Northern Health ANZELA

Dennis Gyomber

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Northern Health

ANZELA commencement

- Northern commenced ANZELA data input in February 2022
- Enthusiasm from both surgical and anaesthetic sides to take part

NH Aims

- Promote best care practice for emergency laparotomy patients
  - Guide to improve KPIs such as pre-operative mortality calculation, consultant presence at high risk cases, mortality rates
- Promote improved communication between surgical and anaesthetic teams
- Benchmarking against similar institutions

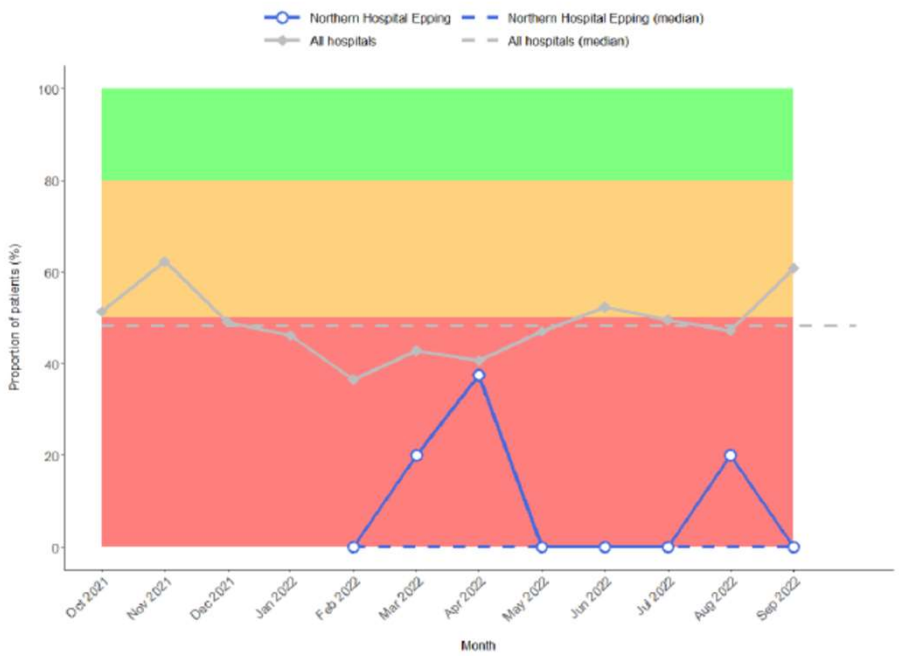
NH Setup

- Demographics – completed by the admitting/booking Acute Surgical registrar
- Pre-operative – completed by the admitting/booking Acute Surgical registrar, who then hands over to anaesthetics
- Preoperative Risk Stratification – completed by the Anaesthetic registrar/fellow
- Operative – completed by the operating Surgical registrar involved
- Post-operative/Discharge – completed by the elective Surgical unit registrar

NH Results

CT scan reported by a consultant before surgery	Lactate level available to surgeon at time of surgical referral for patients admitted via ED	Preoperative documentation of risk	Preoperative frailty assessment completed where age ≥ 65 years	Arrival in theatre within timescale appropriate to urgency ≤18 hrs	Consultant surgeon and anaesthetist in theatre when risk of death ≥5%	Consultant surgeon in theatre when risk of death ≥5%	Consultant anaesthetist in theatre when risk of death ≥5%	Direct critical care admission when risk of death ≥10%	Postop review by Elderly Medicine team where age ≥65 years
36/42 (86%) incomplete = 5	28/41 (68%) incomplete = 1	5/42 (12%) incomplete = 1	3/20 (15%) incomplete = 1	19/36 (53%) incomplete =4	3/3 (100%) incomplete = 0	3/3 (100%) incomplete = 0	3/3 (100%) incomplete = 0	2/2 (100%) incomplete = 0	2/20 (10%) incomplete = 2

KPI : Risk of death documented before surgery



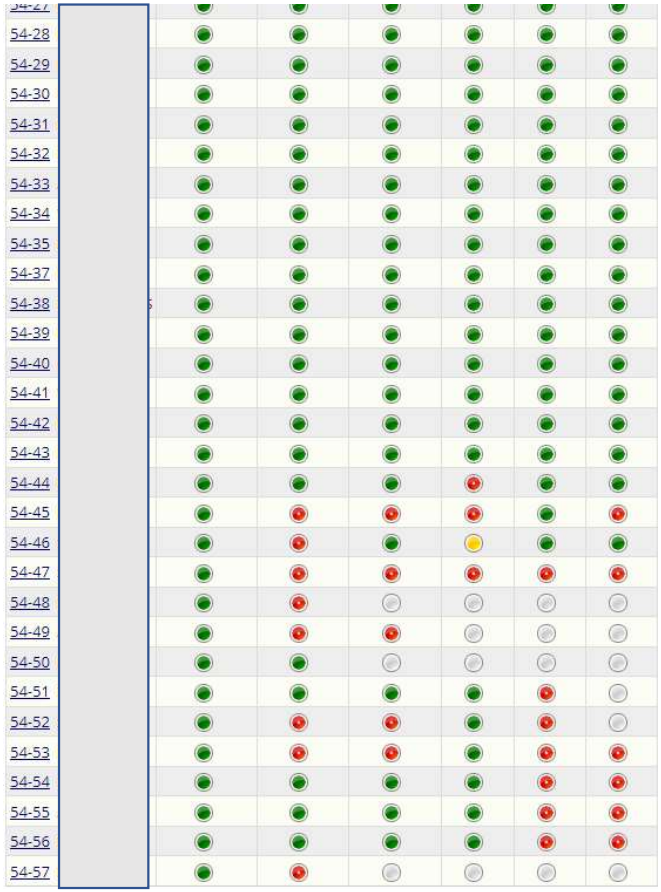
0% of the cases met the KPI this month; 0 of the 2 patients meeting the criteria for this KPI received recommended care.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Northern Health

Difficulties

- Data input
  - No dedicated data manager in the Division of Surgery at NH
  - Reliant on registrars inputting data
  - A lot of chasing up registrars to complete
- Results and building on KPIs gets a bit lost in the messaging when so much of the messaging is around data completion
- Minor issue – arrival in theatre according to timescale data is too variable to be useful as there is no guideline as to urgency and data input is random



Royal Australasian College of Surgeons

Northern Health

Aims for the next 6 months

- Work on making data input routine for registrars involved
  - ? Introduce rules such as what NELA used which were that the patient could not be anaesthetised until the pre-operative data was entered?
  - ? Linking completed data into regular audits so that registrars are forced to ensure data is complete prior to audit presentation
- Picking a target KPI to improve on – e.g. pre-operative risk stratification and documentation