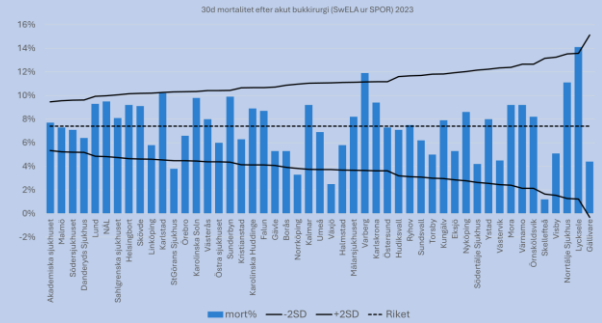
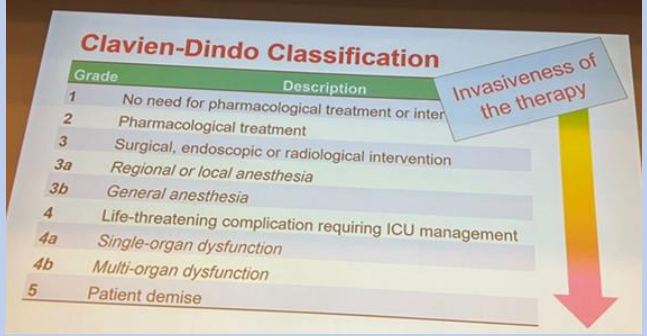




SPOR live tema Akut buk,

- Förbättringskunskap & vikten av kvalitetsuppföljning i perioperativ vård, ”the forgotten group !”
- NELA och POPS®, NHSGB historik/standard/resultat
- SWELA 2.0, historik/standard/resultat
- NAG akut laparotomi och laparoskopi på sköra och äldre

Jonas Leo

Ordförande NAG Akut laparotomi/laparoskopi på äldre och sköra äldre

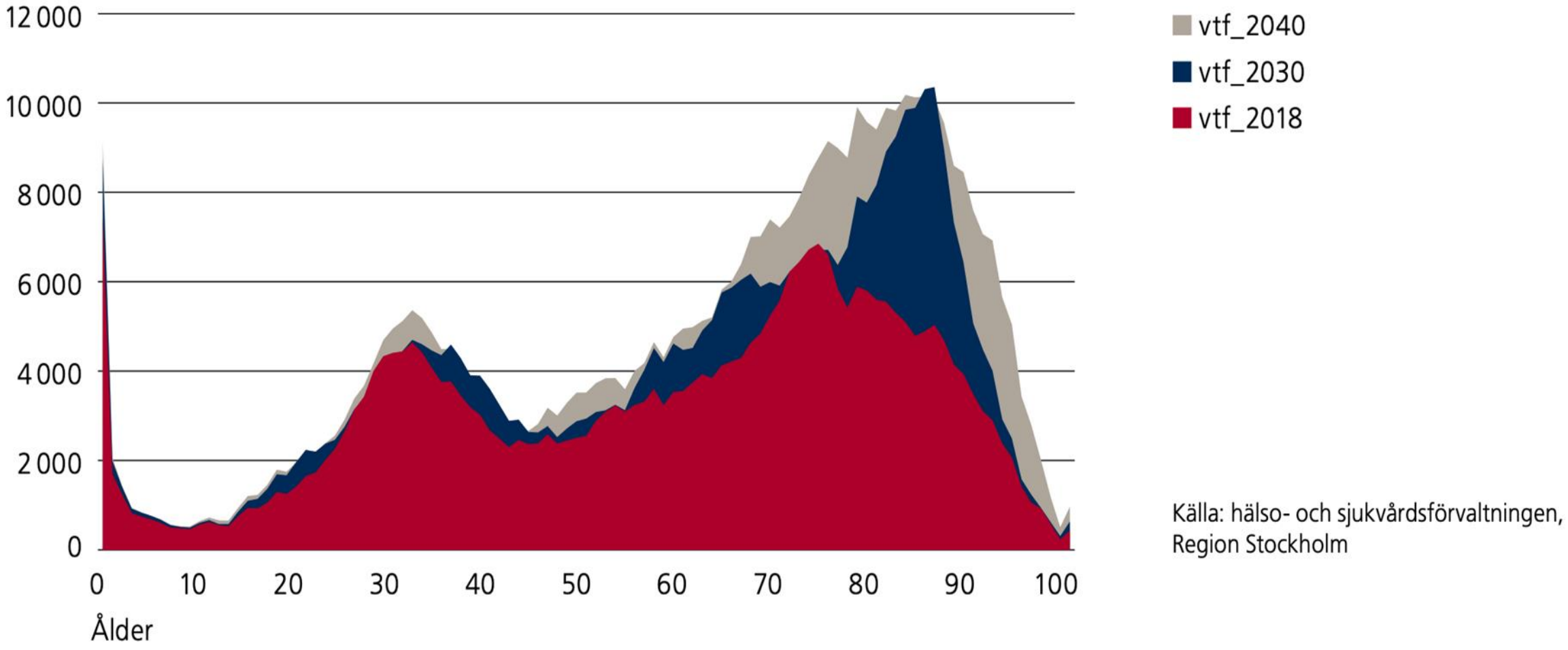
Flödesägare akuta laparotomiflödet, Kirurg & Onkologkliniken Capio S:t Görans Sjukhus

Variation i resultat – av oklara skäl

Capio S:t Görans Sjukhus

Capio S:t Görans Emergency Hospital ED 90+`

Figur 12. Antal vårdtillfällen i Region Stockholm 2018 per årsgrupp. Faktiskt värde för 2018 och framskrivning av det värdet för 2030 och 2040 baserad på förväntad demografisk utveckling.



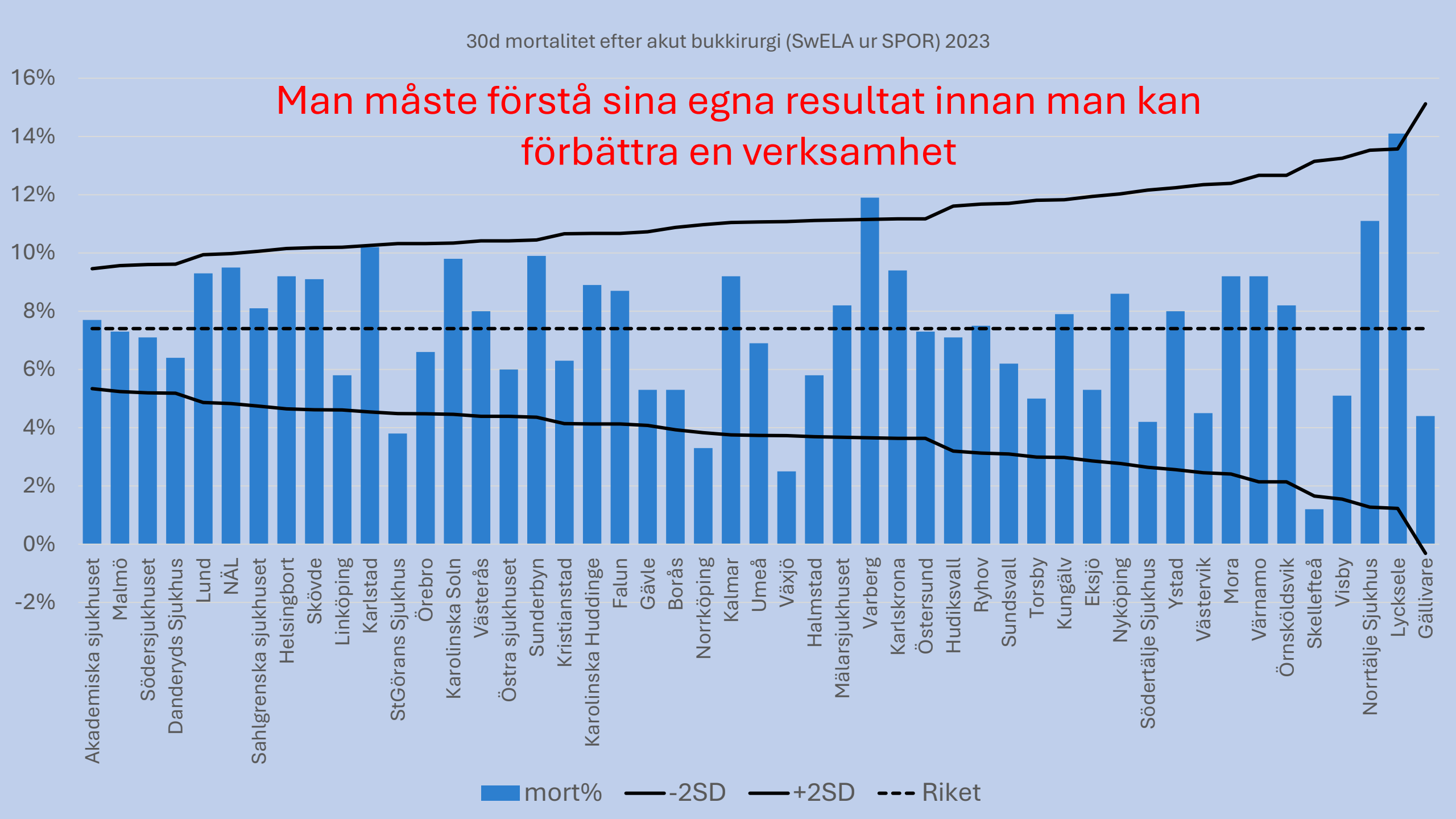
Källa: hälso- och sjukvårdsförvaltningen, Region Stockholm

