Steps to the Future and Impact for Patients

LATES
ALTEC

TRAUMA & EMERGENCY SURGERY SYMPOSIUM

2017 December 7, Thursday

CENTRO HOSPITALAR E UNIVERSITÁRIO DE COIMBRA

Michael Sugrue

Letterkenny University Hospital Donegal Ireland

EASC

www.easccourse.com

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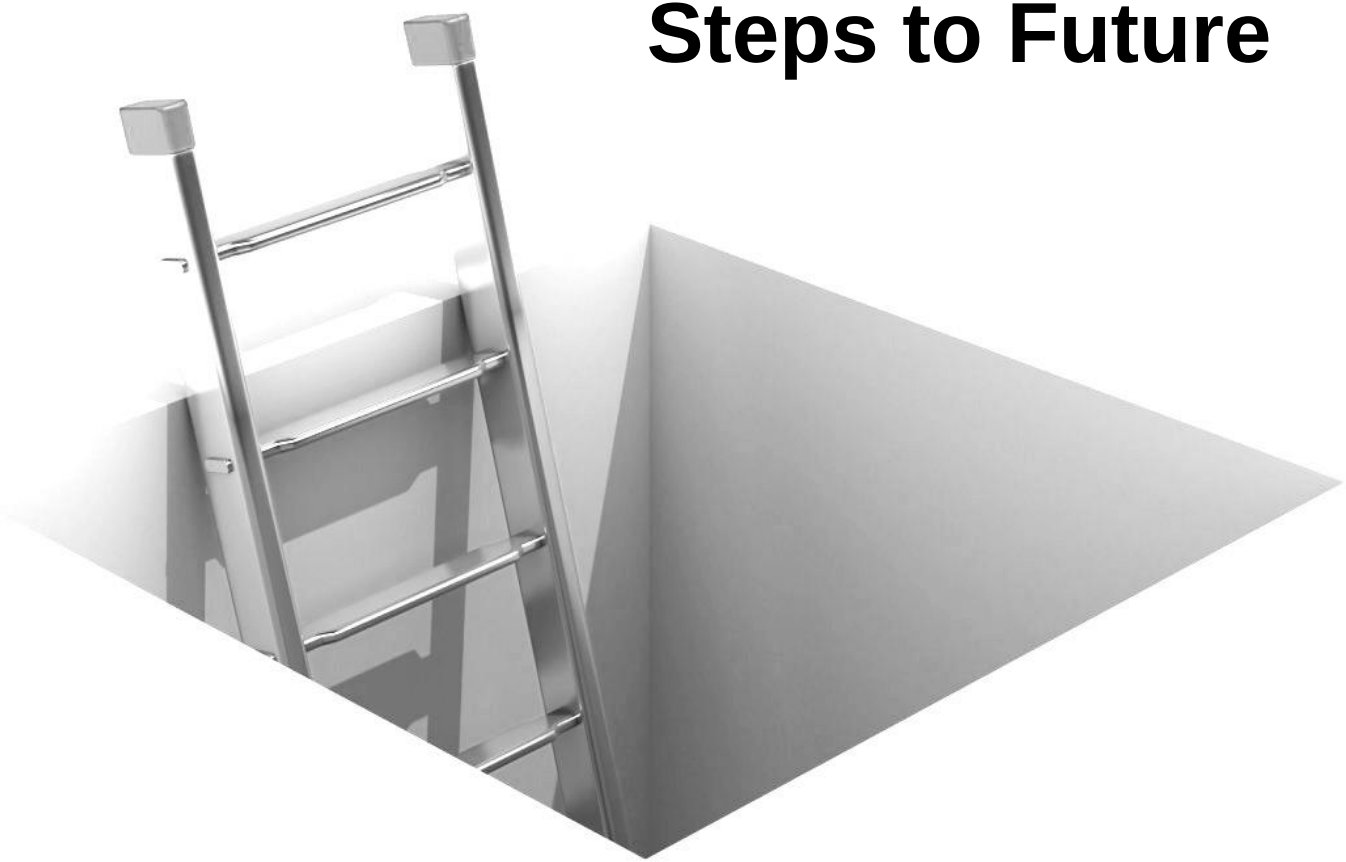
Steps to Future



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IMPACT

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Simple ? for You

Mortality from Emergency Laparotomy ?
What is your Negative appendicectomy rate?
Your Compliance with Gastrografffin Proctol?
What is you Re-admission rate post Lap Chole?
What is Re-operation rate in Hartmans
Is you SSI (SSO) <5%; <10% ;<15%;> 15%

Currently Highest Mortality Discipline in Medicine

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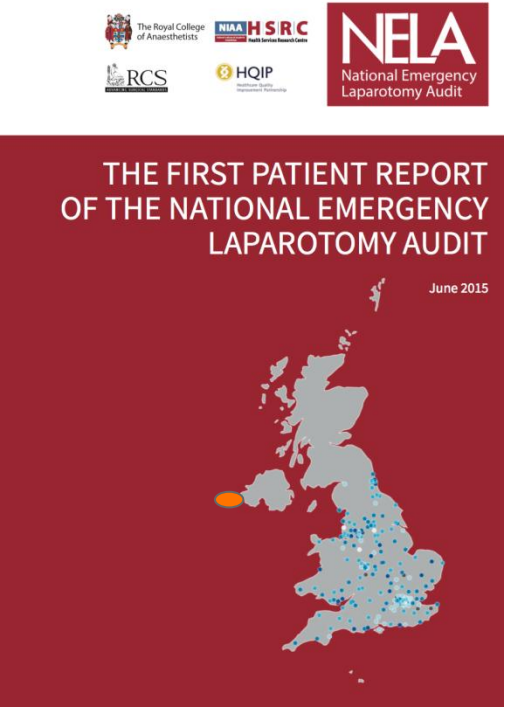
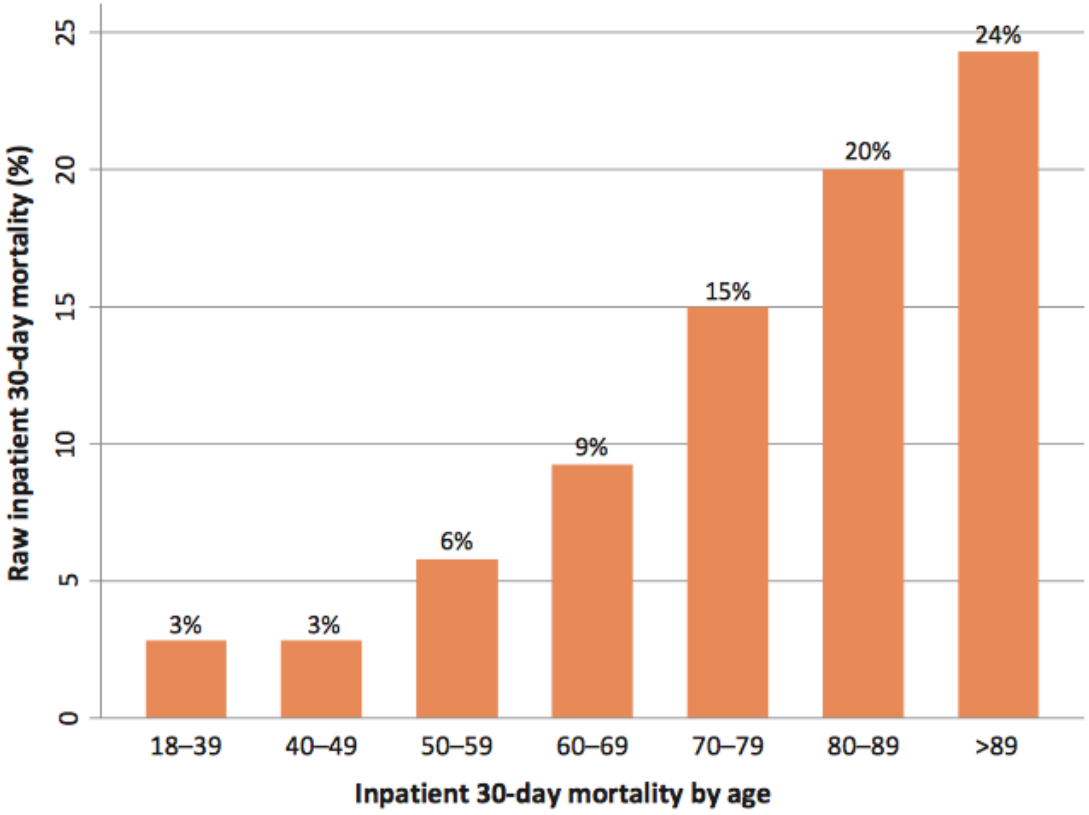


