

Emergency Laparotomy Collaborative Local Event

Friday 10 Jun 2016

Bristol Golf Club, Bristol

 @WEAHSN @ELCSavingLives

1 Overview

About the West of England Academic Health Science Network and Emergency Laparotomy Collaborative

The West of England AHSN is delivering positive healthcare outcomes locally and nationally by driving the development and adoption of new innovations and making a meaningful contribution to the economy.

Established by NHS England in 2013, we are one of 15 AHSNs across England established to spread innovation at pace and scale.

As the only bodies that connect NHS and academic organisations, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

The West of England AHSN is one of the three AHSNs forming the Emergency Laparotomy Collaborative (ELC) with Kent, Surrey & Sussex and Wessex AHSNs. The collaborative aims to encourage collaboration and embed knowledge of quality improvement which will improve the mortality of emergency abdominal surgery. The collaborative builds on the successful work of the of the Emergency Laparotomy Pathway Quality Improvement Care Bundle Project (ELPQuiC) trial in four hospitals across the South of England. Further information can be found here: <http://emergencylaparotomy.org.uk/aims-of-the-project/about-the-project/>

About the event

The West of England Academic Health Science Network, in partnership with the collaborative team, deliver bi-annual 'local' events which enable the six local trusts (made up of 7 hospitals) to get together and learn and share from each other. These are in addition to bi-annual collaborative events which bring together all the hospitals included within the collaborative.

The focus of this event was twofold; for trusts to present their progress & issues and for attendees to be shown how to use the data and dashboard. There was also a specific focus on goal directed fluid therapy and management of sepsis.

2 Input from the room



Neil starts the day discussing Goal Directed Fluid Therapy

25 attendees from all six West of England trusts were in the room with a range of roles and backgrounds including consultant anaesthetists and surgeons, Senior ODPs, trainees or specialty doctors, patient safety Leads/Directors/Managers and quality improvement leads.

The full slide deck from the day is available at the link at the end of this report, however a brief summary of the presentations is:

UH Bristol Hospitals had made good progress with getting time with the teams. They had amended their boarding card, had implemented twice daily surgical ward rounds and had improved time to CT scanning. They had buy-in for consultant presence in theatre but needed to change work programmes to improve surgical presence

Great Western Hospital have managed to gain consultant Anaesthetist buy-in to ensure a presence in theatre but senior surgeon presence remains an ongoing process. They continue to push the boarding card, although completion has proved to be one of the challenges.

Weston Hospital have improved their post op admission to ITU, although they felt they could do better. PGD for Sepsis screening and antibiotics within 1hr has been implemented.

Gloucestershire Hospitals have done some great work on engaging senior and junior Anaesthetists and all staff have logins for direct data input. The availability of the NELA data means feedback at M&M meetings can be backed up. There is a wider review underway around the delivery of split site surgery which is unique to the Gloucestershire hospitals.

North Bristol have introduced a booking sticker for theatre and have had success in lactate measurement and P-Possum risk assessment. Informing and admission to ICU remains a hurdle and splitting the high and low risk patients pathway early into their work is now something they would not have done with hindsight.

The listed areas for improvement were: “lunch disappointing”, “did get too hot” and “Terrible food – until the scones....”

4 Outcomes and next steps

In direct response to the areas for improvement, the feedback on the food and room temperature has been given to the venue and will be monitored for the next event.

The next local and collaborative events will offer further opportunity for trusts to update on their progress against the actions they took back from this event, and will be given time to share their ongoing issues and discuss learning.

Slides from the day are being shared with all the attendees and clinical leads for each trust, as well as any resources individuals are prepared to share. Slides are also available here: <https://www.slideshare.net/secret/blknel0EqVDRxQ>

In order to celebrate the great work going on by the trusts in the West of England, a series of local newsletter articles will be created for each trust over the next 6-7 months to appear in our AHSN newsletter. The aim of these will be to showcase some of your work without being too labour intensive.

5 Future events

- **Collaborative Cross AHSN event** | Crowne Plaza, Reading, **Thursday 29 September 2016**
- **West of England local trust event** | Bristol Golf Club, Bristol, **Thursday 24 November 2016**

Thank you to everyone involved in the day!