Slutenvård akut buk (kpp-registret 2022)

- 7 500 000 000 kronor årligen i Sverige
- 1/10 av alla slutenvårdskostnader
- 2* all slutenvård för cancerdiagnoser
- Ej optimal samverkan, ffa saknas akut geriatrisk kompetens (CGA)

Varför SWELA 2.0 ?

Variation i resultat – av oklara skäl


30d mortalitet efter akut bukkirurgi (SwELA ur SPOR) 2023
Man måste förstå sina egna resultat innan man kan förbättra en verksamhet
16%
14%
12%
10%
8%
6%
4%
2%
0%
-2%
Akademiska sjukhuset
Malmö
Södersjukhuset
Danderyds Sjukhus
Lund
NÄL
Sahlgrenska sjukhuset
Helsingbort
Skövde
Linköping
Karlstad
StGörans Sjukhus
Örebro
Karolinska Soln
Västerås
Östra sjukhuset
Sunderbyn
Kristianstad
Karolinska Huddinge
Falun
Gävle
Borås
Norrköping
Kalmar
Umeå
Växjö
Halmstad
Mälarsjukhuset
Varberg
Karlskrona
Östersund
Hudiksvall
Ryhov
Sundsvall
Torsby
Kungälv
Eksjö
Nyköping
Södertälje Sjukhus
Ystad
Västervik
Mora
Värnamo
Örnsköldsvik
Skellefteå
Visby
Norrtälje Sjukhus
Lycksele
Gällivare
mort%
-2SD
+2SD
Riket

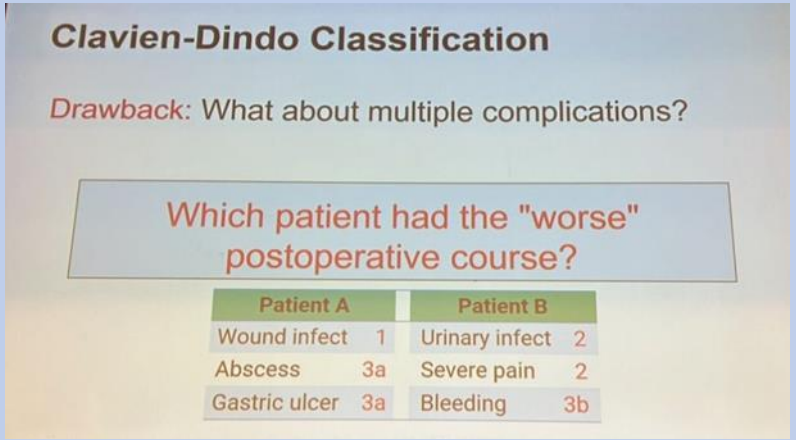
Perioperativ kvalitetsuppföljning:
CROM: Clavien-Dindo & CCI
PROM: enkäter
PREM: tex EQ 5D 5L
QALY: tex EQ 5D 5L QALY

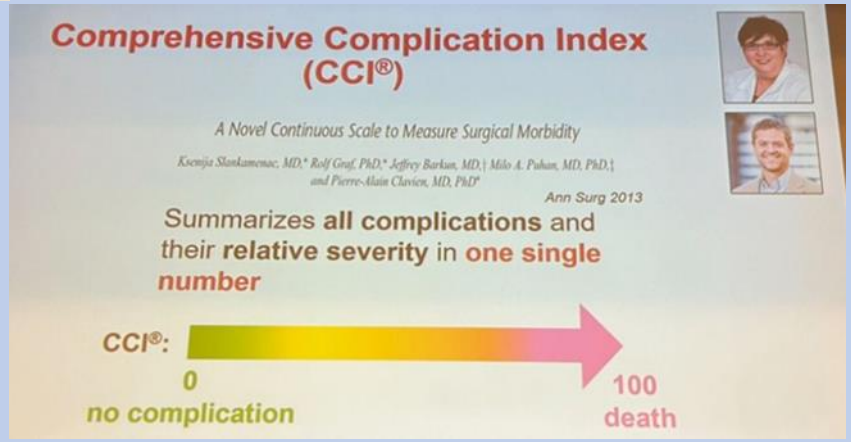
CROM= Clinical Reported Outcome Measures

PREM: Patient Reported Outcome Measures

PROM: Patient Reported Experience Measures

QALY: Quality Adjusted Life Years

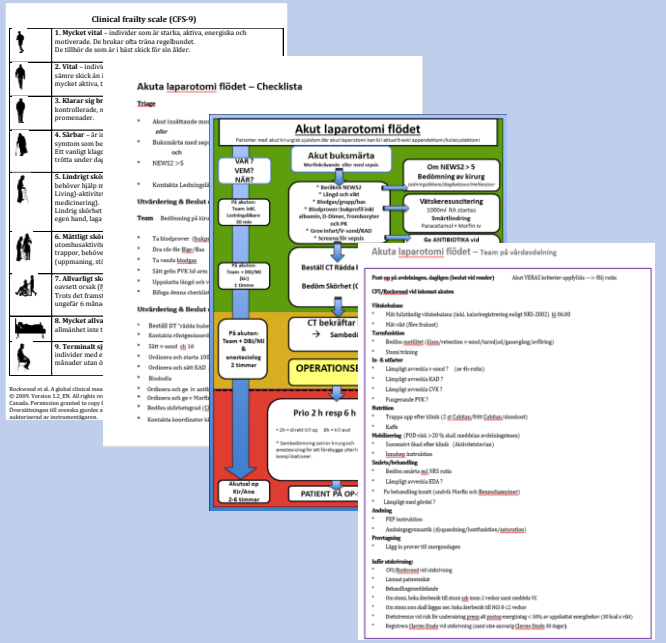


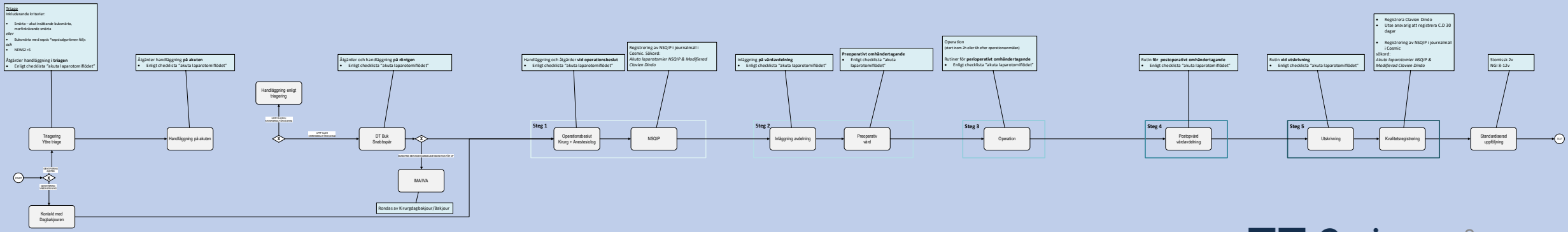


Capio S:t Görans Emergency Hospital ED 90+`

Akuta laparotomiflödet – optimerat omhändertagande genom hela flödet.

