



west midlands  
ACADEMIC HEALTH SCIENCE NETWORK



# The importance of 'context' in QI work

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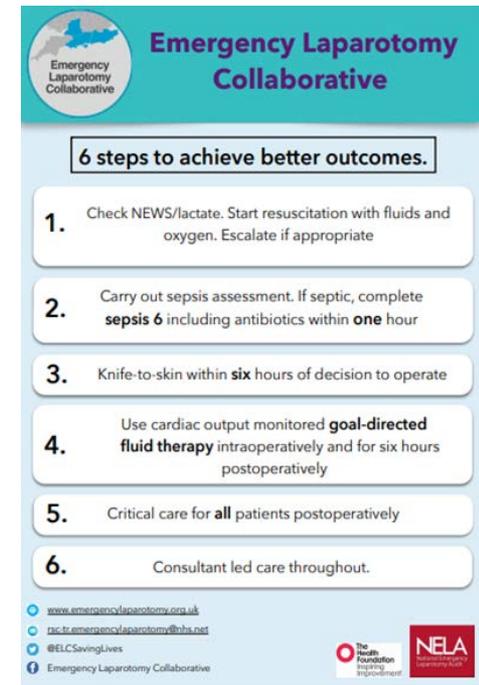
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# The ELC programme

## ✗ History

- >30 000 EmLaps per year
  - 2011 ELNA 30 day crude mortality 14.9% (3.7-41%)
  - 25% patients remain in hospital > 20 days
  - 2012 ELPQUIC
- 2015 ELC funded by Health Foundation
  - 28 hospitals across 3 AHSNs
  - MDTs each hospital
  - Collaborative events
    - Sharing: learning, problems, solutions, data, experiences
    - 6 interventions
  - Outcomes
    - RA 30 day Mortality **15.6% to 9.6%**
    - NNT 16.4, or 6 additional lives saved per 100 operations
- 2018-2020: NHSE and NHSi commission national rollout
  - £6million to AHSN and PSC



**Emergency Laparotomy Collaborative**

**6 steps to achieve better outcomes.**

1. Check NEWS/lactate. Start resuscitation with fluids and oxygen. Escalate if appropriate
2. Carry out sepsis assessment. If septic, complete **sepsis 6** including antibiotics within **one** hour
3. Knife-to-skin within **six** hours of decision to operate
4. Use cardiac output monitored **goal-directed fluid therapy** intraoperatively and for six hours postoperatively
5. Critical care for **all** patients postoperatively
6. Consultant led care throughout.

[www.emergencylaparotomy.org.uk](http://www.emergencylaparotomy.org.uk)  
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[@ELCSavingLives](https://twitter.com/ELCSavingLives)  
 Emergency Laparotomy Collaborative






# The ELC programme

## ✗ History...

- Other evidence
  - *'Multi center trial of a perioperative protocol to reduce mortality in patients with peptic ulcer perforation'*: Moller et al. BJS 2011
  - *'Reduced mortality following the introduction of a multimodal multidisciplinary perioperative protocol in high risk emergency gastrointestinal surgery patients. A single center intervention study of a consecutive cohort'*: Tengberg LT. BJS 2017
- All continuous quality improvement studies
- All show approx. 25% reduction mortality

## ✗ But where are the RCTs??

# The ELC programme

## × ‘WHY DON’T MERCEDES BENZ PUBLISH RANDOMIZED TRIALS?’

- Timothy O’Brien, Richard Viney\*, Alan Doherty\* and Kay Thomas
- 2010 British Journal of Urology International

*‘The new Mercedes E class has just been released and buyers can be confident that the new version will be better than the old; safer, quicker, more comfortable, more reliable, and technologically more advanced than the previous version. In short, the quality of the product will be better. The consumer, even a urologist, can be confident of this without needing to access The European Journal of Automotive Engineering to read the results of a randomized controlled trial (RCT) of the old version against the new, replete with p-values, CIs and statistical significance’*

# The ELC programme

- ✗ Like Mercedes these collaboratives have utilised a ‘*continuous quality improvement*’ methodology
- ✗ So: Continuous Quality Improvement is the answer?
- ✗ Yes.....
- ✗ ....But

*“Formal quality improvement in healthcare has only a brief history, but it is a history littered with examples of showpiece programmes that do not consistently manage to export their success once transplanted beyond the home soil of early iterations”*



# The ELC programme

- ✗ What is required to make CQI work?
  
- ✗ 1. The Intervention: (what you do)
  
- ✗ 2. The implementation: (how you do it)
  
- ✗ 3. The context: (the environment where your trying to 'land' the project)

# Local context **is** everything

*With CQI “we cannot hope to escape the hazards and uncertainties lying in wait in the punishing contextual terrain that has to be crossed”*

- ✗ Recognise that context is important
- ✗ Have an understanding of your local context
- ✗ But can we influence it?
- ✗ By a bit of, **both**
  - 1. Changing your local context to optimize effectiveness of your improvement effort; and
  - 2. Adjusting the intervention and its implementation to fit your local context



# Recognise & acknowledge your local context



*“Complex systems are  
interrelated and  
interdependent. In  
complex systems, it  
is difficult to see the  
whole, and we tend to focus  
on parts and wonder  
how they fit together.  
The essential is to  
recognise patterns where  
they exist and to  
acknowledge the  
limitations of our  
ability to see the  
whole.”*

*... fabrics of  
... lacework  
... ern. Instead  
of the system  
... et solved...  
... s in seeing  
... s to react to”*

## Optimising local context

✗ Is my organization ready for this QI project?

✗ .....Yes.....

- Even if the organisation doesn't know it yet !

✗ 'The EmLap stars are aligning'

- The story is convincing
- National coverage
- AHSN / NELA support
  - QI expertise
  - Data analysis, sharing and feedback
  - Collaborative events and learning
  - AIP and ISAs
- BPT

# Optimising local context

## ✗ Build a broad MDT

- **Don't** ask or expect money (atleast not much)
- **Do** ask for named individuals with NELA/ELC responsibilities:
  - All these are listed in AIP
    - Surgical / anaesthetic NELA leads
    - A named Board lead, a GM, an admin support and analyst (IT/Business)
    - A named lead nurse/matron: Theatres, SAU and ward
    - A named NELA lead in ED, Radiology, COTE, Critical Care
  - Links to other Trust QI initiatives
    - Virginia Mason / NHSi Practice Improvement
    - Sepsis, The Deteriorating Patient, NEWs (2), ERP

## ✗ Reporting Structure

- 1-2 slides per month to
  - Departmental and Divisional meeting
  - Governance Meeting
  - Patient Safety Committee or equivalent (report to Board)

# Context will change throughout the program

- ✗ Be alert,
- ✗ Look out for changes in policy, new national
- ✗ Think of the future
  - 'A source of inspiration we want to go'
  - Latch on to
- ✗ Also be ready
  - Acknowledge
  - Celebrate
  - Refresh



ew national  
*n we want to go'*

# Success

- × Improvement in emergency laparotomy care will come from doing things right more and more of the time; steadily reducing the number of patients who experience delay or omissions.
- × Context plays a crucial part in this and needs to be understood and actively managed.
- × ***‘We are what we repeatedly do. Excellence, then, is not an act, but a habit’***



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Questions