Percentage inpatient 30-day mortality by patient characteristics



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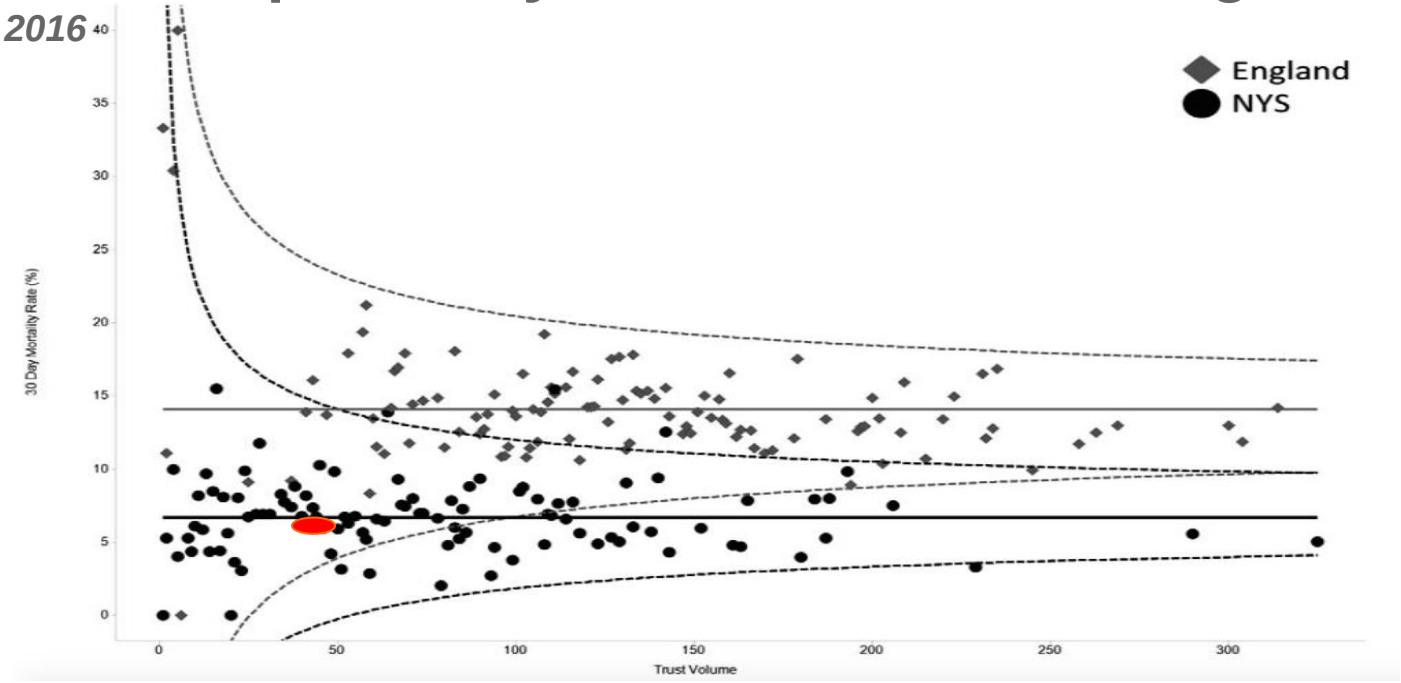
Mortality After Laparotomy- New York Versus England

Tan Ann Surg 2016

30 day mortality



Volume

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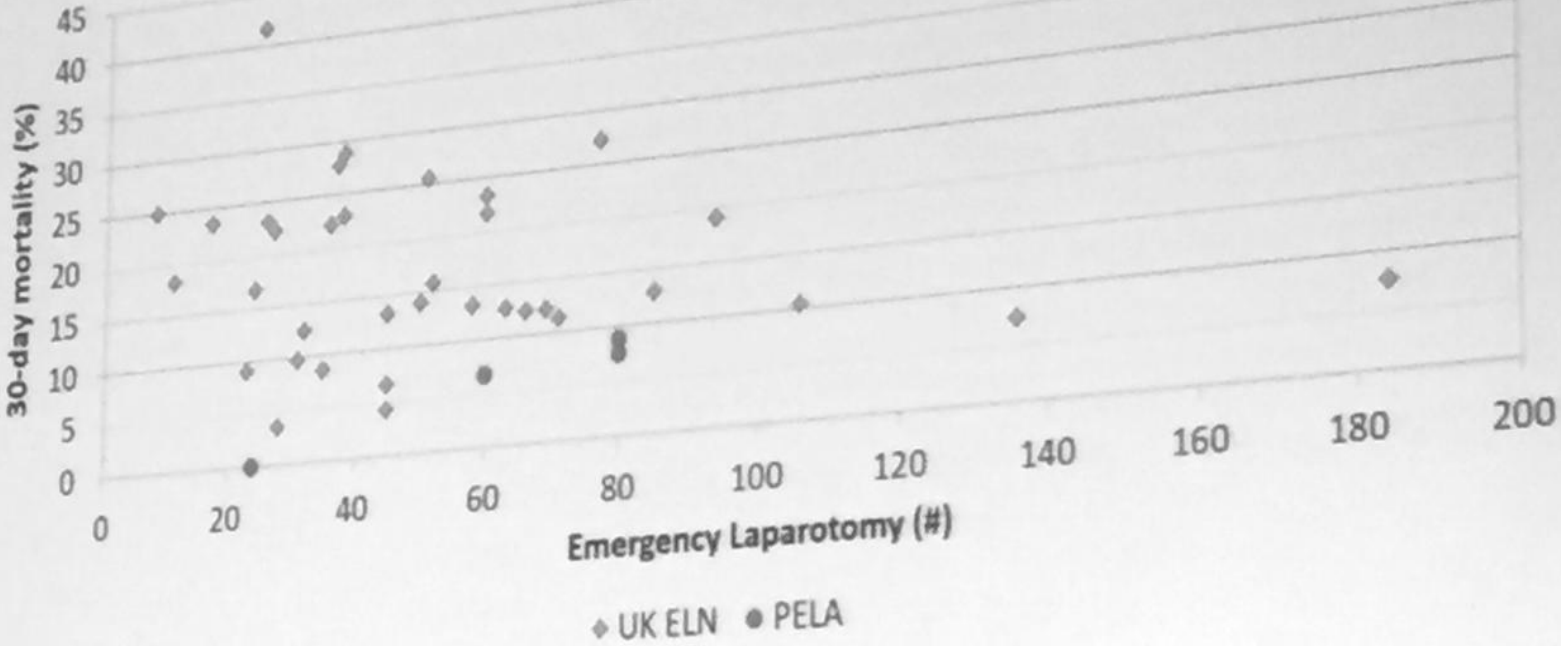
EMERGENCY LAPAROTOMY MEETING:
Current Results and Future Challenges
10th November 2017
Novotel Birmingham Centre, UK

Lack of variation?

