



Fourth Patient Report of the National Emergency Laparotomy Audit (NELA)

Recommendations for Royal Colleges and other professional stakeholders

It is clear from the NELA data presented in this report that there remain some crucial areas of care which must be improved if all patients undergoing emergency laparotomy are to receive the right care, by the right people, at the right time. In this 4th report there are six key themes which cover the standards against which NELA measures delivery of care for patients undergoing emergency laparotomy. For each theme there are associated actions allocated to specific owners; all are underpinned by the principles of quality improvement being specific, using measurable data from NELA, and are intended to be achievable tasks that are relevant and realistic to teams and patients within the defined time frame.

The six key NELA themes are:

- 1 improving outcomes and reducing complications
- 2 ensuring all patients receive an assessment of their risk of death
- 3 delivering care within agreed timeframes for all patients
- 4 enabling consultant input in the perioperative period for all high risk patients
- 5 effective multidisciplinary working
- 6 supporting quality improvement.

Some actions are applicable to more than one area.

	Detailed Action and Owner	Timeframe
Clinical care		
2 Ensuring all patients receive an assessment of their risks associated with surgery that is documented in the medical record, communicated to members of the multidisciplinary team, and used to inform clinical decision-making		
2.5	Clinical Directors, College Tutors, local NELA leads: promote the use of the NELA risk calculator (using webtool or NELA risk app) at junior doctor induction	Commence at next Junior Doctor induction
3 Delivering care within agreed timeframes for all patients		
Sepsis and peritonitis		
3.5	Clinical Directors, College Tutors, local NELA leads: present emergency laparotomy pathways and their links with sepsis at new staff inductions (both senior and junior, surgeons, anaesthetists, ED, radiology, relevant allied healthcare professionals including nurses and operating department practitioners), and add as a standing item agenda for surgeon and anaesthetist MDT meetings	Pathways to be in place by April 2019 in anticipation of Best Practice Tariff
5 Effective Multidisciplinary Working		
Radiology		
5.4	NELA, Royal College of Radiology: develop report template to highlight patients with CT discrepancy that can be used to support radiology clinical governance programmes	January 2019
5.5	NELA, Royal College of Radiology: Collaborate to support the introduction of NELA Radiology leads in each hospital to facilitate improvements in the quality of local services including quality of data collection on discrepancy rates and accuracy of reporting of acute abdominal CT examinations	Immediate
Critical Care		
5.10	NELA, ICNARC: work to analyse linked NELA-ICNARC database to better understand provision of care to patients undergoing emergency laparotomy	Themed report to be published in 2019
Elderly Care		
6 Supporting Quality Improvement		
6.1	Royal Colleges, Postgraduate schools, College Tutors, ACRP panels: ensure that participation in QI projects such as NELA are supported and recognised for progression in training	April 2019