PATIENT SAFETY GROUP UPDATE

Andrei Moscalu and **Martin T Sinclair** look at NCEPOD, past, present and future

Recognising that perioperative deaths were a significant public health issue, the National Confidential Enquiry into Perioperative Deaths (NCEPOD) was established in 1988 and the first report was published in 1989[1,2]. The confidential, peer-review nature of the studies has resulted in an enduring trust of our reports within the professions[3].

NCEPOD originally highlighted concerns about surgery performed out of hours, such as staff seniority, supervision and lack of resources, including dedicated emergency theatres[4], and we recommended that "the availability of staffed emergency operating theatres on a 24-hour basis is essential"[5]. Many hospitals have since introduced 'CEPOD lists'.

THE PRESENT

The National Confidential Enquiry into Patient Outcome and Death, as we are now known, assesses care in a variety of healthcare areas – for example:

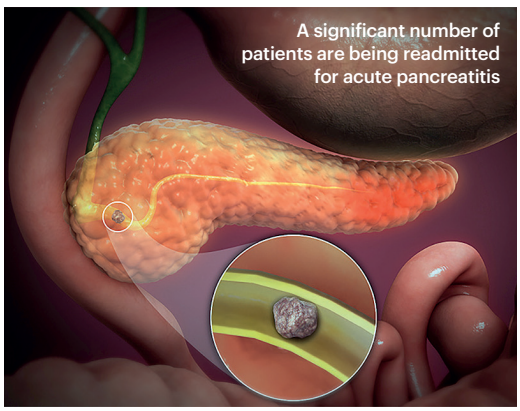
- 20% of patients with a severe gastrointestinal bleed develop this while in hospital for other problems – are yours managed appropriately?[6]
- 21% of patients are being readmitted with pancreatitis – why?[7]
- 15% of your patients have diabetes – how good is their care?[8]
- 20% of patients with bowel obstruction are admitted to the wrong specialty – how do they fare?[9]

GASTROINTESTINAL HAEMORRHAGE

We found the organisation of services to counteract GI bleeding remains patchy and lacks co-ordination[6]. Many hospitals did not have the facilities and/or staffing to deliver comprehensive care. A large number of patients received inappropriate treatment while waiting for definitive control of bleeding. For example 9% of patients were given medical treatment that our reviewers felt was unnecessary and 25% were given blood products that could have been avoided.

ACUTE PANCREATITIS

There was room for improvement in 50% of acute pancreatitis care[7]. Of patients in the study, 21% had one or more previous episodes of acute pancreatitis, 93% of those for the same cause. Efforts to prevent recurrent episodes due to gallstones and alcohol were inadequate. Gallstones were not treated quickly enough in one out of three patients.


A significant number of patients are being readmitted for acute pancreatitis

PERIOPERATIVE DIABETES

There was a lack of clinical continuity of diabetes management across the different specialties in the perioperative pathway. Absence of joint ownership of diabetes management rather than a multidisciplinary approach meant that diabetes management was falling between gaps in the surgical pathway[8].

BOWEL OBSTRUCTION

There were delays in imaging in 21% of the cases reviewed, and 45% of patients with bowel obstruction received substandard care[9]. Following diagnosis 20% of patients experienced a delay in access to surgery and in half of these this was due to non-availability of a theatre or an anaesthetist. Patients who were cared for on a predefined pathway for acute bowel obstruction were less likely to experience delays.

THE FUTURE

NCEPOD continues to be at the forefront of assessment of the quality of care given to patients. The strength of our peer-review process is trusted by clinicians in a variety of disciplines. We are grateful to the clinicians who propose studies, take part in study advisory groups, act as case reviewers and complete questionnaires on their own patients. The continued efforts of the combined clinical community to improve are what makes NCEPOD special.

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