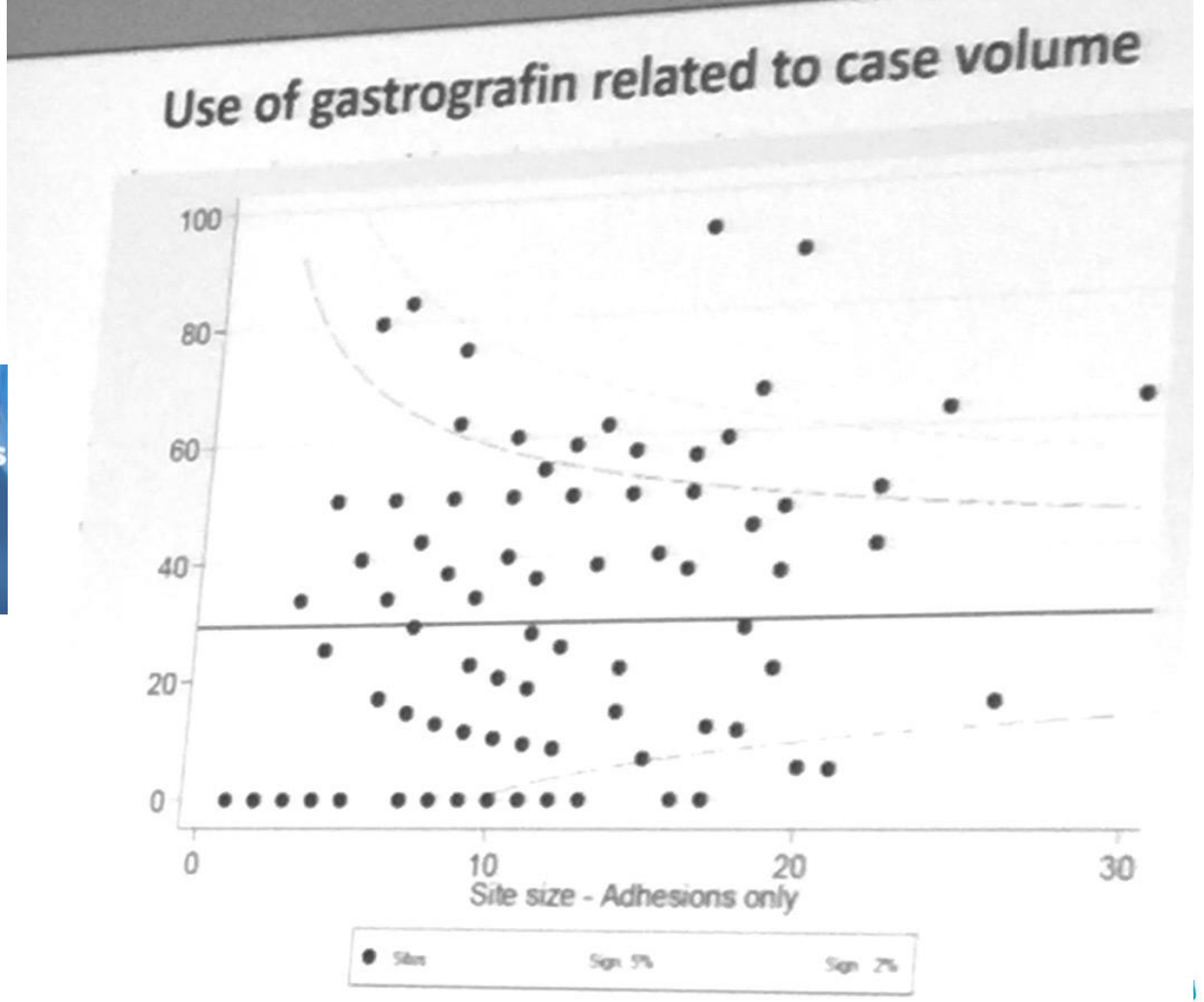
UK Emergency Laparotomy Network & PELA comparison of 30-day mortality



NASBO

EMERGENCY LAPAROTOMY MEETING:
Current Results and Future Challenges
10th November 2017
Novotel Birmingham Centre, UK

CME & CPD APPROVED
5.5 CPD POINTS
ASGBI
Association of Surgeons of Great Britain and Ireland


Use of gastrografin related to case volume
100
80
60
40
20
0
0
10
20
30
Site size - Adhesions only
Sites
Sign 5%
Sign 2%

Increasing Focus on Quality

Assessment of emergency general surgery care based on formally developed quality indicators

Surgery
August 2017

Angela Ingraham, MD, MS,[a] Avery Nathens, MD, PhD, FACS,[b] Andrew Peitzman, MD, FACS,[c]

The American Journal of Surgery xxx (2017) 1–6

Contents lists available at ScienceDirect

The American Journal of Surgery

journal homepage: www.americanjournalofsurgery.com

An institutional analysis of unplanned return to the operating room to identify areas for quality improvement

Yihan Lin [a, b, *], Robert A. Meguid [a, b], Patrick W. Hosokawa [b], William G. Henderson [b, c, d],

BMJ 2017;359:j4580 doi: 10.1136/bmj.j4580 (Published 2017 October 10)

EDITORIALS

Improving patient outcomes after surgery

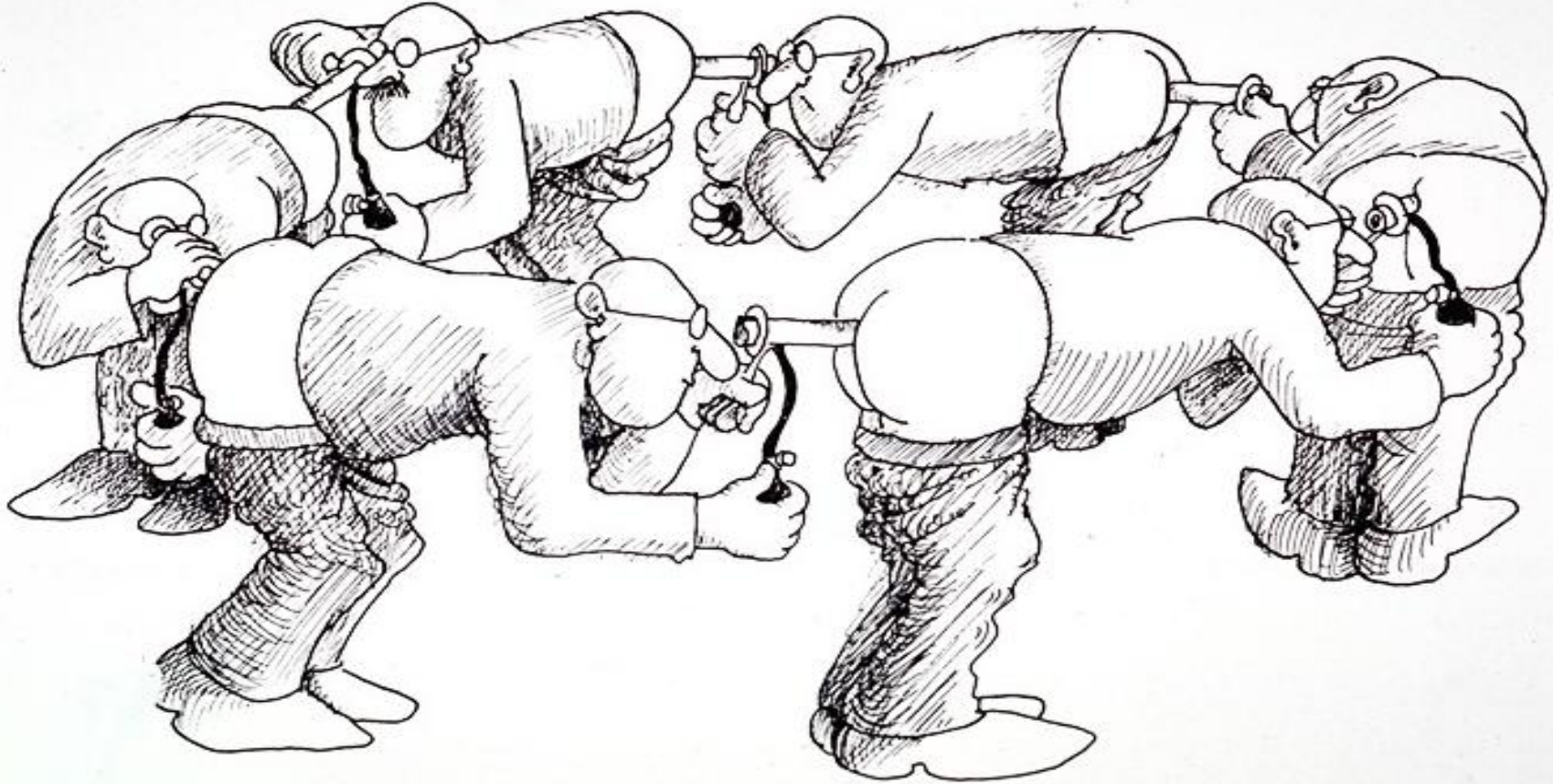
The sex of the surgeon is unlikely to be relevant