- Flödesmöten med representanter från fem kliniker.
- Alla har samma mål
  - Bästa evidensbaserade och effektivaste omhändertagande genom hela flödet.
- Inspirerat av erfarenheter från ERAS och VERAS
- Frailty-/Skörhetskunskaper kommer att tillföras.





Capio S:t Görans Sjukhus

Ett tvärfunktionellt och tvärprofessionellt flödessamarbete att förbättra lärande, arbetsmiljö och kvalitet.

Akutkliniken:

Akutmedicinkliniken:

Röntgenkliniken:

Anestesikliniken:

Ane/Op/SPOR-kontaktansvarig:

ERAS-gruppen:
Kir ssk:
Dietist:
Fysioterapeut:
Smärtkliniken:

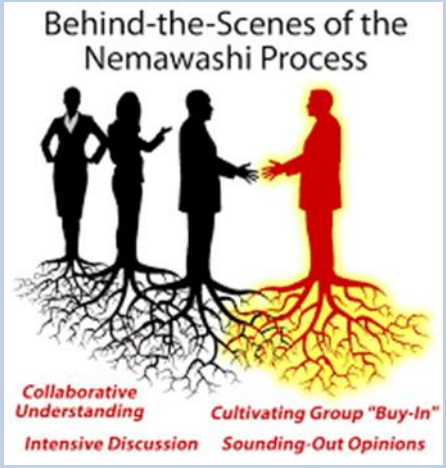
Kirurgkliniken:

ASIH:

Geriatriken på önskelistan, POPS CStG ???

IT-avdelningen:

Resurs: *Folke Hammarquist, sekr SFAT & SWERAS*



Capio S:t Görans Sjukhus

World J Surg
https://doi.org/10.1007/s00268-021-05994-9

ORIGINAL SCIENTIFIC REPORT

Guidelines for Perioperative Care for Emergency Laparotomy Enhanced Recovery After Surgery (ERAS) Society Recommendations: Part 1—Preoperative: Diagnosis, Rapid Assessment and Optimization

Carol J. Peden[1,2] · G
Zara Cooper[8] · Jugd
Sarah P. Hare[14] · Joaq
Nicholas P. Lees[19] ·
Nial Quiney[26] · Richar
Michael Scott[32]

Accepted: 30 January 2021

World J Surg
https://doi.org/10.1007/s00268-023-07020-6

SCIENTIFIC REVIEW

Consensus Guidelines for Perioperative Care for Emergency Laparotomy Enhanced Recovery After Surgery (ERAS®) Society Recommendations Part 2—Emergency Laparotomy: Intra- and Postoperative Care

Michael J. Scott[1,2] · G
Angie Balfour[7] · Nicol
W. Brenton French[12] · M
Joaquim M. Havens[17] ·
Jeniffer S. Kim[21] · Nicho
Shahin Mohseni[26] · Ca
Richard D. Urman[31] ·
Carol J. Peden[35,36]

Accepted: 28 March 2023

World J Surg
https://doi.org/10.1007/s00268-023-07039-9

SCIENTIFIC REVIEW

Enhanced Recovery After Surgery (ERAS®) Society Consensus Guidelines for Emergency Laparotomy Part 3: Organizational Aspects and General Considerations for Management of the Emergency Laparotomy Patient

Carol J. Peden[1,2] · Geeta Aggarwal[3] · Robert J. Aitken[4] · Iain D.
Angie Balfour[7] · Nicolai Bang Foss[8] · Zara Cooper[9,10] · Jugdeep K.
W. Brenton French[14] · Michael C. Grant[15] · Folke Hammarqvist[16,17] ·
Joaquim M. Havens[19] · Daniel N. Holena[20] · Martin Hübner[21] · Caroly
Jeniffer S. Kim[23] · Nicholas P. Lees[24] · Olle Ljungqvist[25] · Dileep N.
Shahin Mohseni[28] · Carlos A. Ordoñez[29,30] · Nial Quiney[3] · Cather
Richard D. Urman[32] · Elizabeth Wick[33] · Christopher L. Wu[34] · Toni
Michael J. Scott[36,37]

Accepted: 14 April 2023

Säker Bukkirurgi
Behandlingsrekommendationer för den sköra äldre patienten vid akut laparotomi

Uppdaterad: 2022-08-23
Uppdateras senast: 2024-10-10

Behandlingsrekommendationer för den sköra äldre patienten vid akut laparotomi

Ett projekt på initiativ av Svensk Förening för Akutkirurgi och Traumatologi och LÖF (2019)

Finns det evidens för den vård du erbjuder dina patienter?

Kan du evidensen?

Följer du och ditt team evidensen?

