**Generic Quality Audit Registration Form Template for the RESPOND Quality Audit**

*Please tailor based on your Trust’s requirements*

**Project Supervisor**: *[Name of the Emergency Surgery Consultant]*

**Title**: Speed and Quality of Response to Postoperative Patient Deterioration

**Description**: This audit aims to understand the speed and quality of response to patient deterioration following emergency abdominal surgery in our unit. The scope will include not only emergency laparotomy but also patients who have undergone other emergency abdominal operations or therapeutic procedures, including laparoscopic, endoscopic and interventional radiology procedures.

Patients will be eligible if one or more of the following criteria for deterioration are met at any time after emergency surgery:

* NEWS2 Score of 7 or more
* Referred for unscheduled emergency imaging\*
* Transferred for unscheduled emergency surgery, therapeutic endoscopy, or invasive image-guided therapeutic procedures
* Unscheduled ICU admission
* For whom the ICU Outreach Team attended as an emergency

\*: Does NOT include requests for urgent CT or other imaging done as part of initial admission. ONLY those ordered as a result of further deterioration on the ward.

Patients with an active “Do not resuscitate” or “Do not actively intervene” order are NOT eligible for this study.

We will identify deterioration start and end dates and times based on the following criteria:

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| **Start** | **End** |
| Documentation of a NEWS2 score of 7 or more | When the score drops down to 5 or less, or any of the below occur |
| Documentation of request for emergency imaging (decided either outside of normal rounds or specifically mentioned in the notes as being needed to be done in an urgent manner) | Either when a verified report suggests no gross abnormality or when a clear plan for decisive action is recorded to address the Finding (s) stated in the imaging report. This action plan may be for continued ward-based care. In this case the deterioration will be considered over once NEWS2 reduces to 5 or less. |
| Documentation of the request need for emergency procedure (e.g., emergency surgery, therapeutic endoscopy, or invasive image-guided therapeutic procedures) | Initiation of the stated procedure |
| Documentation of emergency call to other specialty for urgent management of non-surgical problem | Specialist team attending |
| Documentation of request for ICU admission after being on the ward after surgery | The ICU admission |
| Cardiac arrest and peri arrest | Decisive action taken after the arrest |

To identify any patients that have deteriorated, consultants and junior doctors will scan all emergency surgery patients on a weekly basis. For each patient who meets criteria, we will collect the following data:

* Trust name
* Patient MRN\*
* Patient date of birth\*
* Patient sex\*
* Date of admission to Trust as inpatient
* Date and time of deterioration event start
* Date and time of deterioration event end
* Outcome of deterioration event
  + Continued treatment on surgical ward
  + Transfer to ITU
  + Transfer to other speciality
  + Further surgical procedure
  + Other invasive treatment
  + Died on ward
* End date of admission\*\*
* Outcome of admission\*\*
  + Discharge home
  + Discharge to other care facility
  + Died in hospital

\*\*Please ensure that the record is made once this information is available. Please wait until patient has left the hospital to ensure a date/time is recorded.

**Standards Against Which Audit Will Be Assessed**

The primary outcome of the RESPOND study is “Failure to Rescue” (FTR) which is calculated as the % of patients who die from a complication of surgery. The RESPOND team used figures from NELA to calculate how much of a reduction in FTR we might be able to achieve in RESPOND. We think we can reduce it from 22.5% (current UK figures) to 17.5%. We also record the speed with which the rescue process is carried out, and showed that after the RESPOND interventions the time to respond came down by 40%, to an average of 90 minutes. We would therefore suggest that a mortality of <17.5% amongst patients who become ill enough to trigger an emergency rescue response, and a time to from initial alert to definitive treatment of 90 minutes, should be the standards for the Audit. We will collect other data for which standards are not currently available as well (for example hospital stay and time in ITU) and will develop the standards for these in the near future.

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| **When you are communicating this Audit with your Audit Department, please ensure the following is communicated:**  *“The Audit is in collaboration with the RESPOND study. All anonymised data will be shared in aggregate at the end of the Audit with the RESPOND trial in accordance with ethics. The fields with \* in this registration template will be deleted by your Trust before being shared with RESPOND, though it will be important to preserve these fields for your own records. A full version of the spreadsheet with the patient identifiers should be kept within your Trust.”* |