EDITORIAL

Quality Accounting: Understanding the Impact of Multiple Surgical Complications

Hari Nathan, MD, PhD, FACS and Justin B. Dimick, MD, MPH, FACS

Annals of Surgery • Volume 265, Number 6, June 2017



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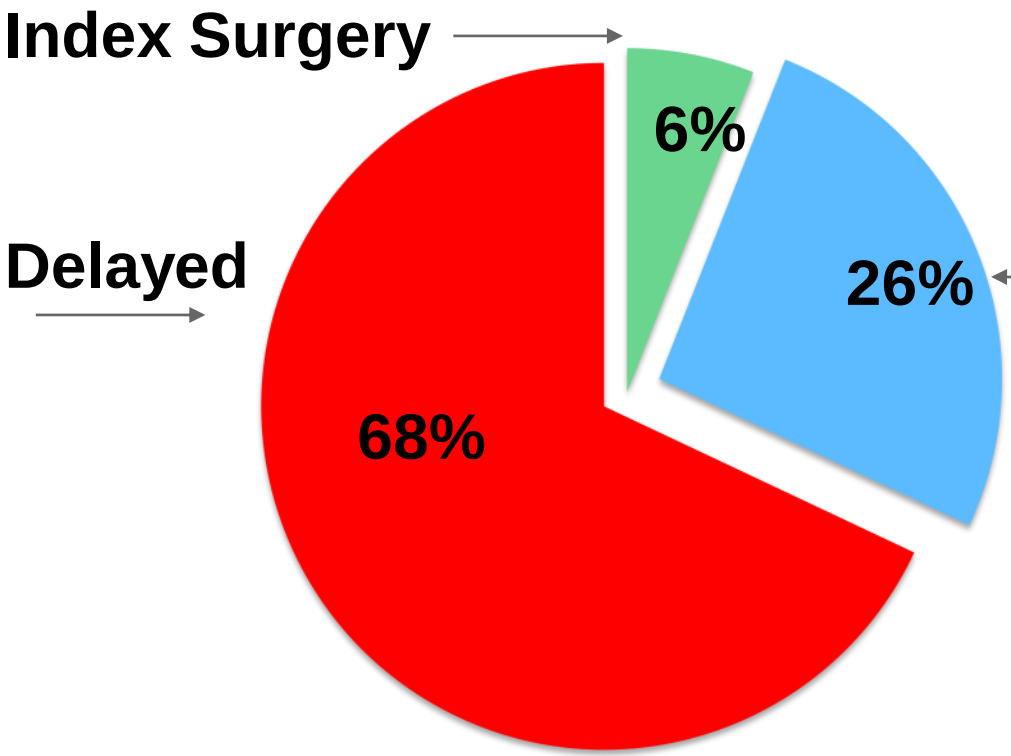
Changing of the guard, Time to move on in the management of acute cholecystitis

Shoaib Aslam, Shaheel Sahebally, Michael Sugrue
Department of Surgery, Letterkenny Hospital
Donegal Clinical Research Academy,
Ireland



47% readmitted

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Aware and Beware Re-operation rate

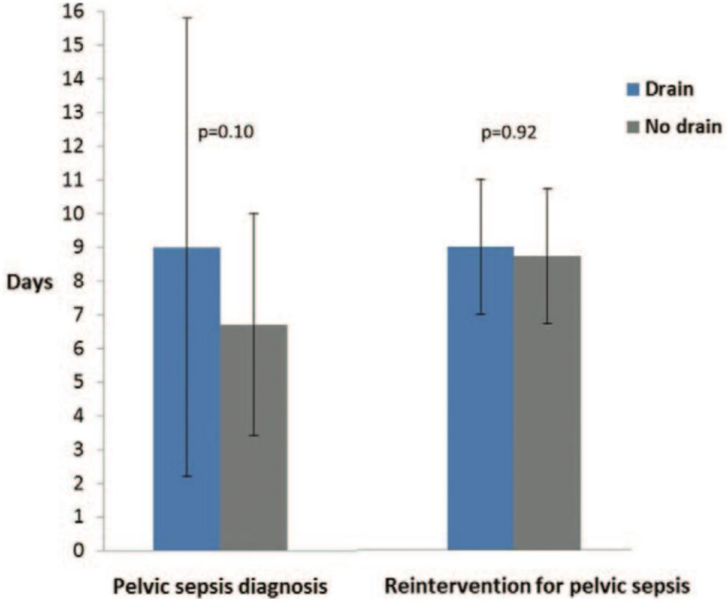
18.8% Re-operation

RANDOMIZED CONTROLLED TRIAL

To Drain or Not to Drain Infraperitoneal Anastomosis After Rectal Excision for Cancer

The GRECCAR 5 Randomized Trial

Quentin Denost, MD, PhD,† Philippe Rouanet, MD, PhD,‡ Jean-Luc Faucheron, MD, PhD,§¶*



Ann Surg 2017;265:474–480

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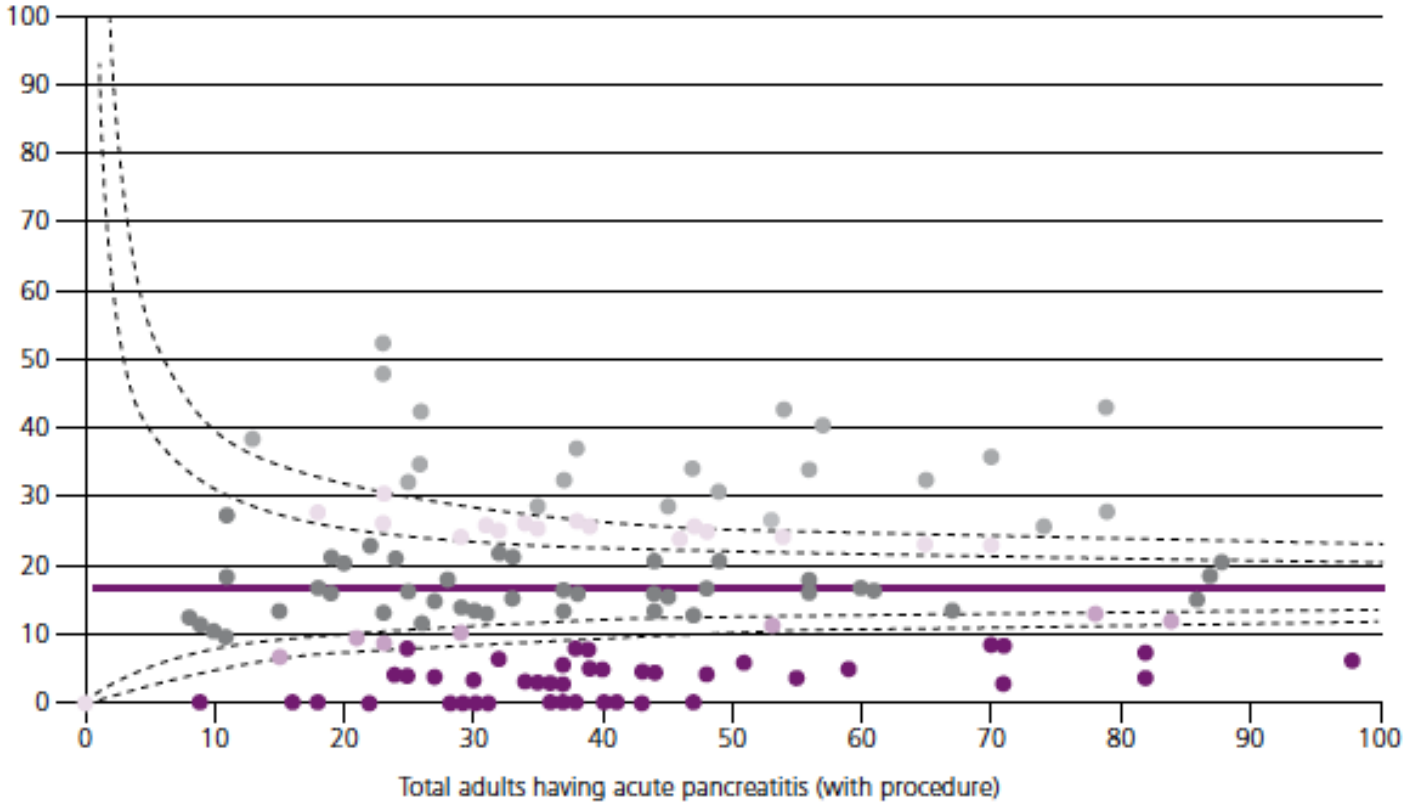
Figure 7.2 HES data for England shows that only 17% of patients with gallstone pancreatitis received their cholecystectomy within 14 days of admission

