

A message from the Chief Investigator

As the first 'step' of our trial begins, with the activation of Cluster one, I just wanted to thank you all for working so hard to get the regulatory approvals in place during the last few weeks. For sites awaiting approval, there is still time but we do now need this as soon as possible. EPOCH is shaping up to be an exciting trial and we are really glad to be working with so many enthusiastic and motivated investigators.

Rupert Pearce

New on the EPOCH Website

New Frequently Asked Questions (FAQ) section. Check it out here:
www.epochtrial.org

NELA and EPOCH

The success of EPOCH will depend to a large extent on good data entry for NELA. The good news for all EPOCH sites is that we want to help with your [NELA data collection](#). Your site fee can be used to pay for research nurse time for data collection and entry. Further support should also be available from your Clinical Support Local Network (CRLN). Do contact us if you need assistance in obtaining sufficient support - we may be able to help.

Joining the team

Ann Thomson has joined the EPOCH trial team as the Trial Manager. She will be working closely with Kirsty to ensure the R&D approvals are secured and the trial runs smoothly throughout.

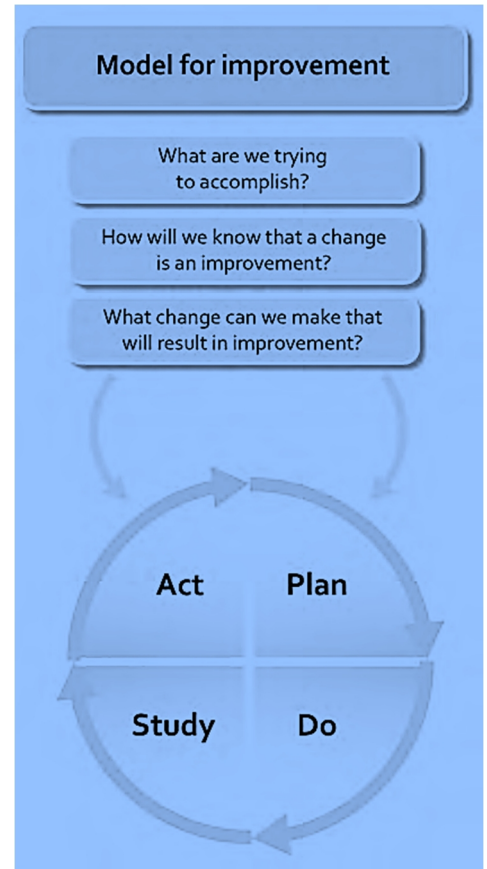
What is Quality Improvement?

As you all know by now, EPOCH is a trial of a quality improvement intervention for patients undergoing emergency laparotomy. The question many of you may be still be wondering however is, just what *is* Quality Improvement?

Carol Peden and Tim Stephens, heading up our QI team, provide a brief summary for you.

"There are many slightly differing definitions of quality improvement (QI) in healthcare, but this quote from Paul Bataldan of the Institute of Healthcare Improvement and Dartmouth Medical School (one of the founders of healthcare quality improvement), is our favourite:

"...the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, funders, planners and educators—to make the changes that will lead to better patient outcomes, better system performance and better professional development."



We like this concept of improvement, as a dynamic, career long journey that we should all be on together. Of course, the real world doesn't always match, or even support, this ideal but we should be striving for it nonetheless.

Having defined the overall goal, we also need to define some of the QI methods used to achieve the goal. Whilst there are a variety of differing quality improvement methods available such as Lean and Six

Sigma, our choice for EPOCH is the **Model for Improvement** (see diagram). The basic principles of this method will include:

- 1) *Using data for improvement* - we are exceptionally fortunate to have the NELA database to provide us as clinicians with highly relevant information about vital care processes
- 2) *Understanding clinical processes* - not what should happen or what we hope or believe happens, nor what 'the local policy states', but what knowing actually happens, why & who needs to change & how
- 3) *Improving reliability* in care processes, using an iterative, step-by-step approach to making changes, so that ultimately the right interventions are provided for the right patients at the right time, every time.
- 4) *Learning from successes and failures* and using this learning dynamically to plan the next steps in our improvement journey
- 5) *Engaging and enthusing* our colleagues so that the improvement journey is a shared one. This is not just a nice ideal, but is actually *vital* if improvements are to be embedded within the social systems in which we work.

Some of your colleagues around the country have already been doing this, implementing improvements in care using QI techniques to make the changes 'stick'. Changing the complexities of the hospital system hasn't been always been easy and improvement hasn't always happened as fast as hoped. However over time reliability in care for these patients has improved and this has

translated into more lives saved than otherwise would have been.

As an EPOCH QI lead, whether you are just starting out on the journey to improve care or have been on this path for a while, being part of the EPOCH community will help you create more reliable care for your sickest patients. We can't promise it will be a quick or easy journey but together we can all work towards *better care for surgical patients.*"

EPOCH Cluster sites

The map shows the 15 EPOCH Clusters.

More information about which hospitals & investigators are involved can be found at:

www.epochtrial.org

Follow us on Twitter

For those of you who are already on Twitter, please don't forget to follow us [@epochtrial](https://twitter.com/epochtrial) For those of you who might be wondering what all the fuss is about, Twitter is a great way to keep up to date with the trial as well as all the latest relevant research.



EPOCH CONTACTS

Trial Queries

kirsty.everingham@bartshealth.nhs.uk

0203 594 0352

ann.thomson@qmul.ac.uk

020 7 882 2556

Quality Improvement Queries

Tim Stephens

qi@epochtrial.org

0203 594 0352

