



National Emergency Laparotomy Audit (NELA)

NELA CLINICAL LEAD

Dr Sarah Hare is the new National Clinical Lead of the National Emergency Laparotomy Audit (NELA), taking over the role from Dr Dave Murray, who will now chair the Project Team. She also works with the Healthcare Quality Improvement Partnership (HQIP) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). Sarah is a full-time consultant anaesthetist at Medway Maritime Hospital in Kent, and busy mum to a three-year-old.

As a consultant anaesthetist in a large district general hospital, which until recently has been in 'special measures' under the intense scrutiny of the CQC, improving the care of our most unwell patients has been one of the top priorities for me and my colleagues. Achieving this has often seemed like an impossible, vast and complex task, but my local team's active participation in national audit projects such as NELA has been crucial in turning round our outcomes for our patients.

Now, as I join the NELA team at the Royal College of Anaesthetists as clinical lead, I am really excited to become a part of such a high-impact project, which I know from first-hand experience can really help improve care for patients.

Medway Maritime is a fairly unique hospital in that it had been in CQC special measures for longer than any other hospital. However, we have recently celebrated shedding this dubious title, and we are now emerging into our 'recovery' phase. Working in a hospital under such pressures, and leading change under testing circumstances, has put me in a perfect position to understand the challenges faced by clinicians when working to collect robust prospective data and apply it effectively to drive change and improve care.

But I also now understand how crucial it is to do this well, doing not only quality improvement but also quality assurance to executive boards and external organisations. When used properly, projects such as NELA do not need to be an added burden but can help us in making sure that we are able to deliver the care needed by our patients, and able to demonstrate that we are doing so.

When NELA first started I confess, it seemed to be one of those 'audity' things that we had all forgotten to fill out,

and felt faintly guilty about not doing before moving swiftly on to the next pressing task. However, I was asked by a colleague to attend the Emergency Laparotomy Collaborative, a quality improvement (QI) initiative programme led by Niall Quinney, and to establish this at Medway Maritime Hospital. I knew this was not a job to do alone, so I set up a team, which included our Clinical Director for Surgery and for Critical Care, junior doctors, theatre staff, data analysts and a QI nurse.

We worked hard to find ways to make it easy for staff to deliver the high standard of care they wanted to by following the standards set by NELA, and by using the tools provided by the Emergency Laparotomy Collaborative (ELC).

Building upon this with our own ideas, our QI knowledge and an enthusiastic team, mortality rates started to fall. Consultant anaesthetists and surgeons engaged with the process of delivering care to our most poorly patients, and led the rest of their teams by their example. Our Chief Executive and Medical Director were soon able to see a clear improvement in our outcomes as we benchmarked ourselves against expected NELA standards, and they supported us, which empowered us further to sustain the changes we were putting in place and really embed them within the culture of our staff.

Our theatre staff have also taken ownership and pride in the transformation in care we are providing. They now all know that they play a part in saving lives of laparotomy patients, and that in itself is a powerful motivation for people to keep up this level of care for the next patient.

NELA might be called an 'audit', but most importantly our aim is to improve the quality of care emergency laparotomy patients receive through the provision of high-quality comparative data. We

want to encourage the effective and meaningful use of this national data at local level, and to provide the strategies for you to apply changes in your hospital that will make a difference for your patients.

On this basis, NELA is going to continue gathering data, and will provide the QI tools to use this data locally to drive effective changes in care for your patients. We will encourage collaborative working, not only with other national audits and QI programs such as the ELC and the Perioperative Quality Improvement Partnership, but with patient groups as well. We will be providing quarterly reports to benchmark your performance (which will be useful when engaging executive support for your projects) and real-time data on our website to use locally.

With this approach we believe we can help support local teams, offer a very powerful means for engaging staff, and provide sustainable techniques for improving patient outcomes in the long term.

