Contents

CT scanning and reporting

Numerator

Proportion of patients who have had a CT scan performed pre-operatively **and** reported by an ST3+, consultant, or outsourced service **and** reported within one hour or less **and** there was direct communication preoperatively between a senior radiologist and senior surgeon.

Excludes patients who have had CT performed before admission (info not required on who reported).

Denominator

All NELA patients *except* those who have had CT performed before admission (info not required on who reported).

Missing Data & Unknown Values

- Q2.7: Unknown or missing preoperative CT scanning was performed are excluded from the numerator. However, they remain in the denominator. In practice this means that the Unknown and missing are treated as if a preoperative CT scan / report did not occur
- Q2.7g: Unknown or missing values to be excluded from the numerator but included in the denominator.
- Any missing values in timestamp variables are excluded from the numerator but included in the denominator

Webtool Data Fields

- Q2.7
- Q2.7d
- Q2.7e
- Q2.7g

Infection management

Numerator

Proportion of patients with suspected sepsis at arrival and at decision to operate who receive antibiotics within 1 hour of first recorded NEWS2 abnormality of 5+ or >=3, **and** the number of patients with suspected infection at arrival or at decision to operate who receive antibiotics within 3 hours of first recorded NEWS2 abnormality (NEWS2 1- 4).

Denominator

Proportion of **Non-Elective** patients with suspected sepsis or infection pre-operatively.

Missing Data & Unknown Values

-   Unknown and Missing values for Q2.11b & 2.11d are excluded in both the numerator and denominator
-   Any missing values in timestamp variables are excluded from the numerator but not the denominator

Webtool Data Fields

-   Q1.9
-   Q2.2
-   Q2.10
-   Q2.11a
-   Q2.11b
-   Q2.11bi
-   2.11c
-   Q2.11d
-   Q2.11di

Timeliness to theatre

Numerator

Proportion of patients who received (or should have received) immediate surgery (as per RCS definitions of immediate surgery) within 6 hours of arrival in hospital.

Excludes patients admitted for elective surgery.

Denominator

Proportion of patients, admitted for non-elective surgery, who received (or should have received) immediate surgery (as per RCS definitions of immediate surgery).

Excludes patients admitted for elective surgery.

Missing Data & Unknown Values

- Any missing values in timestamp variables are excluded from the numerator but not the denominator

Webtool Data Fields

- Q1.9
- Q1.10
- Q3.24
- Q4.1
- Q5.5

Risk assessment

Numerator

Proportion of patients in whom a risk assessment was documented preoperatively **and** postoperatively.

Denominator

All NELA patients.

Missing Data & Unknown Values

- Q3.1/Q6.1 are mandatory questions – to lock a record for the annual report there must be an associated value. This might not be the case for unlocked cases used in the monthly reports. Meaning patients with missing risk documentation are excluded from the denominator [Unlocked Cases only]

Webtool Data Fields

- Q3.1
- Q6.1

Consultant-delivered care

Numerator

Proportion of high risk patients[1] (risk of death of ≥5%) with consultant surgeon **and** consultant anaesthetist present in theatre.

Denominator

Number of patients with a preoperative predicted risk of death of ≥5%.

Missing Data & Unknown Values

- Q3.1 is a mandatory question – to lock a record for the annual report there must be an associated value. This might not be the case for unlocked cases used in the monthly reports. Meaning patients with missing risk documentation are excluded from the denominator [Unlocked Cases only]
- Q3.1 is only relevant if Q3.1a is ticked
- Q4.2/Q4.3 missing values are included in the denominator.

Webtool Data Fields

- Q2.12
- Q3.1
- Q3.26
- Q4.2
- Q4.3

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[1] NELA considers the predicted mortality to be the highest of NELA Risk Model predicted mortality or clinical judgement.

Critical care

Numerator

Proportion of postoperative high -risk patients admitted directly to critical care postoperatively.

Excludes patients who died in theatre.

Excludes patients who were put into an end of life pathway.

Denominator

Patients with postoperative risk of mortality of ≥5% , who did not die in theatre and were not palliated.

Excludes patients who died in theatre.

Excludes patients who were put into an end of life pathway.

Missing Data & Unknown Values
- Q6.1 is a mandatory question – to lock a record for the annual report there must be an associated value. This might not be the case for unlocked cases used in the monthly reports. Meaning patients with missing risk documentation are excluded from the denominator [Unlocked Cases only]
- Q6.24 Denominator includes any choice other than "Died prior to discharge from theatre complex", including missing values
- Q.6.24a Patients with missing palliation status are assumed not to have been palliated, therefore are included in the analysis (remaining in both numerator and denominator).

Webtool Data Fields
- Q6.1
- Q2.24
- Q2.24a
- Q2.26

Elderly care

Associated Process Measure 1

Numerator

Proportion of patients aged 65 or older and frail (CFS 5+), or aged 80 and older who receive postoperative assessment and management by a member of a perioperative team with expertise in CGA.

Excludes patients who died prior to discharge from theatre.

Denominator

All patients aged 65 or older and frail (CFS 5+), or aged 80 and older.

Excludes patients who died prior to discharge from theatre.

Missing Data & Unknown Values

-   Q2.12Patients with "Not recorded" are assumed not to have had a review and remain included in the denominator (**for age >=80**) but excluded from the numerator.

Webtool Data Fields

-   Q1.4
-   Q2.12
-   Q6.24
-   Q7.3

Associated Process Measure 2

Numerator

Proportion of patients aged 65 years and older, who had a preoperative frailty assessment.

Denominator

All patients aged 65 years and older.

Missing Data & Unknown Values

- Clinical Frailty Score is a mandatory question – to lock a record for the annual report there must be an associated value. This might not be the case for unlocked cases used in the monthly reports.
- Patients with "Unknown" are assumed not to have had a frailty assessment and remain included in the denominator but excluded from the numerator.

Webtool Data Fields

- Q1.4
- Q2.12

Postoperative length of stay

Associated Process Measure 1

Calculation

Time interval (in whole days) between surgery and discharge for patients discharged from hospital alive (Q7.7: 1 – "Alive" or 60 – "Still in hospital after 60 days").

Missing Data & Unknown Values

- Q7.7 patients entered as still in hospital at 60 days are counted as having a postoperative length of stay of 60 days.
- Q7.7 patients entered as dead are not included in this calculation.
- These are mandatory questions – to lock a record for the annual report there must be an associated value. This might not be the case for unlocked cases used in the monthly reports.

Webtool Data Fields

- Q4.1
- Q7.8
- Q7.7