Förbättringskata & Coachingkata

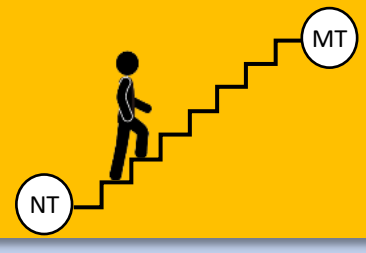
ADEPT

Förstå riktningen

Fånga nuvarande tillstånd

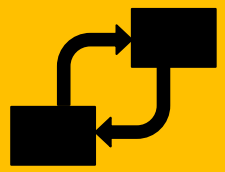
Fastställ nästa måltillstånd

PDCA mot måltillståndet



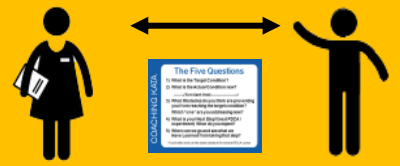
COACH

Förankra



Instruera/ Coacha

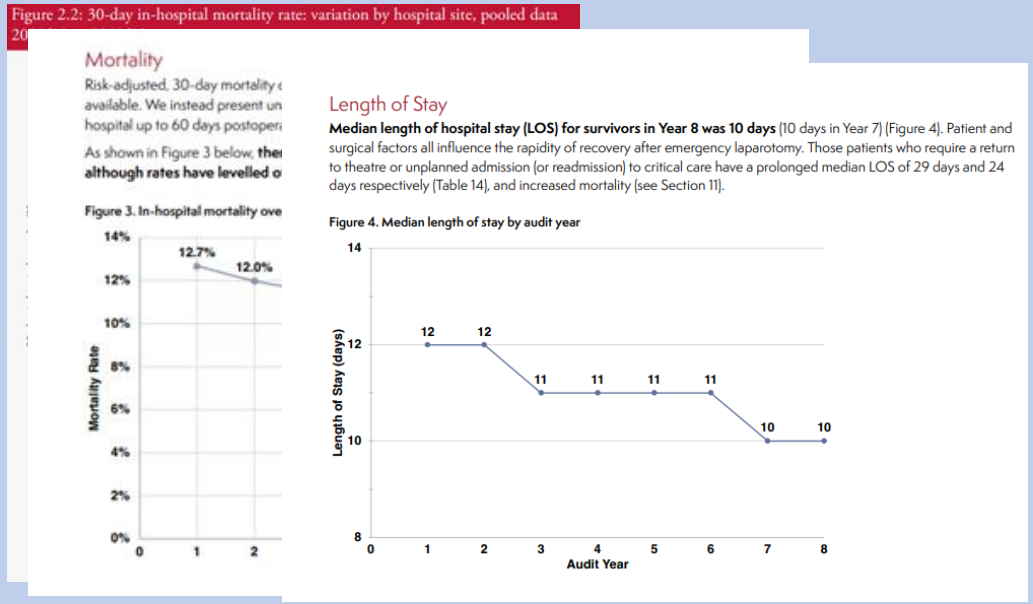
Daglig coachning



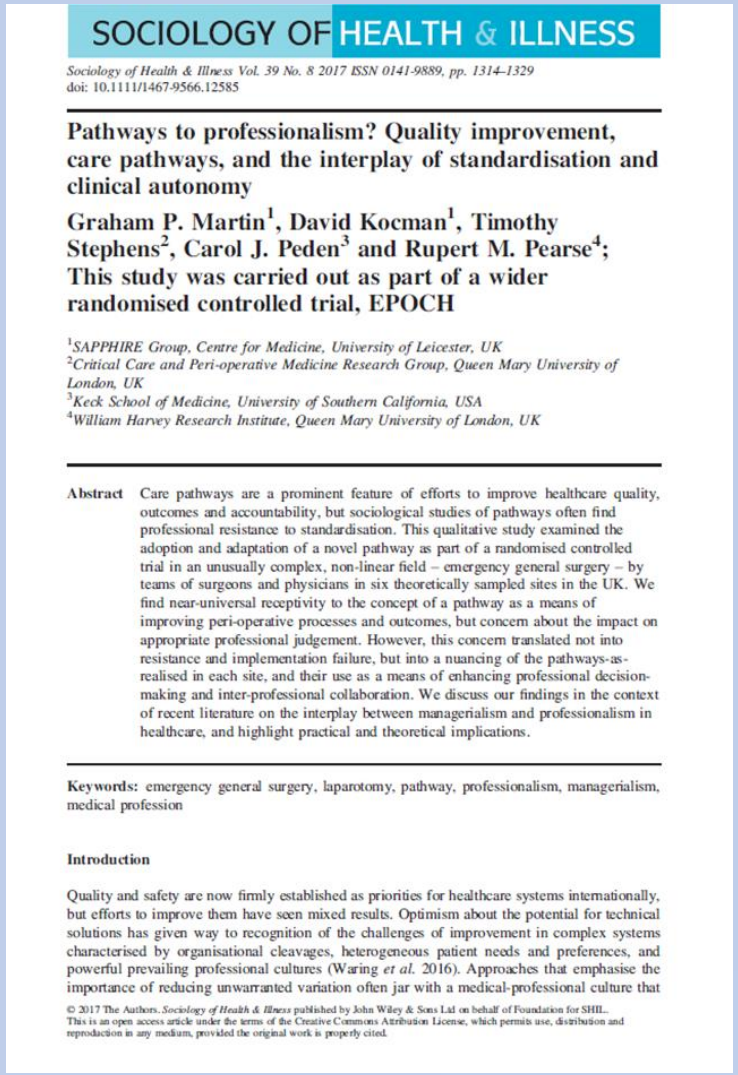
Capio
S:t Görans Sjukhus

NHS/NELA National Emergency Laparotomy Audit,
ca 25000 laparotomier per år sedan 2008

The forgotten group



Obs, NELA redovisar inhospital mortality, ej 30-dagars mortalitet.



SOCIOLOGY OF HEALTH & ILLNESS

Sociology of Health & Illness Vol. 39 No. 8 2017 ISSN 0141-9889, pp. 1314–1329
doi: 10.1111/1467-9566.12585

Pathways to professionalism? Quality improvement, care pathways, and the interplay of standardisation and clinical autonomy

Graham P. Martin[1], David Kocman[1], Timothy Stephens[2], Carol J. Peden[3] and Rupert M. Pearse[4]; This study was carried out as part of a wider randomised controlled trial, EPOCH

[1]*SAPPHIRE Group, Centre for Medicine, University of Leicester, UK*
[2]*Critical Care and Peri-operative Medicine Research Group, Queen Mary University of London, UK*
[3]*Keck School of Medicine, University of Southern California, USA*
[4]*William Harvey Research Institute, Queen Mary University of London, UK*

Abstract Care pathways are a prominent feature of efforts to improve healthcare quality, outcomes and accountability, but sociological studies of pathways often find professional resistance to standardisation. This qualitative study examined the adoption and adaptation of a novel pathway as part of a randomised controlled trial in an unusually complex, non-linear field – emergency general surgery – by teams of surgeons and physicians in six theoretically sampled sites in the UK. We find near-universal receptivity to the concept of a pathway as a means of improving peri-operative processes and outcomes, but concern about the impact on appropriate professional judgement. However, this concern translated not into resistance and implementation failure, but into a nuancing of the pathways-as-realised in each site, and their use as a means of enhancing professional decision-making and inter-professional collaboration. We discuss our findings in the context of recent literature on the interplay between managerialism and professionalism in healthcare, and highlight practical and theoretical implications.

Keywords: emergency general surgery, laparotomy, pathway, professionalism, managerialism, medical profession

Introduction

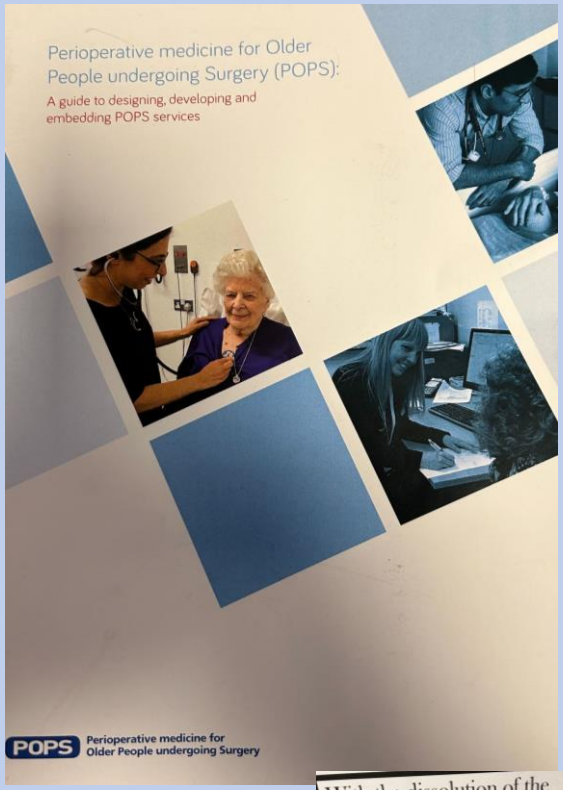
Quality and safety are now firmly established as priorities for healthcare systems internationally, but efforts to improve them have seen mixed results. Optimism about the potential for technical solutions has given way to recognition of the challenges of improvement in complex systems characterised by organisational cleavages, heterogeneous patient needs and preferences, and powerful prevailing professional cultures (Waring *et al.* 2016). Approaches that emphasise the importance of reducing unwarranted variation often jar with a medical-professional culture that

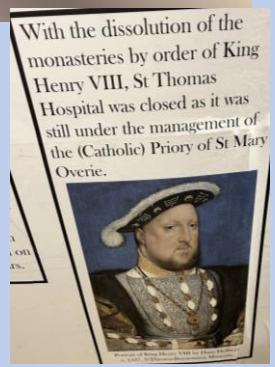
”The pathway to professionalism”