Source: GIRFT, processed by Methods Analytics • Copyright© 2016, re-used with the permission of the Health and Social Care Information Centre • All rights reserved



Leading article

Measuring and achieving the best possible outcomes in surgery

P.-A. Clavien[1] and M. A. Puhan[2]

[1]Department of Surgery and Transplantation, University Hospital of Zurich, Rämistrasse 100, 8091 Zurich, and [2]Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Zurich, Switzerland (e-mail: clavien@access.uzh.ch)

Published online 10 May 2017 in Wiley Online Library (www.bjs.co.uk). **DOI:** 10.1002/bjs.10569

Best possible outcomes

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Knowledge is Power

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Moving forward

System-Organised and Designated- Verified Registry
Clinical Guidelines -Targetted Conditions
KPI’s
Research and Education Program
Patient and Community involvment

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Steps to the Future and Impact for Patients

International Collaboration – Leadership

ASGBI

AAST

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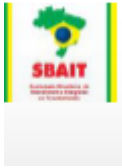
ESTES

IATSIC

Pan American

SBAIT



WSES

EASC

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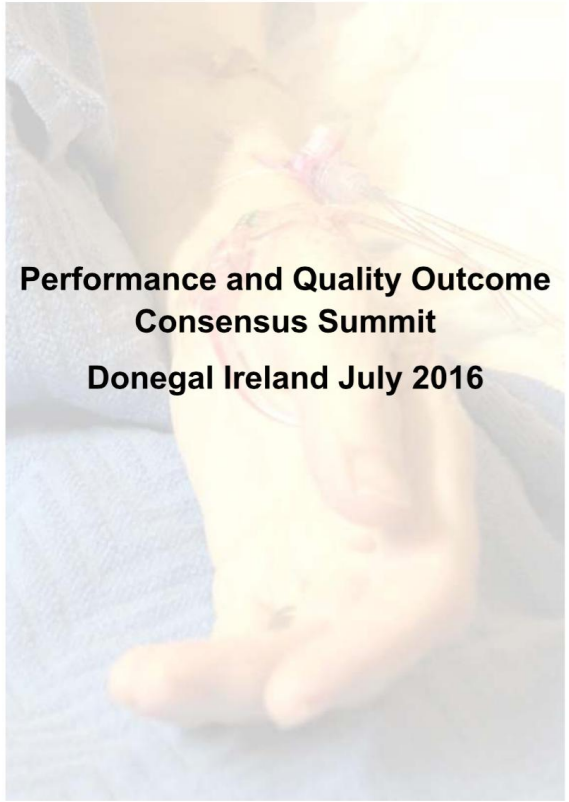
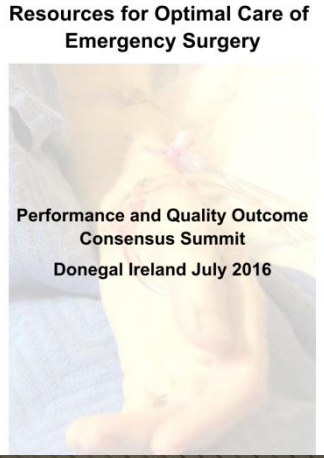
Tratamento não operatório no trauma abdominal penetrante
ARMA FOGO
• Situações Especiais
– Ferimento toracoabdominal D.

Monitor
KNOW your outcomes

Resources for Optimal Care of Emergency Surgery



Emergency Surgery Performance Quality and Outcome Consensus Summit



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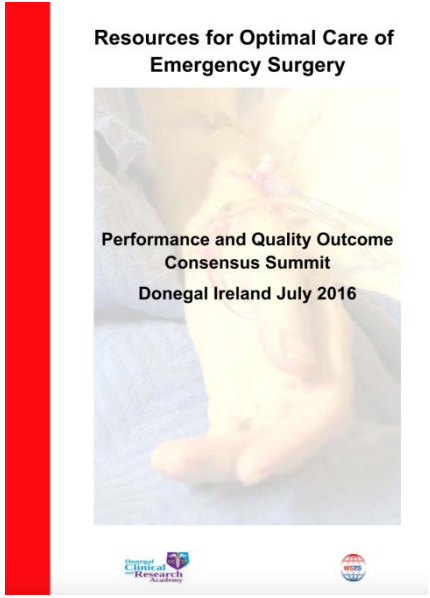


Key Performance Indicators

Chapter 15	Appendicitis
Chapter 16	Cholecystitis
Chapter 17	Pancreatitis
Chapter 18	Perforated Ulcer
Chapter 19	Upper GI Bleed
Chapter 20	Lower GI Bleed
Chapter 21	Small Bowel Obstruction
Chapter 22	Large Bowel Obstruction
Chapter 23	Diverticulitis
Chapter 24	Mesenteric Ischaemia
Chapter 25	Abdominal Vascular Emergencies
Chapter 26	Coagulation
Chapter 27	Complex Pneumothorax and Empyema
Chapter 28	Septic Shock in Emergency
Chapter 29	Septic Shock in ICU
Chapter 30	Fluid Resuscitation in Septic Shock
Chapter 31	Abdominal Compartment Syndrome
Chapter 32	Geriatric Care
Chapter 33	Paediatric Emergency Care
Chapter 34	Triage
Chapter 35	Laboratory

Sugrue *et al. World Journal of Emergency Surgery* (2017) 12:47
DOI 10.1186/s13017-017-0158-x

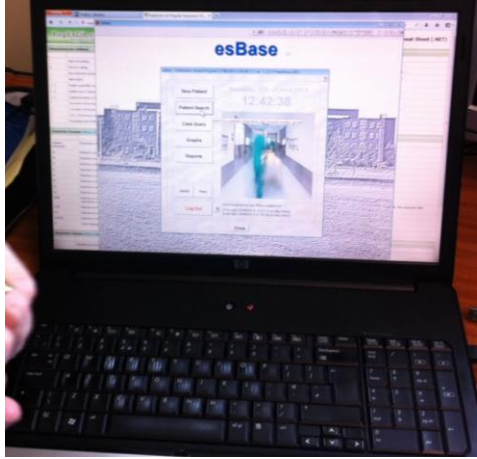
World Journal of Emergency Surgery

RESEARCH ARTICLE Open Access

Proceedings of resources for optimal care of acute care and emergency surgery consensus summit Donegal Ireland

M. Sugrue[1*], R. Maier[2,3], E. E. Moore[4], M. Boermeester[5], F. Catena[6], F. Coccolini[7], A. Leppaniemi[8], A. Peitzman[9], G. Velmahos[10], L. Ansaloni[11], F. Abu-Zidan[12], P. Balfe[13], C. Bendinelli[14], W. Biffl[15], M. Bowyer[16], M. DeMoya[17], J. De Waele[18], S. Di Saverio[19], A. Drake[20], G. P. Fraga[21], A. Hallal[22], C. Henry[23], T. Hodgetts[24], L. Hsee[25], S. Huddart[26], A. W. Kirkpatrick[27], Y. Kluger[28], L. Lawler[29], M. A. Malangoni[30], M. Malbrain[31], P. MacMahon[32], K. Mealy[33], M. O'Kane[34], P. Loughlin[35], M. Paduraru[36], L. Pearce[37], B. M. Pereira[38], A. Priyantha[39], M. Sartelli[40], K. Soreide[41,46], C. Steele[42], S. Thomas[43], J. L. Vincent[44] and L. Woods[45]

