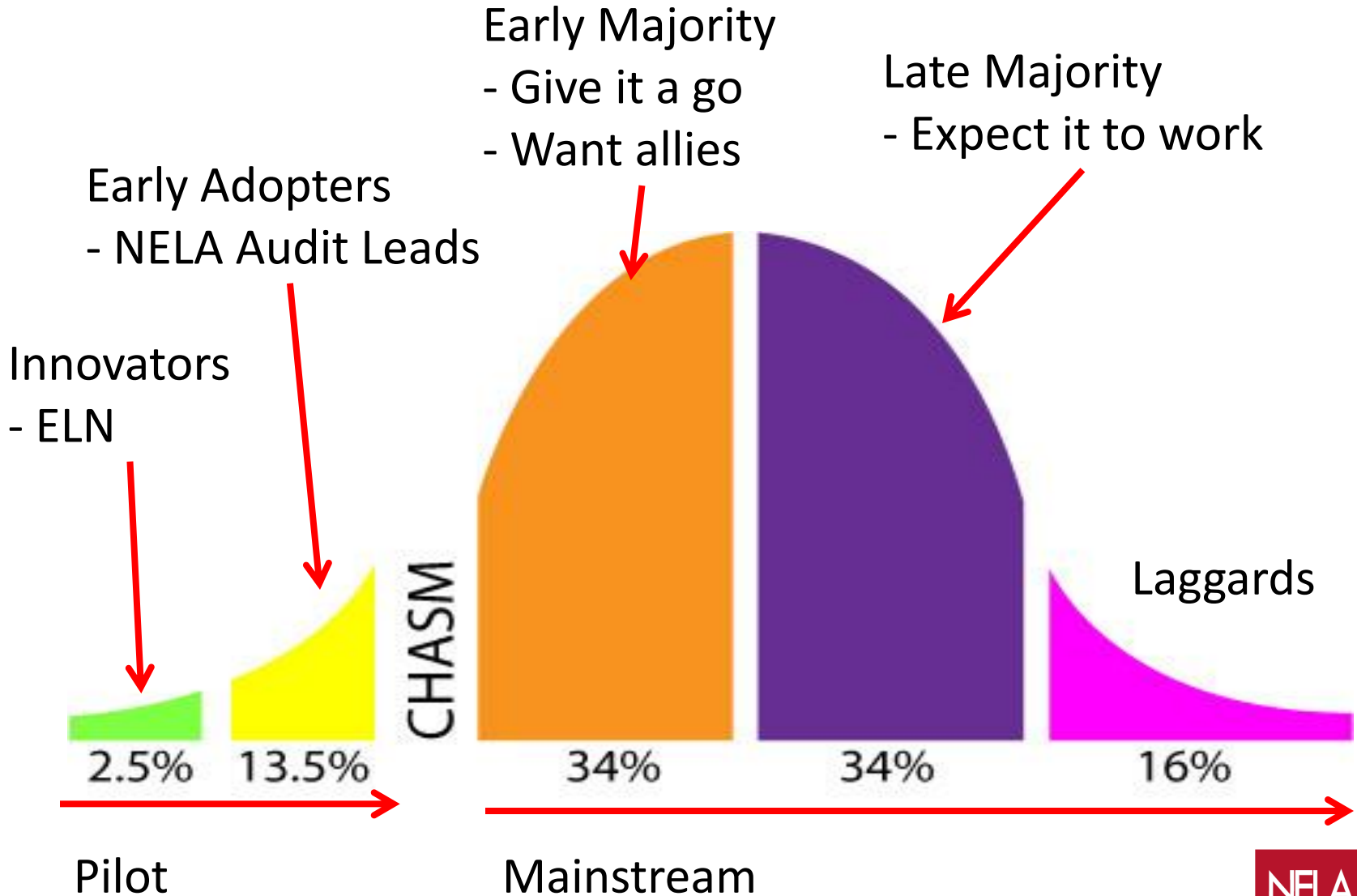
# Doing something new



# Doing something new



# Doing something new



# Getting NELA embedded

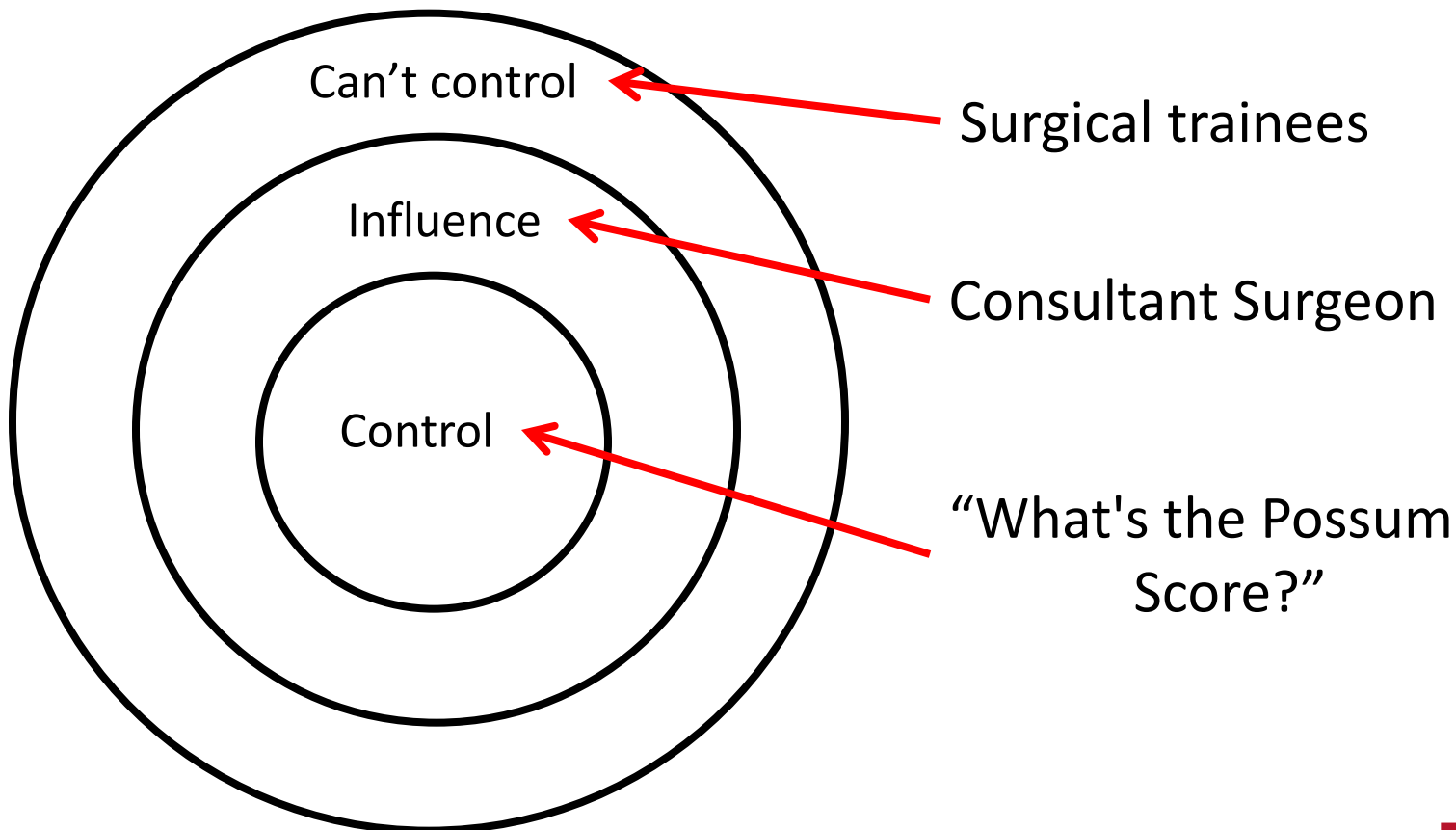
- Bridge the “chasm”
- Find allies – local & national networks
- Working system – local and national
- Collate examples of what's working well
- What’s the “competition”?

# Persuasive arguments

- Illustrate local advantages to doing NELA
- Local ownership – blackhole of data otherwise
- Quite nice working with colleagues on a challenging issue!
- Why do we insist on consultant staff and critical care for eg AAA when the mortality is less than half?
- Much easier to get ITU bed if can say predicted mortality is 18%

# Encountering Resistance

How do you get people to risk score?





# Summary

- This will fail if we just view it as a data collection exercise
- Local Quality Improvement
- Go and find your QI “people”
- Support the early majority
- Find “allies”
- Keep repeating the message