RCoA
Royal College of Anaesthetists

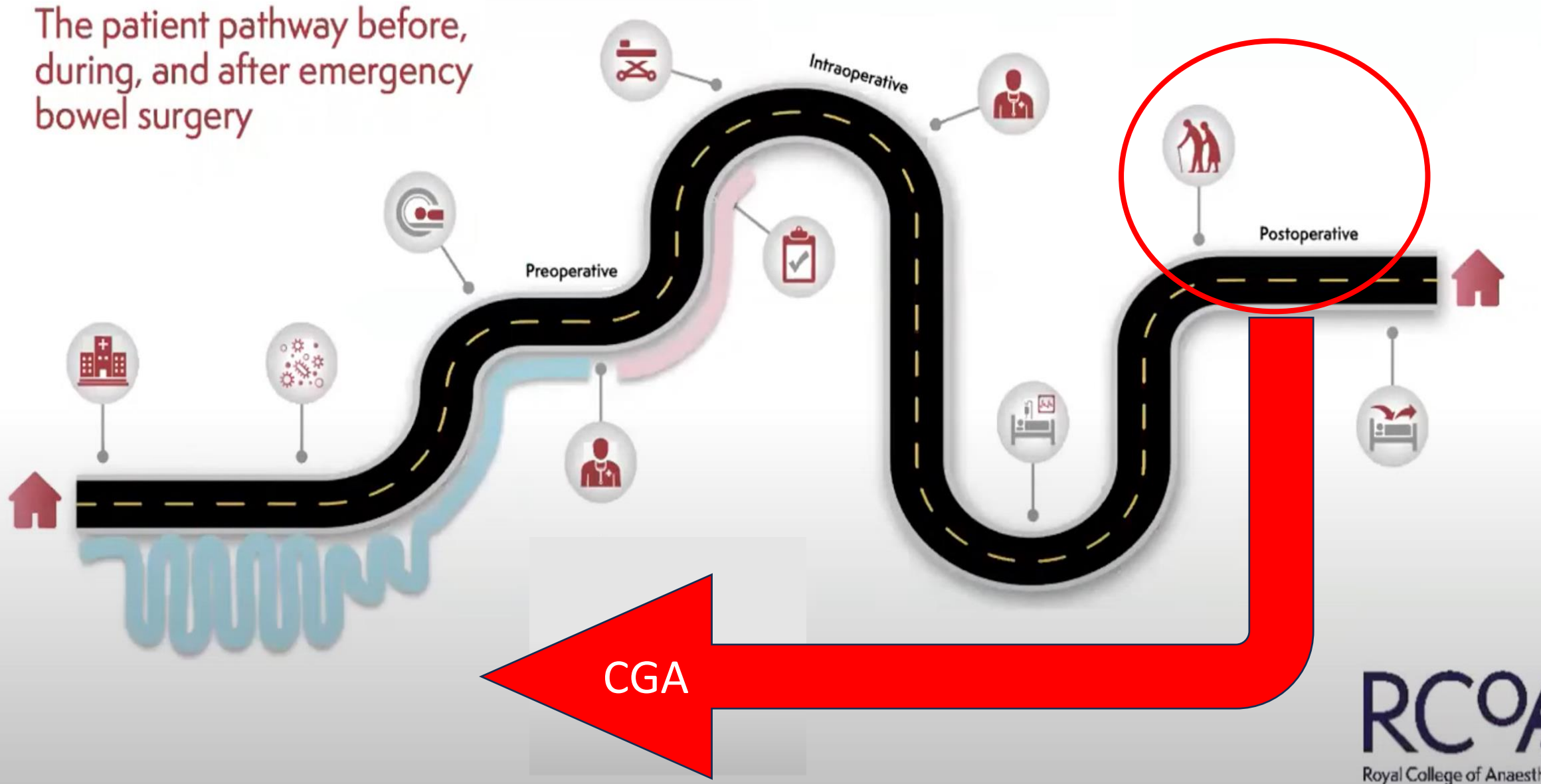
Guy`s och StThomas i London

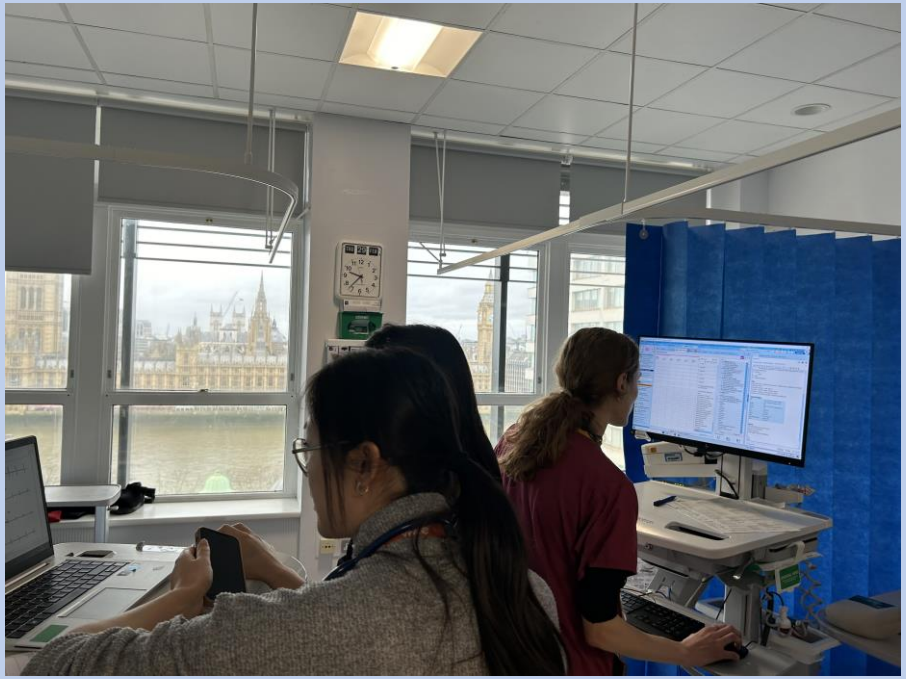
Perioperative medicin for Older people having Surgery (POPS)



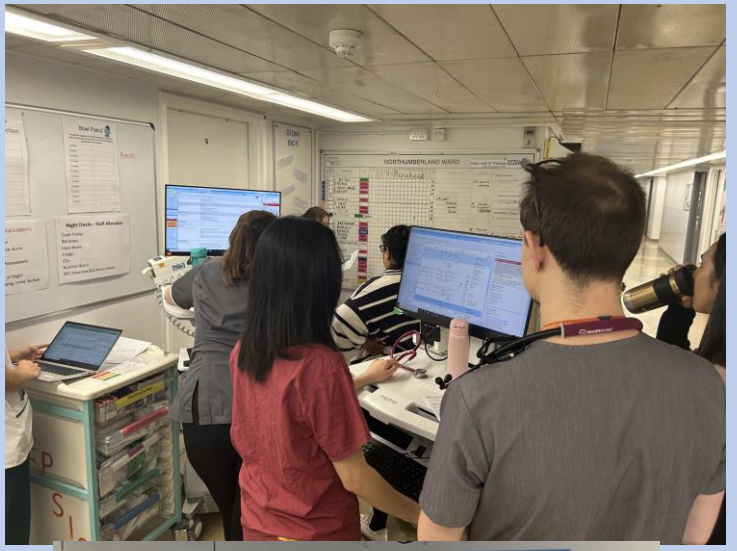


”The pathway to professionalism”



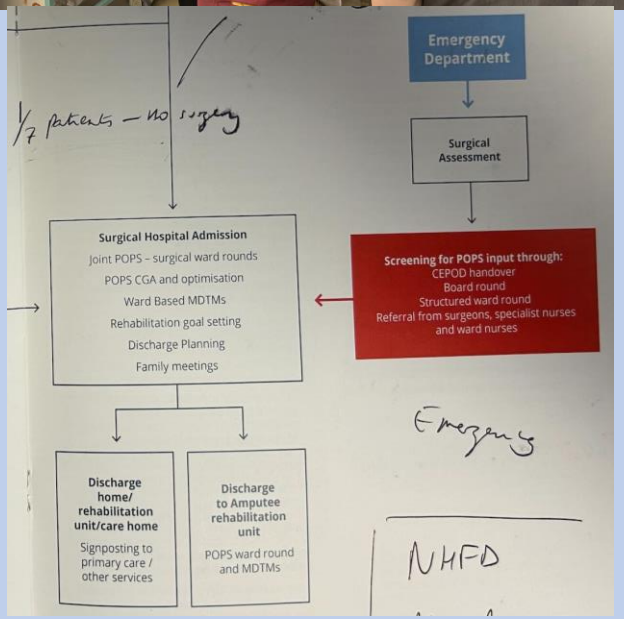


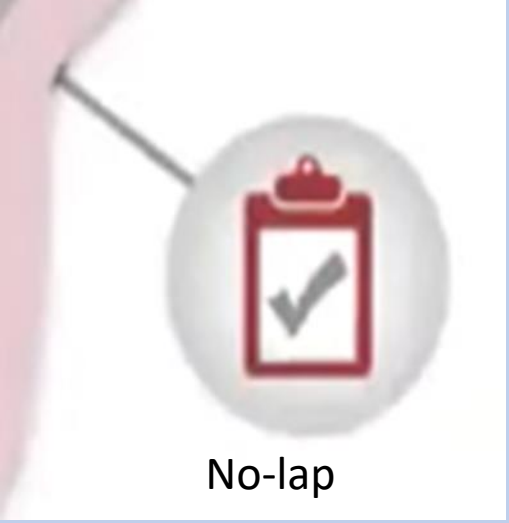

Bed
26
NTERING




THU
1
MAR
St Thomas'
Hospital
Page Ward


HOPE YOU
Get Well Soon


Emergency Department
1/7 patients – no surgery
Surgical Assessment
Surgical Hospital Admission
Joint POPS – surgical ward rounds
POPS CGA and optimisation
Ward Based MDTMs
Rehabilitation goal setting
Discharge Planning
Family meetings
Screening for POPS input through:
CEPOD handover
Board round
Structured ward round
Referral from surgeons, specialist nurses and ward nurses
Emergency
Discharge home/ rehabilitation unit/care home
Signposting to primary care / other services
Discharge to Amputee rehabilitation unit
POPS ward round and MDTMs
NHFD


