

# Acute Abdomen Care Bundle

## Project aim

Our project aim is to reduce mortality for Acute Abdomen back to an expected level i.e. from 8.7% to 7.1% by March 2020 (intestinal obstruction, based on Dr Foster Data from reporting period Nov17-Oct18)



## Project team

- Mr. Bogdan Ivanov (Project Lead)
- Mr. Alexander Seager (Specialist Registrar)
- Mr. Jonathan Refson, Jo Ward and Phil Holland (Programme Triumvirate)
- Dr. Andy Morris (Executive Sponsor)

## Timeline for delivery

From: March 2019

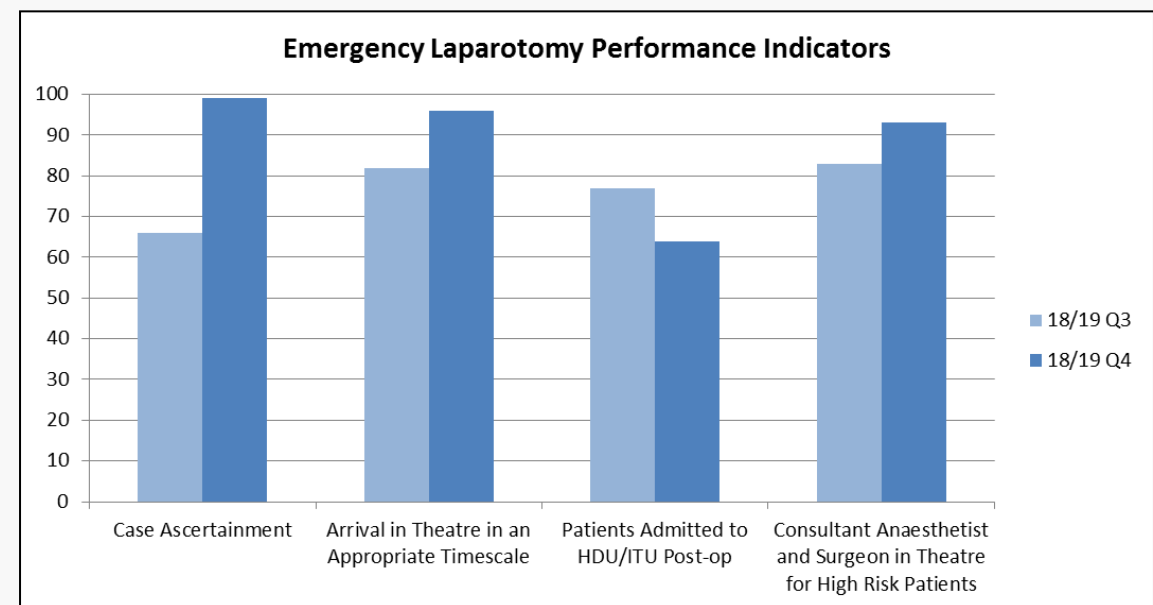
To: March 2020

## Measures

- Full assessment screen within 1 hour of attendance in ED
- Surgery within 6 hours of decision to operate
- Goal directed therapy intraoperatively
- Consultant led care throughout with patients at high risk
- Critical care admission post operatively for patient at high risk

## Results

The 12 month rolling mortality rate for intestinal obstruction has reduced from 8.6% to 7.1% (Oct18-Mar19).



## Tests for change

- Care Bundle developed and launched
- Compliance with data capture for NELA (National Emergency Laparotomy Audit)
- Revised pathways for pre-operative, intra-operative and post-operative care launched
- Booking form for emergency laparotomies reviewed and updated

## Learning and next steps

Compliance with data collection and outcomes continue to improve. However, the next steps include reviewing rationale for patients, who are high risk, not being cared for in critical care post-operatively. Once rationale understood actions to address will be next test of change.

