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FIRST TIME ISOLATED CORONARY ARTERY BYPASS GRAFTS

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Anaesthetic Questionnaire	CONFIDENTIAL
Hospital number of patient: Case Control	
What is this study about?	Who should complete this questionnaire?
NCEPOD will be reviewing organisational issues in the delivery of care to patients who undergo first time coronary artery bypass grafting, (CABG). Data will be collected over a three-year period from all sites across England, Wales, Northern Ireland, Scotland, Guernsey, and the Isle of Man, from both the independent and public sector. Both emergency and elective procedures	If you have received this questionnaire it is because we believe that you were the consultant anaesthetist directly involved in the CABG procedure. A questionnaire has also been sent to the consultant surgeon.
will be included in data collection.	Please return the completed questionnaire in the pre paid envelope provided.
The work is supported by the Society of Cardiothoracic Surgeons of Great Britain and Ireland, and the Association of Cardiothoracic Anaesthetists.	Incomplete questionnaires may be followed up.
	How to complete this questionnaire
Inclusion criteria for the study	This form will be electronically scanned. Please use a black
 All adults aged 16 or over who: Die in hospital during or following first time CABG, between 1st April 2004 – 31st March 2007 Had a CABG and survived, and have been identified as a control subject by NCEPOD. 	or blue pen. Please complete all sections with either block capitals or a bold cross inside the boxes provided. Yes No Unknown
Questions or help	If you make a mistake, please 'black-out' the box and re-enter the correct information, e.g.
If you have any gueries about the study or this	Yes No Unknown

questionnaire, please contact NCEPOD:

cardiothoracic@ncepod.org.uk

T. L. 202 7022 2022

Definitions: Where (def) is indicated, a definition is provided on the back of the questionnaire.

CPD accreditation for completing NCEPOD Questionnaires

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care.

Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal / self directed Continuous Professional Development in their appraisal portfolio.

A	THE PATIENT					
1.	Month and year of birth		m	m	у	у у у
2.	Gender			Male	Fe	male
В	REFERRAL AND ADM	ISSION PROCESS				
3.	a. Did an anaesthetist assess to surgery?	the patient prior		Yes	No No	Unknown
b. If yes, what was the grade (or nearest equivalent) of the assessing anaesthetist?		Consultant SpR Year (if known) Staff Grade Associate Specialist Unknown				
	c. What was the date of the	assessment?	d	d	m m	y y y y
C	SCHEDULING OF OPE	RATIONS				
4.	a. Start time of anaesthetic in	nduction			П	(24 hour clock)
	b. Time left operating theatr	e				(24 hour clock)
C	MEDICAL OR INTERV	ENTIONAL MANAGE	MEN	Т	-	
5.	_					
		Before surgery		Stoppe	d	Date stopped (dd mm yy)
Be	ta Blockers	Yes No Unkr	nown	Yes	No	
	ACE Inhibitors/Angiotensin receptor II antagonist Yes No Unki		nown	Yes	No	
Potassium Channel Blockers Yes No Unki		nown	Yes	No		
Ca	lcium Antagonist	Yes No Unkr	nown	Yes	No	
As	pirin	Yes No Unkr	nown	Yes	No	
Clo	ppidogrel	Yes No Unkr	nown	Yes	No	
Wa	arfarin	Yes No Unkr	nown	Yes	No	

Low molecular weight heparin	Yes No Unknown Yes	No
Other please state	Yes No Unknown Yes Yes Yes No Unknown Yes Yes Volument Yes	No No No
E COMORBIDITIES		
6. Did the patient have any of the f	ollowing comorbidities, and were they reas	sonably managed pre-operatively?
		Reasonably managed?
Diabetes management	0 (Not diabetic) 1 (Diet controlled diabetes) 2 (Oral therapy controlled diabetes) 3 (Insulin)	Yes No Unknown
Hypertension	0 (No hypertension) 1 (Treated or BP >140/90 mmHg on >1 occasion prior to admission)	Yes No Unknown
State creatinine closest to surgery State urea closest to surgery	0 (No renal disease) 1 (Functioning transplant) 2 (Creatinine >200µmol/l) 3 (Dialysis: Acute renal failure; onset within 6 weeks of cardiac surgery) 4 (Dialysis: Chronic renal failure; more than 6 weeks prior to cardiac surgery) µmol 1-1 mmol 1-1	Yes No Unknown
Ejection fraction value	1 (Good – LVEF>50%) 2 (Fair – LVEF 30-50%) 3 (Poor – LVEF <30%)	

Respiratory disease (If yes, please complete the following questions) Was the patient regularly taking bronchodilators? Was the patient regularly taking oral steroids Please state Forced Vital Capacity Please state Forced Expiratory Volume (FEV1) closest to surgery	Yes No Unknown Yes No Unknown Yes No Unknown Litres Litres	Yes No Unknown
Current smoker?	Yes No Unknown	
Please state other comorbidities		
Other	Yes	Yes No Unknown
Other	Yes	Yes No Unknown
Other	Yes	Yes No Unknown
7. What was the grade (or nearest equivosenior anaesthetist present at induction and states of the serior anaesthetist present at induction an	tion?	f years grade held?