No-lap

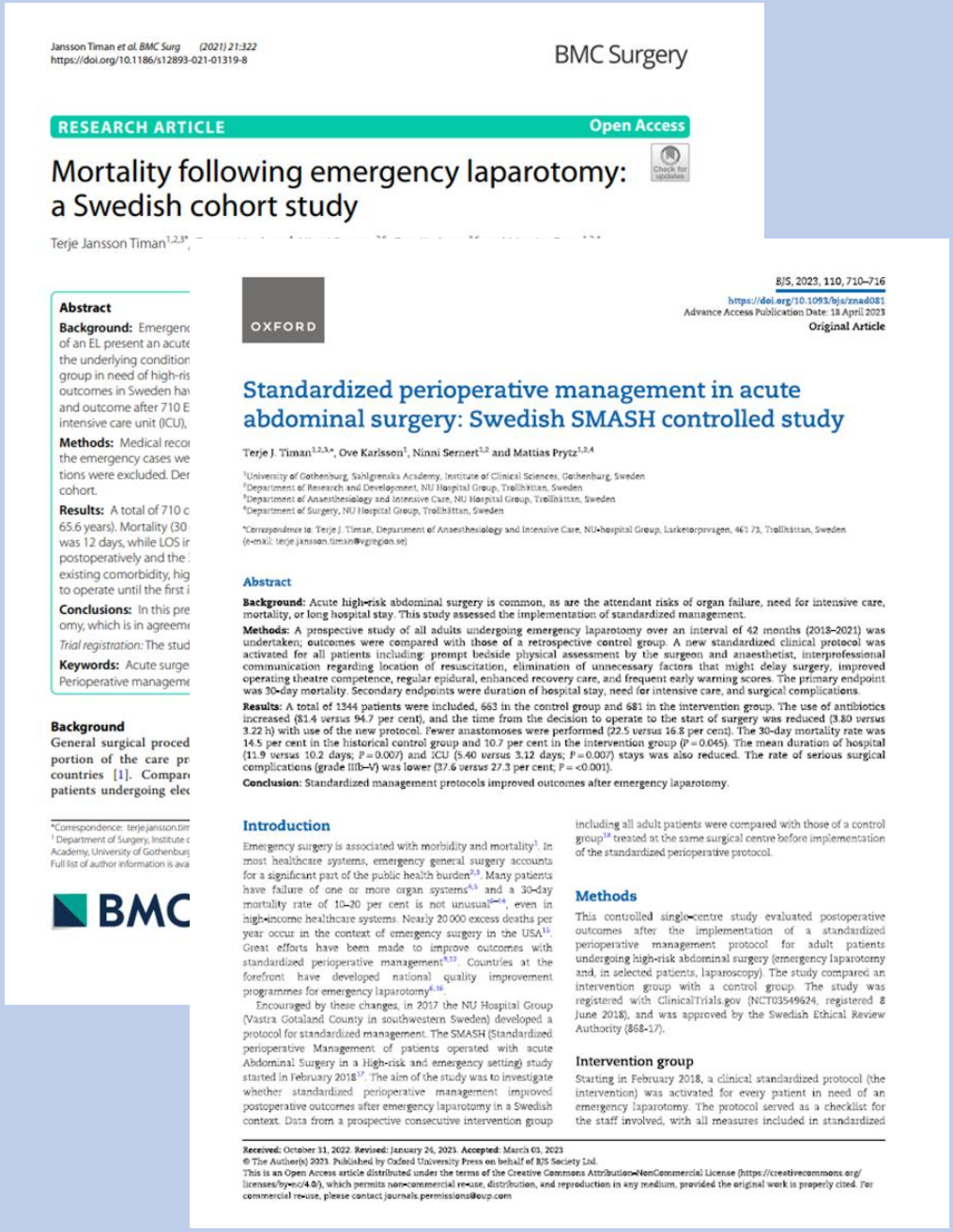
No-lap (palliativa fall)

* Prevalens i litteraturen: Hvidovre 8%; Glasgow 30%; CStG 7,5% (2023)

* ”Best case-Worst case scenario”

* ASIH engageras tidigt i flödet

Man måste veta No lap prevalensen (%) för att förstå total mortalitet (%)



Jansson Timan et al. BMC Surg (2021) 21:322
https://doi.org/10.1186/s12893-021-01319-8

BMC Surgery

RESEARCH ARTICLE Open Access

Mortality following emergency laparotomy: a Swedish cohort study

Terje Jansson Timan[1,2,3*]

Abstract

Background: Emergenc
of an EL present an acute
the underlying condition
group in need of high-ris
outcomes in Sweden ha
and outcome after 710 E
intensive care unit (ICU),

Methods: Medical reco
the emergency cases we
tions were excluded. Der
cohort.

Results: A total of 710 c
65.6 years). Mortality (30
was 12 days, while LOS ir
postoperatively and the
existing comorbidity, hig
to operate until the first i

Conclusions: In this pre
omy, which is in agreem

Trial registration: The stud

Keywords: Acute surge
Perioperative manageme

Background

General surgical proced
portion of the care pr
countries [1]. Compar
patients undergoing elec

*Correspondence: terjejansson.tim
[1] Department of Surgery, Institute
Academy, University of Gothenbur
Full list of author information is ava

BMC

OXFORD

BJS, 2023, 110, 710–716
https://doi.org/10.1093/bjs/znad081
Advance Access Publication Date: 18 April 2023
Original Article

Standardized perioperative management in acute abdominal surgery: Swedish SMASH controlled study

Terje J. Timan[1,2,3,*], Ove Karlsson[1], Ninni Sernert[1,2] and Mattias Prytz[1,2,4]

[1]University of Gothenburg, Sahlgrenska Academy, Institute of Clinical Sciences, Gothenburg, Sweden
[2]Department of Research and Development, NU Hospital Group, Trollhättan, Sweden
[3]Department of Anaesthesiology and Intensive Care, NU Hospital Group, Trollhättan, Sweden
[4]Department of Surgery, NU Hospital Group, Trollhättan, Sweden

*Correspondence to: Terje J. Timan, Department of Anaesthesiology and Intensive Care, NU-hospital Group, Larketorpsvagen, 461 73, Trollhättan, Sweden (e-mail: terje.jansson.timan@vgregion.se)

Abstract

Background: Acute high-risk abdominal surgery is common, as are the attendant risks of organ failure, need for intensive care, mortality, or long hospital stay. This study assessed the implementation of standardized management.

Methods: A prospective study of all adults undergoing emergency laparotomy over an interval of 42 months (2018–2021) was undertaken; outcomes were compared with those of a retrospective control group. A new standardized clinical protocol was activated for all patients including: prompt bedside physical assessment by the surgeon and anaesthetist, interprofessional communication regarding location of resuscitation, elimination of unnecessary factors that might delay surgery, improved operating theatre competence, regular epidural, enhanced recovery care, and frequent early warning scores. The primary endpoint was 30-day mortality. Secondary endpoints were duration of hospital stay, need for intensive care, and surgical complications.

Results: A total of 1344 patients were included, 663 in the control group and 681 in the intervention group. The use of antibiotics increased (81.4 *versus* 94.7 per cent), and the time from the decision to operate to the start of surgery was reduced (3.80 *versus* 3.22 h) with use of the new protocol. Fewer anastomoses were performed (22.5 versus 16.8 per cent). The 30-day mortality rate was 14.5 per cent in the historical control group and 10.7 per cent in the intervention group ($P = 0.045$). The mean duration of hospital (11.9 *versus* 10.2 days; $P = 0.007$) and ICU (5.40 *versus* 3.12 days; $P = 0.007$) stays was also reduced. The rate of serious surgical complications (grade IIIb–V) was lower (37.6 *versus* 27.3 per cent; $P = <0.001$).

