2019

National Emergency Laparotomy Audit

<u>PATIENT AUDIT - Frequently Asked Questions (FAQs)</u>

These FAQs will hopefully answer many of the questions that you might have about the National Emergency Laparotomy Audit (NELA) Patient Audit.

Year 6 updates and changes to the Patient Audit Proforma

<u>Dataset & Web tool</u>
Following feedback received from local audit participants some minor changes have been carried out to the web tool. These include some changes in wording to questions and further validation on the web tool:

Q2.12 - Updated
Q2.12a, 2.12b - Removed
Q5.2 additional indication; Hiatus Hernia/para-oesophageal hernia
Q5.3a,b,c addition to procedures; Repair of para-oesophageal hernia Removal of gastric band
Q7.3 text of question edited
Q7.9 text of question edited for clarification
Q2.4 – Wording changed to - 'Was the decision to operate made by consultant surgeon?'
Q3.1 6.1 – Answer options changed to:
○ Lower (<5%)
○ High (5-10%)
○ Highest (>10%)
○ Not documented
Q6.1 – Changed to mirror Q3.1

<u>Export Key</u>
The export key available from the 'Support' menu on the web tool has also been updated for Year 6 of the audit. This now includes the new questions that will go live on the web tool for admissions from 1st December 2018.

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Timescales

- November 2018: Fourth Patient Report Published
- **November 2018: end of year 5 Audit**
- 1st December 2018: 6th year of data collection for patient audit starting
- **25th January 2018 (Year 5) Case Lock Deadline**

Which patients are included in the audit?

The full inclusion/exclusion criteria is now available on the website - http://www.nela.org.uk/Criteria

What data will be collected?

The dataset is now available to view on the NELA website - http://nela.org.uk/NELA_Docs

How is data being collected?

Data collection will take place via an online data collection web tool - https://data.nela.org.uk/

How is data being entered?

All data entry is being carried out through an online data collection web tool. The web tool will be accessible via pc, tablets and mobiles

This audit is a continuous prospective audit with real time data collection. It is expected that clinical teams enter the data real time rather than retrospectively.

More than one person can enter data on a particular case.

There will also be a paper form that you can download to use as assistance, but the data will have to be entered online.

All sections need to be complete for the audit data to be submitted. Although some sections, for example the Ppossum section in the audit will be calculated for you - the webtool will auto populate with pre-op values.

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Who will have access to enter the data?

The users who will have access to enter data on the web tool will be decided by each participating site. Users can include anyone involved in the care pathway, trainees, consultants, nurses.

More than one user may have to enter information on one particular case (patient).

Each hospital site will have **one** 'NELA Local Administrator':

NELA Local Administrator	Role:
	• Create user • Edit local user details (email, username) • Change user password / permissions • Edit patient record • View data records for their assigned hospitals (Non-PID)

Individual users will be added on to the system by a 'NELA Local Administrator':

Each user will have an individual login and will be able to enter data:

Local Hospital - Data entry	Role:
	• Create patient record • View patient record • View and enter data for their hospital (both PID and Non-PID)

Process:

If a user needs to have access to the data collection web tool they will have to follow this path:

1. Contact the 'NELA Local Administrator'.

2. NELA Local Administrator creates a login for the new user and sends them their details. This person will now have a 'Local Hospital – Data entry role'.

3. New user is now able to create a patient record, enter and view their data.

The questions below will be updated during the patient audit process:

What is the Age of Elderly Care Referral?
The age of referral to Elderly Care in the NELA audit it now considered to be 65 year old. This reflects the updated high risk surgical patient document about to be published.

Why are no consultants from my hospital listed in the dropdown in questions 2.3, 4.2 & 4.3?
The first time a new consultant for your hospital is being used in a NELA case they will have be entered into the web tool manually. If you click on the 'Consultant not on list' box directly below the dropdown you can enter the consultant's full name and GMC number and click on 'Add Consultant'. Once a new consultant has been added, they will be saved and included as an option in the dropdown on all cases going forward.

What happens if a patient returns to theatre following the initial laparotomy?
If a patient returns to theatre following an emergency laparotomy and data was entered for the initial laparotomy, then the second procedure does not need to be entered onto the web tool. The system will not in fact allow you to enter two separate cases with the same NHS number and DOB. Questions 7.4 & 7.5 however ask if the patient returned to theatre within same admission, and so the need for a second procedure should be made evident there. All we need to know is if they had a return to theatre.

However for a patient that returns to theatre as an emergency following an elective procedure, data will need to be collected as this is their first emergency laparotomy.

How do I register on the NELA online web tool if I don't have a trust or nhs.net email address?
For Information Governance purposes web tool users cannot register using a personal email address such as hotmail or gmail. If you do not have an nhs.net or trust email address however you can still register with a doctors.org email.