Registry



Minimal Data set

EU Project DCRA/Northern Ireland/UK

CPM eSAOP (Emergency Surgery Advancment Project)

Interreg
EUROPEAN UNION
Northern Ireland - Ireland - Scotland
European Regional Development Fund

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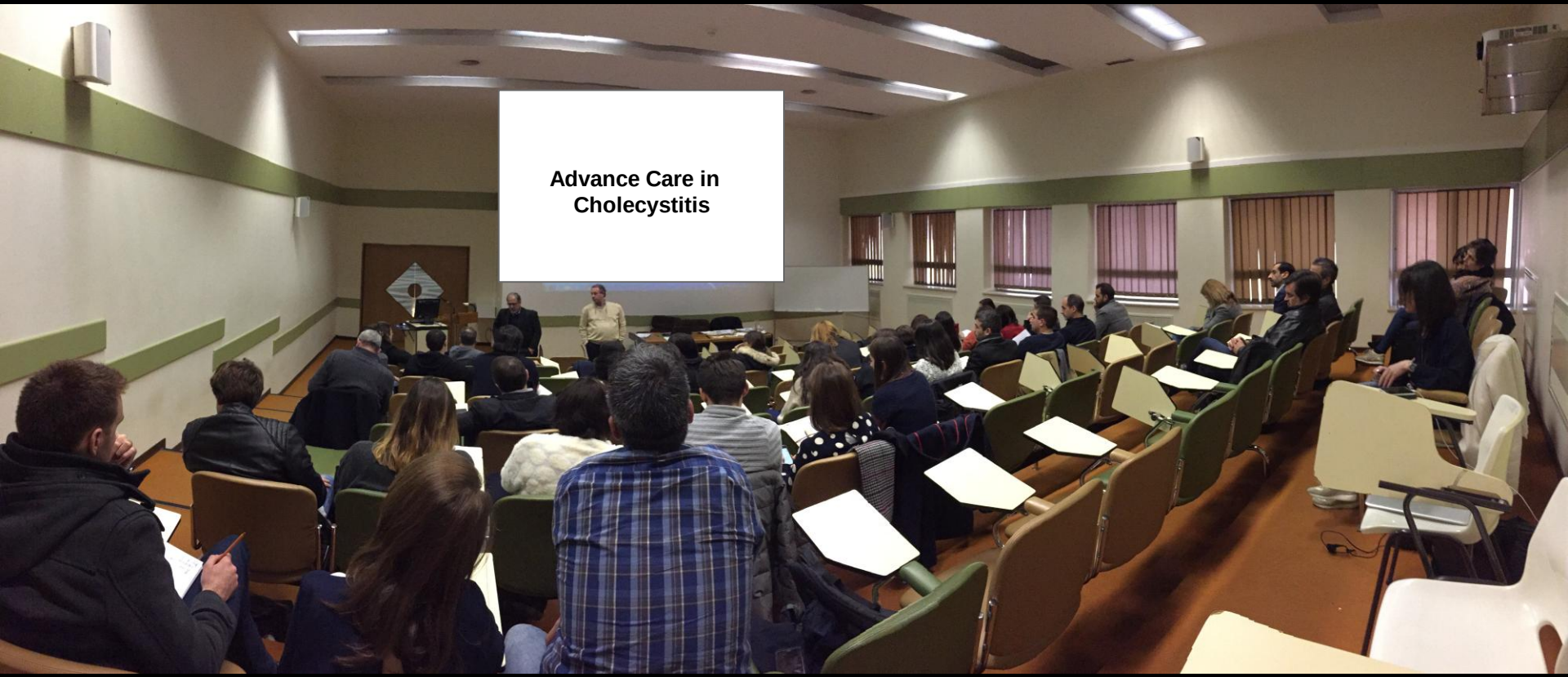
Guidelines



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Emergency Surgery Performance Quality and Outcome Consensus Summit

Topic Title: Appendicitis

Appendicitis KPI 1

Title: Negative appendectomy rate

Description	Percentage of negative appendectomies
Rationale	It is an indicator of diagnostic efficiency. In order to avoid useless surgery and decrease costs.
Target	< 10% of negative appendectomies
KPI collection frequency	Annually

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Emergency Surgery Performance Quality and Outcome Consensus Summit

Cholecystitis KPI 5

Title: Timing of surgery

Description	Percentage of patients with ACC operated on with operation performed within first 6 days post-admission
Rationale	Appropriate timing for operative management of ACC is within 6 days post-admission in most patients
Target	>90% of patients with ACC are operated within 6 days post-admission
KPI collection frequency	Semi-annually

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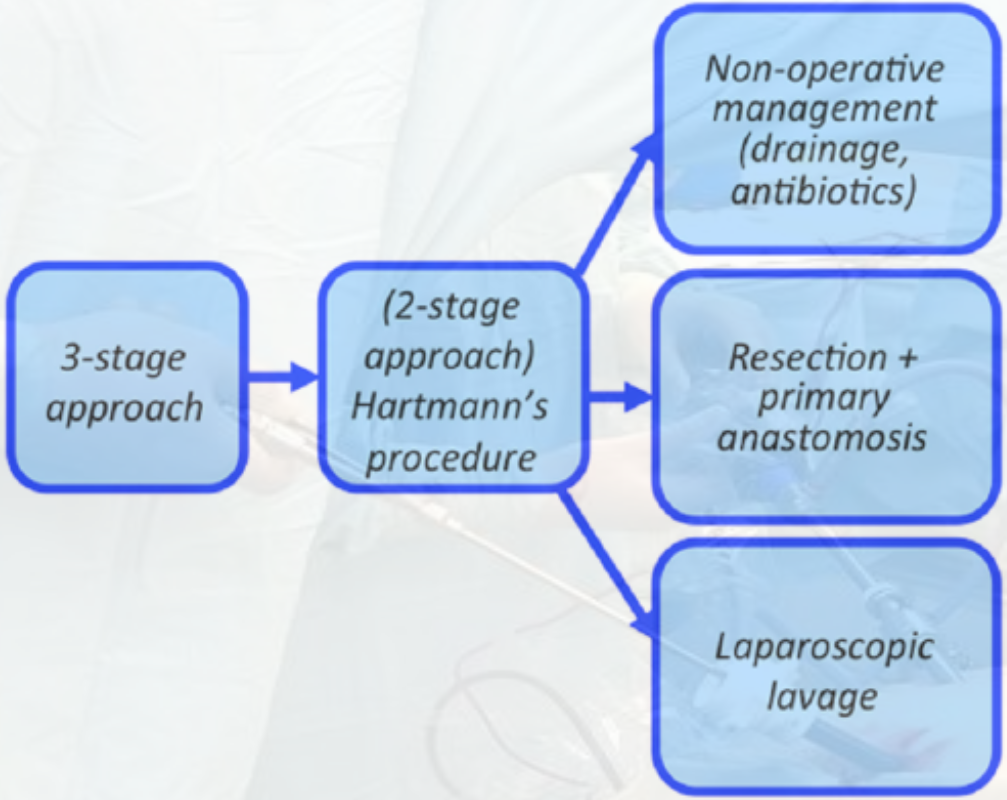
Laparoscopic Management Controversial



LADIES trial – Netherlands [30]

LOLA trial – Netherlands [30]
Scandiv trial – Scandinavia
DILALA trial – Scandinavia [31,74]
LapLAND trial - Ireland

Boermeester et al

World J Surg (2016) 40:2537–2545

Closure

- Wound Protectors
- Irrigation
- Fascial Closure- Onlay mesh
- Subcutaneous Closure
- Sutures
- Combination NPWT – Cavity and incisional

