HQIP Healthcare Quality Improvement Partnership

National Emergency Laparotomy Audit
SDM
17 12 21

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Background and context

- Contacts
  - The Patients Association
  - NELA project PPI group
  - Bowel Cancer UK
  - Bowel Research UK
- Questionnaire
- Focus Group
- Respond Project

What we asked about

- Main concerns
- Greatest benefits
- Areas for improvement
- Resources

Main areas of concern

- No control
- No preparation time
- No information
- Language barriers
- Survival rates
- Consequences
- Aftercare
- Covid impact

Greatest benefit

- Conversation with the surgeon
- Anaesthetist team
- Nurses and healthcare assistants
- Opportunity to ask questions
- Stoma nurse
- 24 hour care
- Video about recovery

Areas for improvement

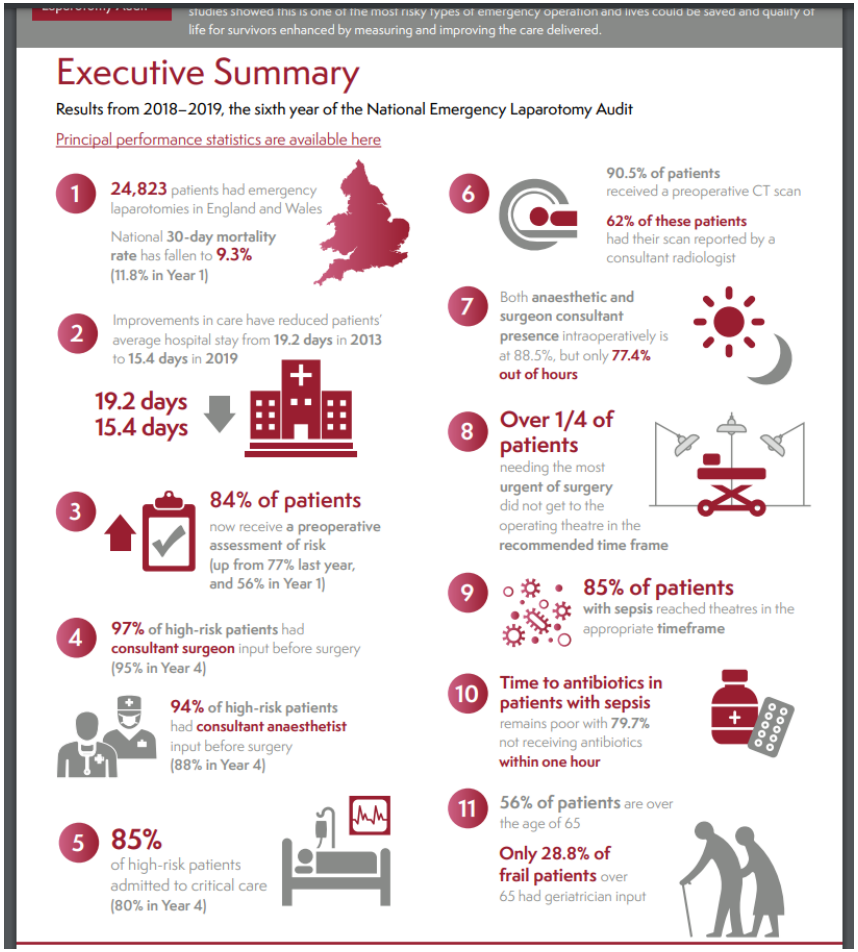
- Alleviating stress before procedure
- Early diagnosis
- Early investigative treatment
- Race assumptions
- Noting side effects
- Surgeon availability
- Discharge
- Joined up care
- Information and signposting

Resources

- Really helpful
- Useful before and after treatment
- Simple key messages

Improvements

- More upfront info
- Plainer English
- Consistency in the percentages in the infographic
- Over 65 image
- Case studies
- Links from other charities
- FAQs for patients



studies showed this is one of the most risky types of emergency operation and lives could be saved and quality of life for survivors enhanced by measuring and improving the care delivered.

Executive Summary

Results from 2018–2019, the sixth year of the National Emergency Laparotomy Audit

Principal performance statistics are available here

1. **24,823** patients had emergency laparotomies in England and Wales
   National **30-day mortality rate** has fallen to **9.3%** (11.8% in Year 1)
2. Improvements in care have reduced patients' average hospital stay from **19.2 days** in 2013 to **15.4 days** in 2019
   19.2 days
   15.4 days
3. **84% of patients** now receive **a preoperative assessment of risk** (up from 77% last year, and 56% in Year 1)
4. **97%** of high-risk patients had **consultant surgeon** input before surgery (95% in Year 4)
   94% of high-risk patients had **consultant anaesthetist** input before surgery (88% in Year 4)
5. **85%** of high-risk patients admitted to critical care (80% in Year 4)
6. **90.5% of patients** received a preoperative CT scan
   62% of these patients had their scan reported by a consultant radiologist
7. Both **anaesthetic and surgeon consultant presence** intraoperatively is at 88.5%, but only **77.4% out of hours**
8. **Over 1/4 of patients** needing the most **urgent of surgery** did not get to the operating theatre in the **recommended time frame**
9. **85% of patients with sepsis** reached theatres in the appropriate **timeframe**
10. **Time to antibiotics in patients with sepsis** remains poor with **79.7%** not receiving antibiotics **within one hour**
11. **56% of patients** are over the age of 65
    Only 28.8% of frail patients over 65 had geriatrician input

Conclusions

- More opportunity to prepare the patient and share information about outcomes and aftercare
- Consultation after surgery with detailed info about discharge and recovery
- Aftercare provision
- PROMs
- More accessible and useful resources to support patients in their care/aftercare