Improving compliance with data entry into the NELA database at a District General Hospital in the United Kingdom

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Introduction

The National Emergency Laparotomy Audit (NELA) enables the collection of prospective data about emergency laparotomy cases and can provide useful insights into the local and regional care of these patients, thereby promoting positive change. At our Trust, the compliance with entering cases onto the NELA database (case ascertainment) was low - proposed reasons included the COVID-19 pandemic, lack of knowledge about the database, lack of incentive and time to enter data and unclear data entry responsibilities within the multi-disciplinary team.

Methods

This project began with evaluation of the current NELA data available for our Trust in July 2022. We identified two main issues: case ascertainment and the completion and locking of cases (which enables data to be analysed more thoroughly by NELA).

The interventions undertaken were split into four aspects:

1. Education within the Anaesthetics and General Surgical departments and establishment of data entry roles
2. An accurate log of the relevant cases being undertaken at the Trust
3. Email reminders sent to relevant clinicians
4. Completion of cases and locking of unfinished cases by members of the team

We delivered educational sessions about the NELA database and presented up-to-date findings to clinicians. Guidance was established for who should log the case on the database (trainee anaesthetist) and who should enter post-operative information (trainee surgeon).

We found that the codes for emergency laparotomies on the theatres IT system had not been standardised so it was potentially difficult to know the true number of cases undertaken. We therefore created a physical logbook into which each laparotomy case was entered by the emergency theatre ODP and this logbook was handed over between shifts. This logbook and the IT system were reviewed weekly to identify any potential cases that had not been logged onto NELA.

Email reminders were then sent to the anaesthetists and surgeons involved in the intraoperative care of the patient.

One session a week was allocated to two Physician Associates working in General Surgery in order for any incomplete cases to be completed and locked.

Results
The database was reviewed in June 2023 and the results demonstrated large improvements in the areas for improvement that had been identified. Case ascertainment had improved from 64% to above 80%. The completion and locking of cases had improved from 49% to 85%. Generally, the knowledge about the need to enter data onto NELA had improved amongst Anaesthetists, General Surgeons and ODPs.

Conclusions
The interventions mentioned above demonstrate a tangible improvement in the compliance with NELA data entry amongst both anaesthetists and surgeons at our Trust. We endeavour to utilise the more comprehensive data available to undertake further quality improvement that will enable us to have a positive impact on patient care.

Biography
Dr Rakhi Ghosh is a Core Anaesthetics Trainee in the East of England Deanery. She undertook her undergraduate MBBS at University College London. She was the local Junior Doctor Lead for NELA data collection.