

Methodology of NoLap audit

Background:

Preliminary cohort studies have consistently demonstrated that NoLap patients tend to be older, living with higher levels of frailty and have complex medical needs. Despite this, there is no systematic national dataset describing their pathways, decision-making processes, or clinical outcomes. The absence of structured data for this group limits the ability of clinicians and hospitals to benchmark care or make fully informed decisions in acute settings.

Recognising this gap, the NELA Project Team, commissioned by HQIP has decided to include NoLap patients in future national audits. A dedicated working group within the NELA Project Team has been established to support the implementation of this audit.

Aim:

To enable the improvement of the quality of care for NoLap patients (those who require emergency laparotomy but did not undergo surgery) through the provision of high-quality comparative data from all providers of emergency general surgery services.

Methods:

Due to paucity in published evidence or national standards defining best practice for NoLap patients, we have conducted a virtual nominal group technique consensus meeting (1) in September 2023 where an international multidisciplinary panel of clinicians with expertise in providing care for emergency laparotomy patients, including members of the NELA Clinical Reference Group (CRG) and lay representatives came together to identify key diagnostic and management processes essential for high-quality care for NoLap patients.

Experts brainstormed and discussed ideas on various aspects of care such as analgesia, infection management, recognition and management of the dying patient, and many more. A total of 28 manifest statements were derived from ideas contributed during the nominal group technique consensus meeting and these were then ranked in order of importance for patients. Preliminary quantitative and qualitative analysis of the results obtained from the meeting has yielded important themes which will contribute to the development of question proforma for the NoLap patients.

Themes achieving full consensus (100%)

- Clinical assessment
- Mortality risk assessment
- Assessment of the dying patient
- Good communication and documentation
- Recognition and care for the dying
- Treatment escalation planning

With input from the consensus meeting and iterative discussions among [NELA Project Team](#), five key standards were selected to be audited against for the first year of the NoLap audit. The selection was guided by a balance between maintaining a manageable dataset for clinicians and capturing the most important aspects of care for NoLap patients.

The key standards are:

1. Risk assessment
2. CT scanning and reporting
3. Care of the older person
4. Advance care planning
5. End-of-life care

Scope of the audit

As this is the first year, we have decided to focus on a clearly defined patient cohort to minimise heterogeneity. We therefore have included only patients who present with:

1. Radiological and/or clinical diagnosis of bowel perforation
2. Radiological and/or clinical diagnosis of bowel ischaemia

Reference

1. Fisher RJ, Riley-Bennett F, Russell L, Lee C, Sturt R, Walker M, et al. Nominal group technique to establish the core components of home-based rehabilitation for survivors of stroke with severe disability. *BMJ Open*. 2021 Dec;11(12):e052593.