Setting up a doctors.org account is very simple and can be done by following this link http://www.doctors.net.uk/registration/. Once the email address has been set up please let your hospital's NELA Local Administrator know and they will be able to create a login for you so that you may access the NELA web tool and participate in the patient data collection process.

What if a patient has still not been discharged months after undergoing the emergency laparotomy?
If a patient has not been discharged within 60 calendar days of the date of entry into operating theatre the web tool will allow you to complete and lock the case. Once the 60-day inpatient period has passed

'still in hospital at 60 days' will appear as one of the available answer options for question 7.7. Once this option has been selected question 7.8 will be 'greyed out' and Section 7 can be completed.

What if I incorrectly enter the name of consultant in the dropdown in questions 2.3, 4.2 or 4.3?

To edit the name of a consultant on the Surgical and Anaesthetic dropdown lists please select the name of the consultant you wish to update and click the 'Edit consultant' option found under questions 4.2 & 4.3. This will allow you to edit the consultant's first name and surname; once the edit has been made please select the 'Update Consultant' option.

Once a consultant's name has been edited the update will appear in all past cases in which the consultant has been selected, as well as in the consultant dropdown for all the hospital's web tool users going forward. All edits made to the names in the dropdown list for question 4.2 will also appear in the dropdown for question 2.3.

What if the procedure turns out to be an appendicectomy or cholecystectomy?

If a patient was initially entered onto the web tool as it was believed an emergency laparotomy was needed, but it was later determined that an appendicectomy or cholecystectomy was required instead, then this patient should not be included in the audit as they do not meet the inclusion criteria. If the appendicectomy or cholecystectomy is however not the main procedure performed but an incidental one, then the patient can be included in the audit and this should be reflected in answer to question 5.3.b.

To remove a case from the web tool for this reason please click on the 'Cannot complete audit' button in the case screen and under the reason for removal select the option relating to appendicectomy/cholecystectomy.

What if a patient does not have an NHS number?
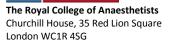
Please contact the NELA Project Team - info@nela.org.uk

What if a patient does not have a postcode?

If a patient does not have a permanent address please use the hospital's postcode when entering the patient information onto the web tool.

What grade of Surgeon / Anaesthetist should I select?

Q4.2 and Q4.3 ask for senior surgeon grade and senior anaesthetist present in theatre.
If selecting 'consultant' this must be a surgeon or anaesthetist whose name appears on the specialist register and be appointed as a **substantive, fixed term or honorary consultant** in the NHS. Senior trainee's grade ST7 and ST8 should be recorded as trainees even if they have passed the FRCS exit exam (or equivalent) or hold a CCT unless they are appointed to a consultant post as detailed above.

Why is Proforma not separated into 'Surgical Questions' and 'Anaesthetics Questions'?
While this was an option that was considered when creating the audit questionnaire, this audit is meant to be a joint effort and hopes to encourage collaborative work within hospital teams.

We have got a lot of users who need access to enter data, can we have a generic login for the site?
Unfortunately we cannot provide a generic email to everyone at one site, this is so an audit trail for each case that is entered exists and also because of Information Governance reasons.

Some trusts will be providing us with around 100 people who will require access and these will have logins created for them.
Once this initial logins are created any additional people will be added by the NELA Local Administrator. Each administrator will be provided with the information how to do this and will have special access on to the web tool to be able to carry out this function.

Can we enter the data using our own systems or upload by excel?
At the moment this is not possible, not least because of the difficulties this would lead to with regard to data validation, and the need to ensure all replies match the 'allowed' responses.

Exporting data
A data export function exists on the online tool which will export data into an excel spreadsheet. Further information on this is available on the 'Web Tool User Notes' form.

Can I use OPCS Codes for the audit?
We do not recommend that hospitals use OPCS codes as the sole mechanism to identify patients for inclusion into NELA. The inclusion/exclusion criteria are defined according to clinical definitions, not coding definitions. For this reason, it will be extremely difficult for hospitals to provide accurate audit data using OPCS codes to retrospectively identify patients.
The audit is intended to be completed by clinical teams as the patient progresses through the emergency laparotomy pathway. The data entry tool has been designed to facilitate this as much as possible.
Further information on OPCS codes can be found on the documents page of the website - http://www.nela.org.uk/Audit-info-Documents#pt

Can I start entering data and only part complete a section?
Yes you can save a section at any time and then return to it to complete.

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Can more than one person access the web tool?

Yes two people will be able to access the system at the same time and enter patients and different people will be able to access the same patient.

Help Boxes

On the online web tool each question will have a 'Help Box' indicated by the letter 'H'. Clicking on this will provide you with further help on that specific question.

Question 2.9 – What if the patient was not seen by a consultant?

If the patient was only seen by a trainee prior to surgery, than you will need to select "not seen". It may be that the consultant first saw the patient in the anaesthetic room, in which case please enter this time/date.