Conclusion: Standardized management protocols improved outcomes after emergency laparotomy.

Introduction

Emergency surgery is associated with morbidity and mortality[1]. In most healthcare systems, emergency general surgery accounts for a significant part of the public health burden[2,3]. Many patients have failure of one or more organ systems[4,5] and a 30-day mortality rate of 10–20 per cent is not unusual[6–14], even in high-income healthcare systems. Nearly 20 000 excess deaths per year occur in the context of emergency surgery in the USA[15]. Great efforts have been made to improve outcomes with standardized perioperative management[9,12]. Countries at the forefront have developed national quality improvement programmes for emergency laparotomy[8,16].

Encouraged by these changes, in 2017 the NU Hospital Group (Västra Götaland County in southwestern Sweden) developed a protocol for standardized management. The SMASH (Standardized perioperative Management of patients operated with acute Abdominal Surgery in a High-risk and emergency setting) study started in February 2018[17]. The aim of the study was to investigate whether standardized perioperative management improved postoperative outcomes after emergency laparotomy in a Swedish context. Data from a prospective consecutive intervention group including all adult patients were compared with those of a control group[18] treated at the same surgical centre before implementation of the standardized perioperative protocol.

Methods

This controlled single-centre study evaluated postoperative outcomes after the implementation of a standardized perioperative management protocol for adult patients undergoing high-risk abdominal surgery (emergency laparotomy and, in selected patients, laparoscopy). The study compared an intervention group with a control group. The study was registered with ClinicalTrials.gov (NCT03549624, registered 8 June 2018), and was approved by the Swedish Ethical Review Authority (868-17).

Intervention group

Starting in February 2018, a clinical standardized protocol (the intervention) was activated for every patient in need of an emergency laparotomy. The protocol served as a checklist for the staff involved, with all measures included in standardized

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The forgotten group, men inte i Trollhättan

NÄL: retrospektiv studie + Interventionsstudie SMASH

År 2014-2017 + 2018-2021

n: 663 st + 681 st

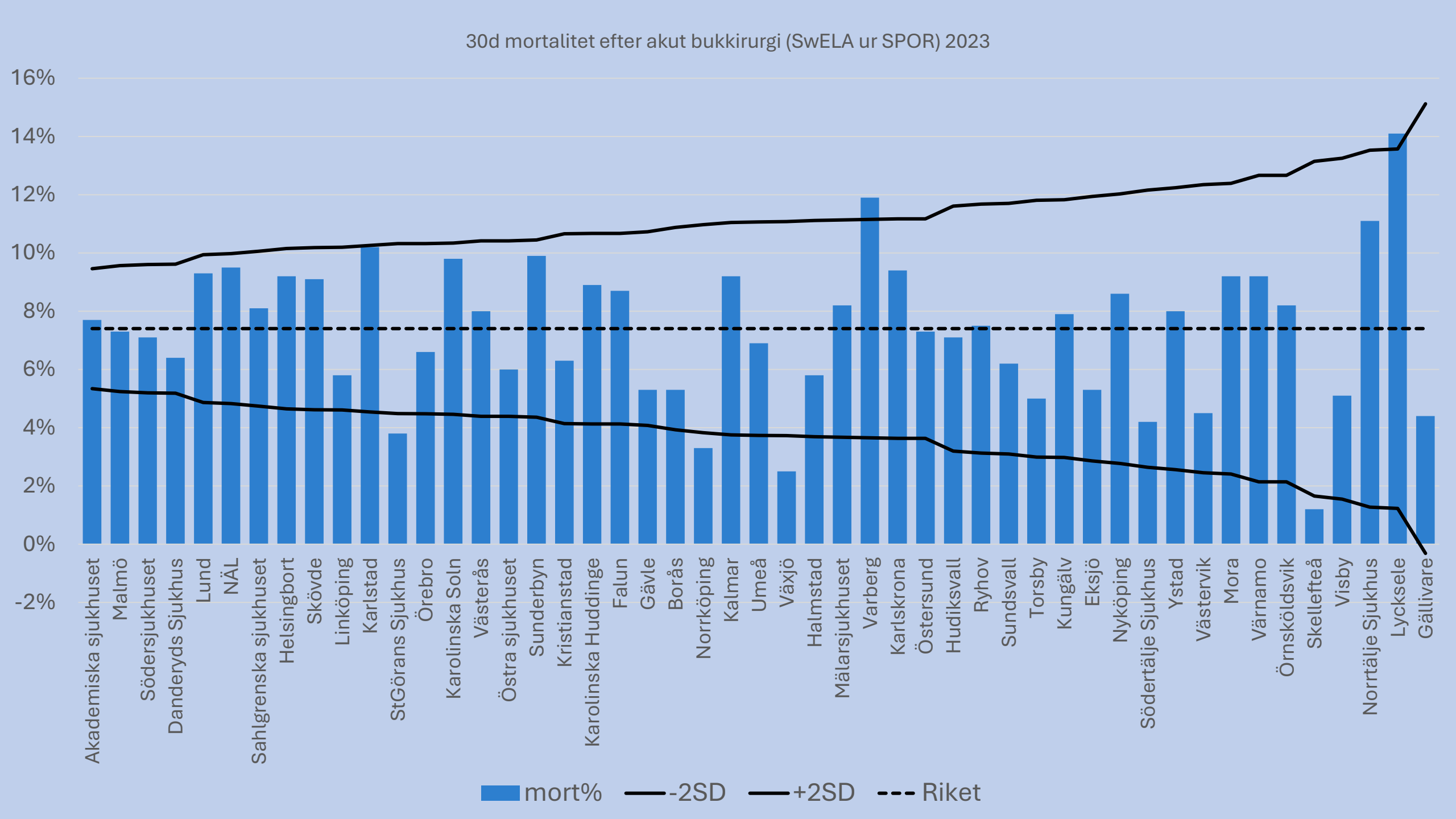
Mortalitet 30 dagar: 14,2% ---> 10,7%

AVLOS: 11,9 dagar ---> 10,2 dgr

(De enda studierna om postop mortalitet efter akut laparotomi i Sverige. Den ger nog en korrekt bild av läget för många liknande sjukhus.)

Varför SWELA 2.0 ?

Variation i resultat – av oklara skäl


30d mortalitet efter akut bukkirurgi (SwELA ur SPOR) 2023
16%
14%
12%
10%
8%
6%
4%
2%
0%
-2%
Akademiska sjukhuset
Malmö
Södersjukhuset
Danderyds Sjukhus
Lund
NÄL
Sahlgrenska sjukhuset
Helsingbort
Skövde
Linköping
Karlstad
StGörans Sjukhus
Örebro
Karolinska Soln
Västerås
Östra sjukhuset
Sunderbyn
Kristianstad
Karolinska Huddinge
Falun
Gävle
Borås
Norrköping
Kalmar
Umeå
Växjö
Halmstad
Mälarsjukhuset
Varberg
Karlskrona
Östersund
Hudiksvall
Ryhov
Sundsvall
Torsby
Kungälv
Eksjö
Nyköping
Södertälje Sjukhus
Ystad
Västervik
Mora
Värnamo
Örnsköldsvik
Skellefteå
Visby
Norrtälje Sjukhus
Lycksele
Gällivare
mort%
-2SD
+2SD
Riket

NPO projekt/NAG

Nationellt kliniskt kunskapsstöd Optimering av sköra äldre inför akut bukkirurgi laparotomi och laparoskopi

”Vägen till professionalism”

Uppdragsbeskrivning för Nationell arbetsgrupp - Nationellt kliniskt kunskapsstöd Optimering av sköra äldre inför akut bukkirurgi laparotomi och laparoskopi

Många äldre patienter med sjukdomar som kräver akut stor bukkirurgi är sköra och lider samtidigt av malignitet-, hjärt-, lung-, och njursjukdomar samt diabetes vilket behöver ett genomtänkt akut- och perioperativt omhändertagande inkluderat riskvärdering före ingrepp, enligt befintlig evidens.

