

AB182. A quality improvement project on the use of pre-operative scoring in patients undergoing emergency laparotomy

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Background: Emergency laparotomy confers high mortality rates. However, mortality is significantly higher in patients who do not have pre-operative risk assessment score performed. International studies report 30-day mortality rates of 5–19% increasing to 24% in patients over 80. The #Knowthescore quality improvement (QI) project aims to increase the utilisation of pre-operative scoring for patients undergoing emergency laparotomy in Irish hospitals to 70% of patients. QI is a formal approach to the analysis of performance on systematic efforts to improve it. This was a nationwide QI initiative led by surgical trainees and physician associates involving educational campaigns. Eleven hospitals in Ireland participated in this QI initiative. This is the report of one busy university teaching hospital.

Methods: Posters were displayed in clinical areas and presentations were made periodically to different departments with an aim to increase awareness of pre-operative risk scores. A section was added to the surgical admission proforma to allow for clear documentation of this score. Operative theatre logbooks were reviewed for patients who underwent emergency laparotomies were included over 1 year. A subsequent retrospective review of included patients' charts was performed to ascertain if pre-operative scoring was documented.

Results: One hundred and eighteen patients underwent emergency laparotomies between November 2018 and November 2019. Of these 58% had a pre-operative score documented in their medical notes. This compares with 68% nationally for this time period. Of note, there was a sharp decline in documentation of the risk score during change over periods.

Conclusions: A nationwide QI initiative increases awareness and use of pre-assessment risk scores in patients prior to emergency laparotomy. The use of a trainee led initiative is not enough to confer universal change and continued buy in from all departments is required.

Keywords: Quality improvement; emergency laparotomy; pre-operative risk

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