

Use of an Automated Digital Flag for Identification of Older People Undergoing Emergency Laparotomy.

H Sanda, I Wissenbach, E Davies, D Burberry, K James

Swansea Bay Health Board, Swansea Bay University



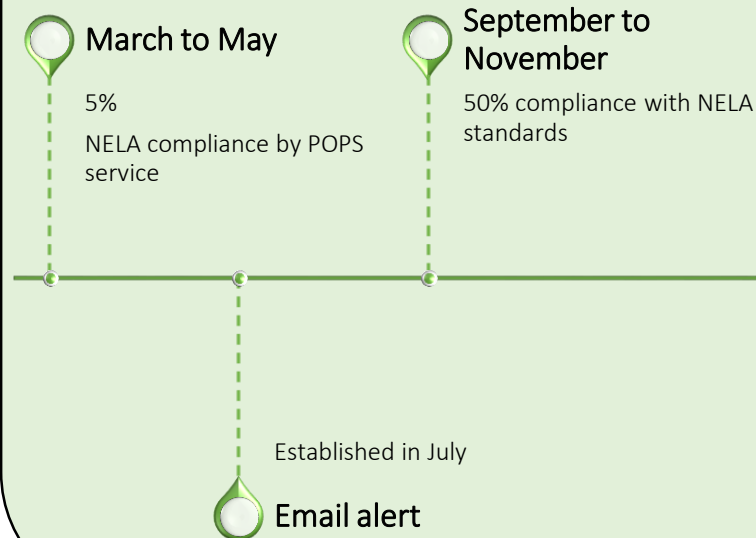
Introduction

In the presence of multiple co-morbidities and frailty, older people undergoing emergency laparotomy warrant higher supportive care. It is evident that geriatrician input to perioperative care plays a crucial role to improve patient experience and outcomes (1, 2). Whilst we recognised the need for a surgical liaison service and increased compliance with NELA we had limited resources to give. We created an automatic email alert to enable us to see NELA patients and make the maximum use of our clinical time.

Method

An automated email alert was created in July 2022 to identify patients undergoing laparotomy based on theatre coding, we then set up filtering by age and frailty. A perioperative medicine service was already established but we were able to target NELA patients from September 2022. Retrospective analysis of local data for Morriston Hospital extracted from 2022 National Emergency Laparotomy Audit allowed comparison of compliance to expected standards by the POPS service before and after intervention.

| Patients' type | Percentage of patients | Total patients who met NELA criteria 2022 |
|-----------------------|------------------------|---|
| Age>64 with high CFS | 30% | 15 |
| Age >80 with high CFS | 70% | 35 |



Results

There were 225 patients who required emergency laparotomy at Morriston hospital in 2022. 50 patients met NELA criteria of which 30% were > 64 with high CFS and 70% over 80. A 3 month period (March-May) prior to the intervention and 3 months following (Sept-Nov). We showed an increased in compliance with NELA standards from under 10% to over 50% with this intervention.

Conclusion

Significant improvement of 5% to 50% compliance with NELA standards was observed after the intervention of email alert; further to this we noted an issue with the alert working through December 2022 where many patients were not seen. This corresponded with a period of increased mortality.

This is a simple intervention requiring only a small amount of input from digital services to set up and hugely decreases clinicians time by cutting out referral time.

Our aim going forward is upscaling this to align with the BGS Position Statement increasing NELA standards alongside expanding the current POPS service.

References

- 1) Older patients undergoing laparotomy, observations from NELA Years 1-4, Age and aging
- 2) Shipway D, Koiza L, Winterkorn N et al. Embedded geriatric surgical liaison associated with reduced inpatient stay, Future Healthcare Journal, 2018