Bakgrund

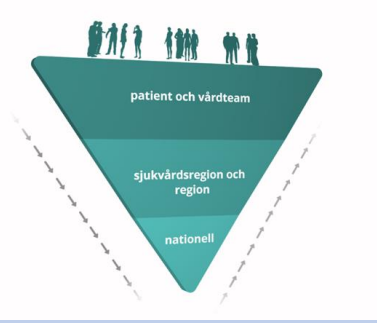
Hur det ligger till efter akut stor kirurgi vet vi idag ej i Sverige.

“The forgotten group” - 30-day mortality for emergency laparotomy of between 14 and 18.5% rising to over 25% in patients over 80 years of age.

Målet är ett förbättrat omhändertagande av patientgruppen sköra äldre vad gäller preoperativ bedömning, planering och förberedelser samt postoperativ vård i syfte att förbättra utfallet efter kirurgin.

Internationella data talar för att habituell skörhet påverkar både postoperativ mortalitet och morbiditet.

Det saknas idag nationella riktlinjer för perioperativ vård vid akut stor bukkirurgi för sköra äldre.



Samarbetsrum | Sök Välj samarbetsrum Jonas Leo

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- Sidor

NAG Sköra äldre akut bukkirurgi
NAG Sköra äldre akut bukkirurgi
10 deltagare

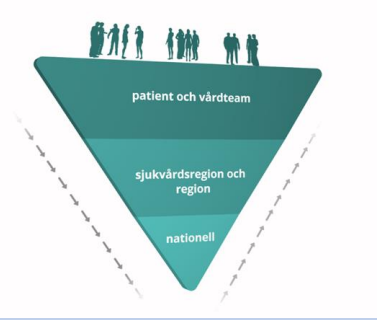
Deltagare

Deltagare

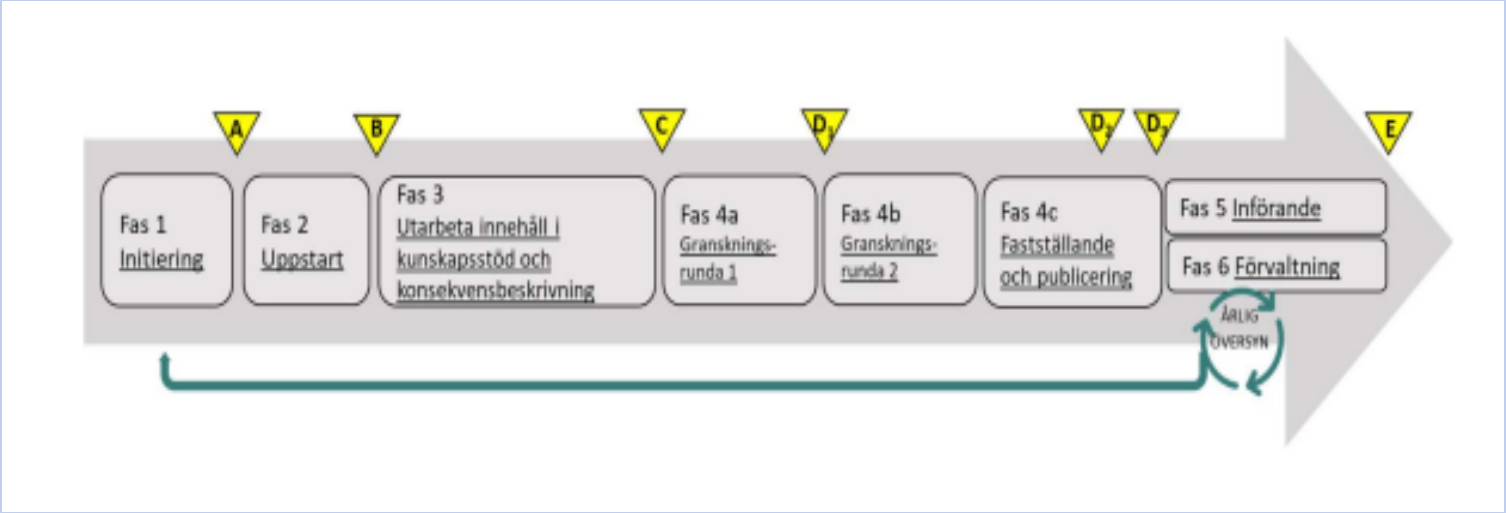
Det finns ytterligare 2 deltagare som inte visas med aktuellt filter

ALLA DELTAGARE

Andrea Lundin Karolinska universitetssjukhuset · Extern Senaste besök: 2024-04-02	Deltagare	NKS
Anna Ohlsson Perioperativ medicin och intensivvård · Extern Senaste besök: 2024-04-24	Deltagare	NKS
Fredrik Jönsson Region Kalmar · Extern Senaste besök: 2024-04-30	Deltagare	Kalmar
Hanna Björk NAG-sköra äldre akut bukkirurgi · Extern Senaste besök: 2024-04-25	Deltagare	KS Huddinge
Jonas Leo Kirurgkliniken, Capio S:t Görans sjukhus · Extern Senaste besök: 2024-05-02	Deltagare	CStG
Martin Annetorp Karolinska Universitetssjukhuset · Extern Senaste besök: 2024-04-26	Deltagare	NKS
Peter Pedersen Region Halland · Extern Senaste besök: 2024-05-01	Deltagare	Varberg
Randolph Schnorbus AnOPIVA Östra, Sahlgrenska Universitetssjukhus, VGR · Extern Senaste besök: 2024-02-23	Deltagare	Sahlgrenska



Tidsplan och leveranser
Arbetsprocessen följer den som är beskriven i Huvudprocess för utarbetande av digitala Nationella kliniska kunskapsstöd.



Enl uppdragsbeskrivning:
Start NAG Q1 2024
Första delrapport Q1-Q2 2025
Slutrapport Q4 2025

Samverkan och nya arbetssätt?

Svenska Läkaresällskapet

”The pathway to professionalism”

Emergency Laparotomy and No-lap (EL-Nolap) for the old and frail, a 5-year report from an improvement project at Capio S:t Görans Hospital (CStG)

Jonas Leo
Lead Emergency Laparotomy, Department of Surgery & Oncology, Capio S:t Görans sjukhus Stockholm
Chair National Working Group (NAG), Emergency laparotomy/laparoscopy and No-lap for the old and frail

The ”forgotten group” ?

Introduction

Emergency laparotomy patients are often frail and suffer from high postoperative mortality and morbidity. In NHS/UK this has been addressed by the National Emergency Laparotomy Audit (NELA) which improves quality and safety.
LÖF and the World ERAS Society has presented EL guidelines, which is consistent with the new CStG EL-Nolap standard.

Results

2019-2023 Operations n: 959

Mortality(30d) reduction: 50%

Morbidity(Modified CD 3+4) reduction: 50%

No-lap prevalence(2023): 7,5%

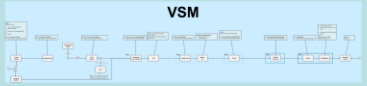
Discussion

can also improve Clinician Reported Outcome Measures (CROM) for EL-Nolap patients with a cross-functional improvement project.

Near future demographics will make this kind of organizational learning imperative for the old and frail EL-patients.

At CStG the EL-pathway has been subject to a continuous cross-functional improvement project since 2018, 5 clinics involved (emergency, radiology, anesthesiology, ASIH and surgery):

VSM



Co-production

Big room meetings & Coaching

Retrospective study: "Outcomes for patients with acute surgical abdominal disease treated according to a standardized, evidence-based protocol... and characterization of the patients with acute surgical abdominal disease who have been deemed not to benefit from emergency surgery".

SKR has set up a NAG (National Working Group), EL-Nolap for the old and frail, with the objective to present Swedish EL-Nolap guidelines spring 2026

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Discussion

can also improve Clinician Reported Outcome Measures (CROM) for EL-Nolap patients with a cross-functional improvement project.

Near future demographics will make this kind of organizational learning imperative for the old and frail EL-patients.

50%/50%/30%


patient och vårdteam
sjukvårdsregion och region
nationell

Tack!

Frågor