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Closure Reduce SSI 15% to 5%

- Wound Protectors
- Irrigation
- Fascial Closure- Onlay mesh
- Subcutaneous Closure
- Sutures
- Combination NPWT – Cavity and incisional

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Consequences of Disease and Care

No

L

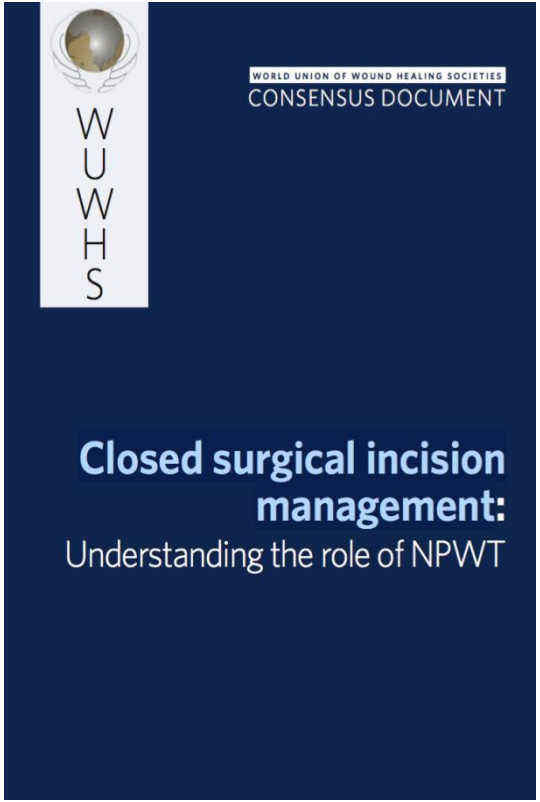
O

V

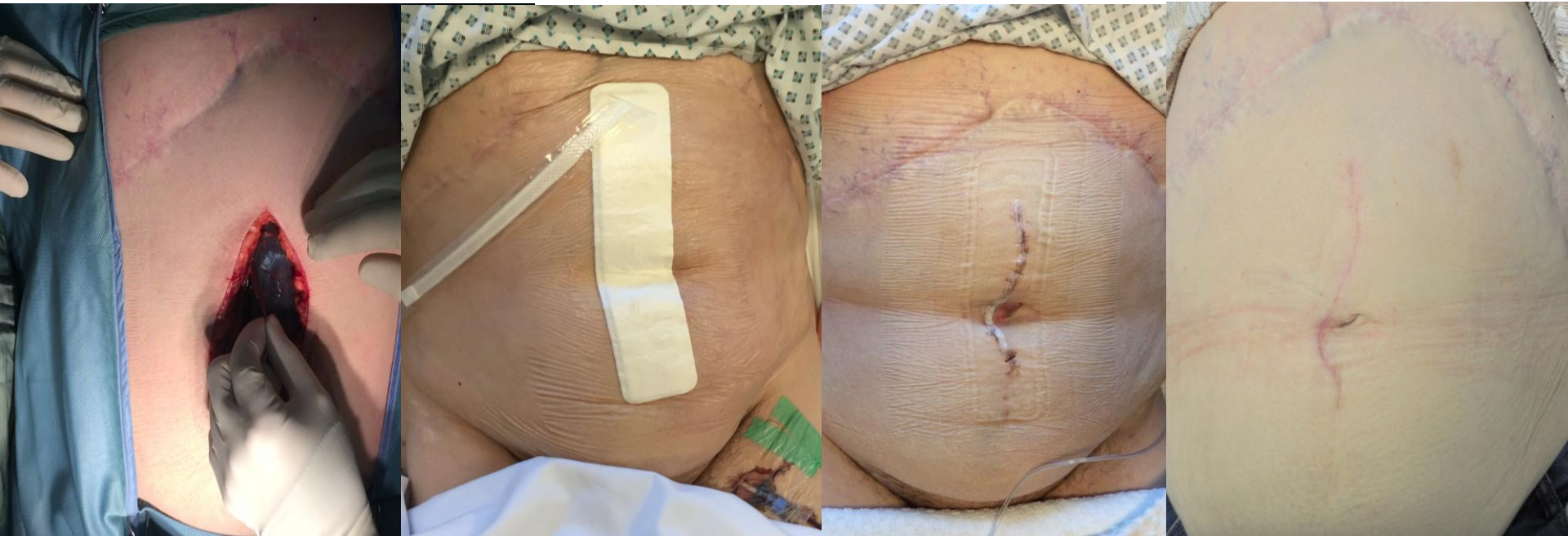
E

Progress – Staged NPWT- Advance

Wound Bundle iNPWT



Improved Survival and Quality Outcome



Manage Open Abdmen

Simple	Suction	NPWT	NPWT+Traction	
Bogota bag	Barker	RENASYS Abthera	ABRAa	NPWT+Mesh

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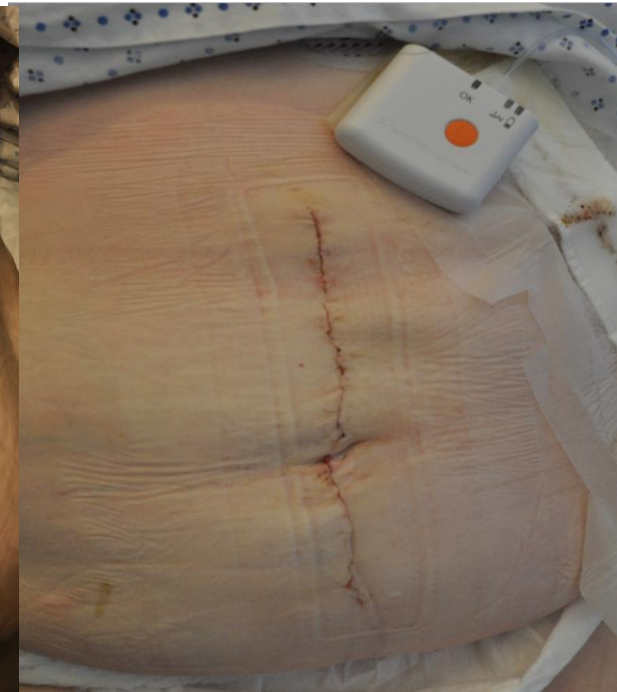
Combination- Mesh Mediated NWPT



Skin is the Signature

- Wound Protectors
- Irrigation
- Fascial Closure
- NPWT?

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AMERICAN COLLEGE OF SURGEONS
Inspiring Quality Highest Standards, Better Outcomes

ACS NSQIP®

"We need to focus quality improvement on the programs that measurably improve care, decrease burden, decrease costs and at the end of the day, improve care for our patients. The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) is proven to do just this."

Clifford Ko, MD, MS, MSHS, FACS, NSQIP Director

ACS NSQIP®

Welcome to ACS NSQIP

Today's healthcare environment demands more than ever of surgeons and the hospitals they work in. Payors, including Medicare, increasingly refuse to pay for treating complications deemed preventable, such as surgical site infections. A growing movement aims to tie reimbursements to outcomes – and publicly report the results. At the same time, hospitals face staffing shortages and financial pressures, trying to do more with less.