Question 3.17 & 6.15 – What is the difference between Major & Major+ operative severity?

Major+:

All colonic resections (excluding colostomy alone)

All gastrectomy (but not repair perforated or bleeding ulcer)

Small bowel tumour resection

Re-operations for ongoing sepsis or bleeding

Laparostomy

Intestinal bypass

Major:

All other procedures including:

Stoma formation

Small bowel resection

Division adhesions

Repair perforated or bleeding ulcer

Question 4.3 - Why are you collecting GMC number

GMC number is being collected for several purposes. This will allow us to see if the operating surgeon is the same as the surgeon making the decision for surgery, and investigate the effects of handing over care. It will also allow us to look at the numbers of consultants within a hospital performing emergency laparotomy, and their speciality. GMC number will also allow clinicians to use the data for revalidation purposes. Please note that we *do not* support publication of any data at an individual clinician level due to the nature of the clinical pathway.

P-POSSUM data

P-POSSUM will auto calculate data. Post op data will automatically be filled in by the online web tool from what is added pre op

Why am I no longer allowed to enter cases with an admission date prior to 1 September 2013?
So as to prevent patients from being added onto the web tool with an incorrect date of admission we have set 01/09/2013 as the earliest date the system will accept. As the patient audit did not begin until January 2014 we feel that September is an adequate starting to point to include any patient information that was collected retrospectively.

Is there external funding available for NELA?
There is no external funding to support this project. NELA does include an element of Quality Improvement activity; we would anticipate that there will be a benefit to Trusts as the quality of care improves.

Is NELA work valid for SPA time?
The RCoA cannot impose the allocation of SPA activity on hospitals. However, it is our view that where a clinician is taking a lead role in the delivery of NELA within their hospital, this activity, provided it is diarised and incorporated into the job plan, is valid for inclusion in SPA activity.

Is the audit mandatory?
NELA is one of the NCAPOP (National Clinical Audit and Patient Outcomes Programme) audits funded by the Department of Health through HQIP. The NHS standard contract requires that organisations providing NHS care must participate in all relevant NCAPOP audits and enquiries. If providers do not participate in relevant NCAPOP audits they will be in breach of their contract with their commissioner, therefore any non-participation would need to be agreed with the commissioner and CQC as the regulator.
Further information is available on the HQIP website.
http://www.hqip.org.uk/national-clinical-audits-for-inclusion-in-quality-accounts/
http://www.hqip.org.uk/quality-accounts-frequently-asked-questions-faqs/

Frequently Asked Questions: Hernia repair and inclusion in NELA

Q. When is hernia repair included in NELA
A. Non-elective (emergency) hernia repairs are included in NELA only if there has been a simultaneous bowel resection or adhesiolysis / division of adhesions performed at the time of surgery. This includes inguinal, femoral, umbilical, paraumbilical, epigastric hernia and incisional hernia repair.

Q. Does this include emergency inguinal or femoral hernia repaired through 'groin' incisions?
A. Yes. Non-elective groin hernia repairs are included in NELA if there has been simultaneous bowel resection performed, even if this was performed through a groin incision without conversion to a

midline laparotomy. Likewise locally repaired epigastric, umbilical and paraumbilical hernia repairs can be included if they are performed acutely with simultaneous bowel resection or division of adhesions.

Q. If the emergency hernia repair was performed laparoscopically should this be included in NELA?
A. Laparoscopic (including laparoscopically –assisted) emergency hernia repairs should only be included if there has been simultaneous bowel resection or adhesiolysis (division of adhesions) performed at the same procedure.

Q. When is hernia repair excluded from NELA ?
A. All non-elective hernia repairs without bowel resection or division of adhesions are excluded from NELA

If you have additional queries, please contact the NELA team on info@nela.org.uk or go to http://www.nela.org.uk/.

Does my enhanced level care provision qualify as Level 2 or 3 care?

The definition of level 2 or 3 care has been clearly defined in the guidelines for the provision of intensive care services (https://www.ics.ac.uk/ICS/guidelines-and-standards.aspx). Many hospitals though, have developed systems to bridge gaps in local service provision, such as extended recovery areas or post anaesthesia care units. This may meet many of the ICS standards of care, and does reflect that the level of care a patient receives is not tied to a specific location. Unfortunately, though, unless an area is commissioned by the local CCG to receive the associated tariff for level 2 or 3 care, it will not meet the standard required to receive the enhanced BPT. If the postoperative area is recognised for level 2 or 3 tariffs, then this should be recorded in the NELA webtool as a level 2 or 3 admission.

Definition of Perioperative period for elderly care review

The NELA dataset currently asks if patients (over age of 65) were reviewed by a geriatrician during the perioperative period. For the purposes of this question the perioperative period is defined as being from the time of the decision being made for surgery to occur, to within 72 hours of step down from critical care, or within 7 days or surgery - which ever is sooner.