Discover what hundreds of hospitals across America already know. A surgical quality improvement program so effective that EACH YEAR a hospital uses it, on average, it has the opportunity to:

- Prevent 250-500 complications
- Save 12-36 lives
- Reduce costs by millions of dollars

SEARCH

WORKSTATION LOG-IN

Main Registry (login required)

SCR TRAINING & TESTING

SCR Training and Certification Exam Portal (login required)

ACS NSQIP VIDEO

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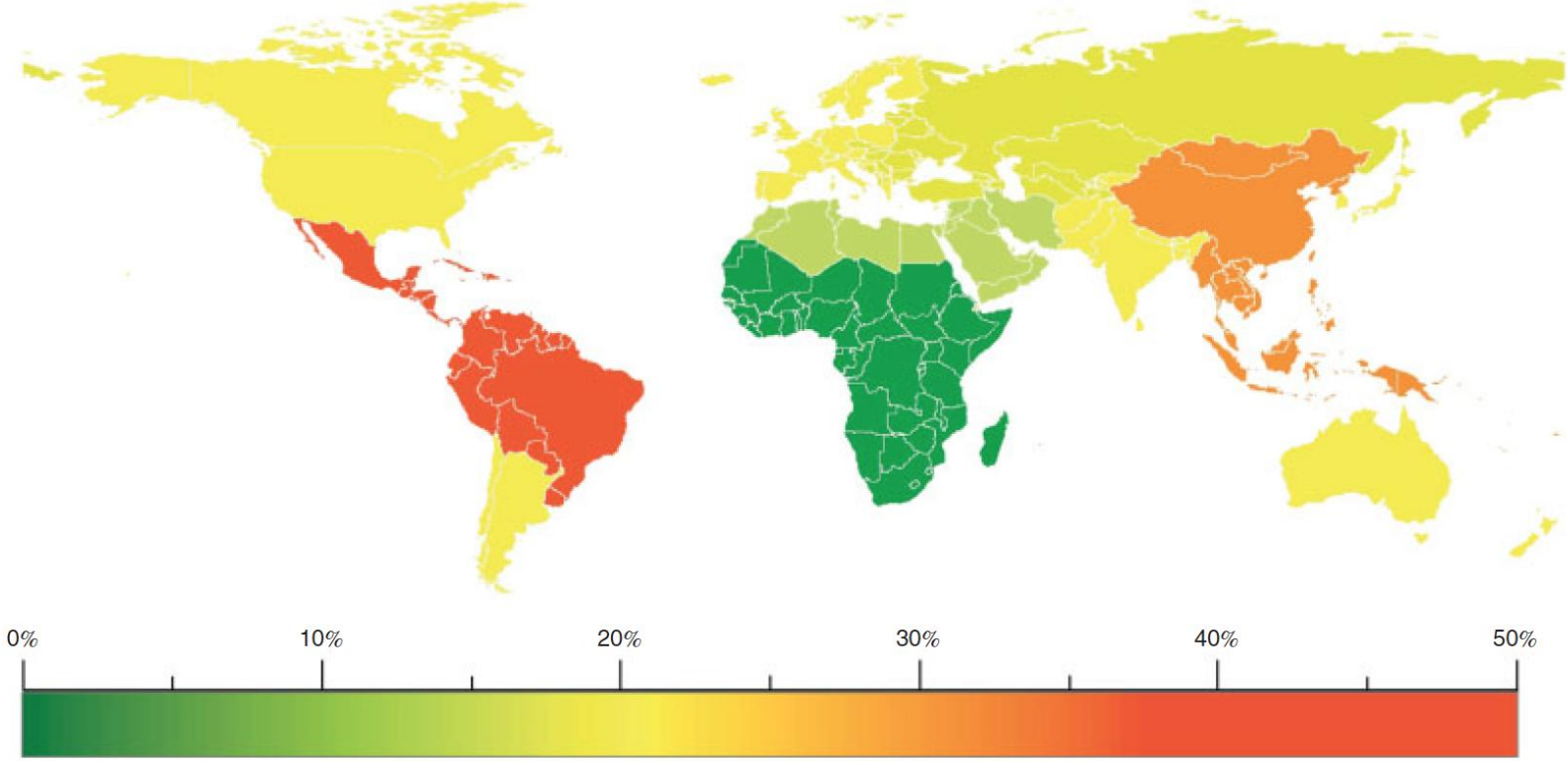
Global disease burden of conditions requiring emergency surgery

BJS 2014

B. Stewart[1], P. Khanduri[2], C. McCord[3], M. Ohene-Yeboah[4], S. Uranues[5], F. Vega Rivera[6] and

896 000 deaths, 20 million YOLL

11 Emergency general surgical conditions



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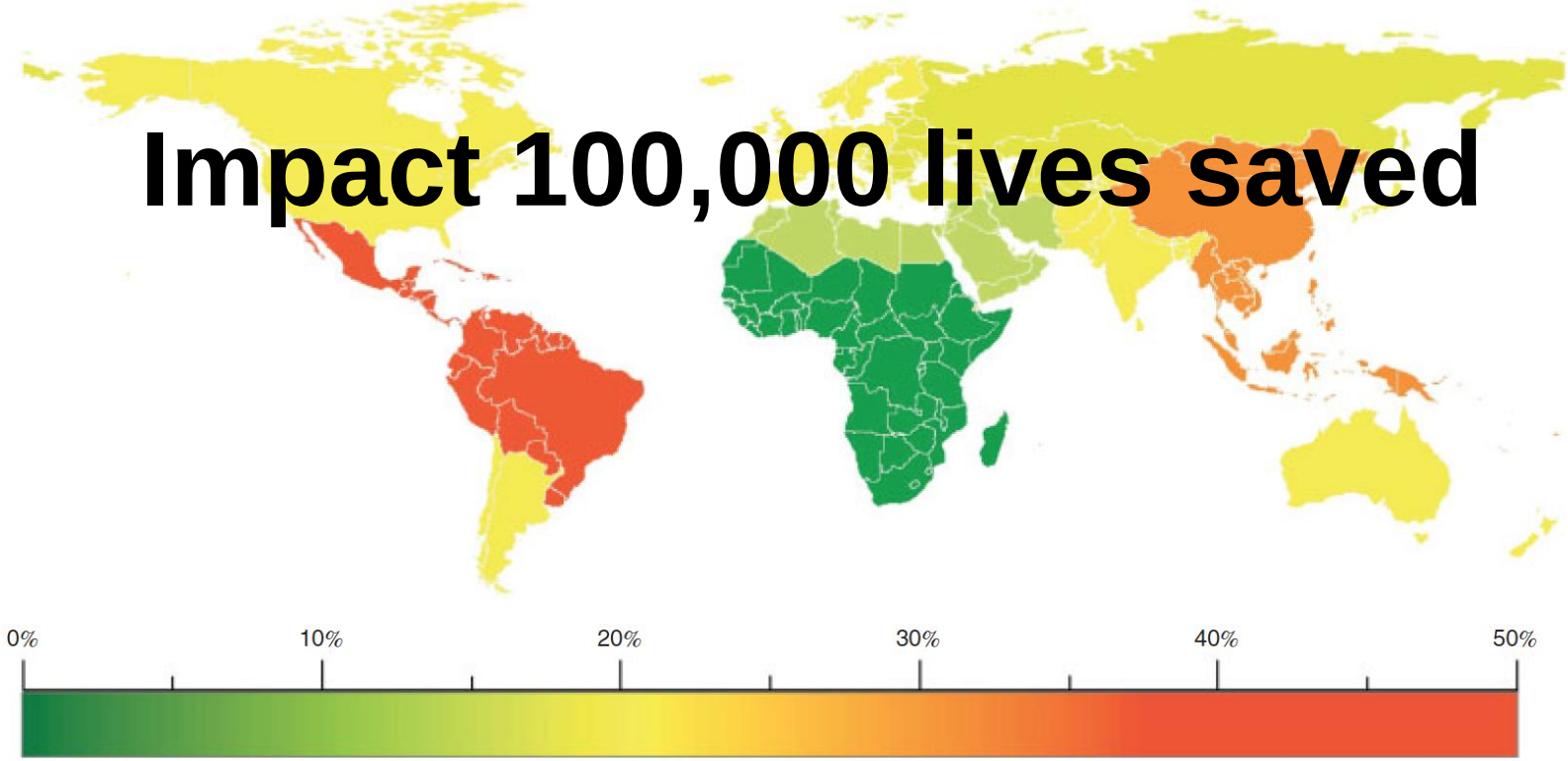
896 000 deaths, 20 million YOLL

11 Emergency general surgical conditions

Impact 100,000 lives saved



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Conclusions

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TRAUMA & EMERGENCY SURGERY SYMPOSIUM

2017 December 7, Thursday

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Great opportunity-Collaboration-You can make a difference

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