How many clinical sessions/progra dedicated to cardiothoracic anaes anaesthetist involved in this case v	thesia, does the ser]
O. Is the most senior anaesthetist res anaesthetic in this case a member of Cardiothoracic Anaesthetists?		Yes	No	Unknown
G PERI-OPERATIVE MANAG	SEMENT			
Did any critical incidents ^(def) occ per- and postoperative period		Yes	No No	Unknown
b. If yes, please describe:				
c. If yes, was an incident report c	ompiled?	Yes	No No	Unknown
2. a. Did the patient develop any po	ostoperative	Yes	No No	Unknown
b. If yes, please tick all that apply	:			
Stroke Renal impairment Wound infection Multi-organ failure Ventricular arrhythmia requiring treatment	Tampona Mediastir Hepatic for Pericardia	nitis		Chest infection Generalised sepsis Pulmonary embolus Other (please specify) Haemorrhage requiring re-operation
c. If yes, was there a delay in det of these complications?	ecting any	Yes	No No	Unknown

	d. If yes, please give details for all complications:				
	e. If yes, in your opinion was the management of per- and post operative complications adequate		No	Unknown	
Н	POSTOPERATIVE CARE				
13.	a. Immediately following surgery, what level of care ^(def) did the patient receive?	o	1	2 3	
	b. What was the level of care required?	o	1	2 3	
	c. If level of care was not as required, please state why:				
14.	a. Was the patient transferred to a lower level of care earlier than they should have been due to reasons other than clinical need?	Yes	No	Unknown	
	b. If yes, please state why:				
	COMMUNICATION AND CONTINUITY	OF CARE			
15.	Were the possible anaesthetic complications descr to the patient during the consent process?	ibed Yes	No	Unknown	
16.	Was a separate written consent obtained for the anaesthetic?	Yes	No	Unknown	

17. a. Did you feel there was 'stability' theatre team for this case?	within the	Yes	No	Unknown
b. Did you feel 'at ease' within the for this case?	theatre team	Yes	No No	Unknown
c. If no, please give details:				
J MULTIDISCIPLINARY REVI	W AND ALIDIT		_	
J WOLINDISCIPLINARY REVII	VV AND AUDI			
18. As the anaesthetist involved in this of involved in multidisciplinary team (N following surgery?		Yes	No	Unknown
	STRUCTURED	COMMENT	ARY	
On these next two pages we would ask that you provide any additional comments you wish to report about the management of this patient. We have tried to aid this by highlighting some of the areas that you might want to consider. If you find these areas not to be relevant please complete the not applicable box.				
The advisors find a summary of the sa assistance in assessing the case.	lient features from	the perspectiv	e of the clinic	cian involved of immense
Please consider the following	areas, with respec	t to patient ou	tcome, when	you fill in this section.
Delays in the admission process.				Not applicable
Deterioration of the patient during tr	ansfer.			Not applicable
Delays, absence of, or unclear investig	gations; if so please	give examples		Not applicable

STRUCTURED COMMENTARY (CONTINUED) Not applicable Placing the patient in an inappropriate area. Not applicable Cancelled from the operation list. Not applicable The management of comorbidities. The occurrence and management of critical incidents during the Not applicable per- and postoperative period. Not applicable The appropriateness of the management of any postoperative complications. Not applicable Any hindrance of full monitoring of the patient throughout the procedure. Not applicable Inappropriateness of the location of the patient immediately after surgery.

STRUCTURED COMMENTARY (CONTINUED) Not applicable With the benefit of hindsight is there anything you would have done differently during the operation? Not applicable Poor continuity of care during inpatient stay. Not applicable Involvement with the multidisciplinary team. Any additional comments:

	DEFINITIONS
Critical incident	Any incident or event which has caused or could have caused an adverse outcome for the patient. (CRIME-base Brighton, 2000. www.eee.bham.ac.uk/crime)
Levels of care	Level 0: Patients whose needs can be met through normal ward care in an acute hospital.
	Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from critical care teams.
	Level 2: Patients requiring more detailed observation or intervention including support for a single failing organ system or postoperative care, and those stepping down from higher levels of care.
	Level 3: Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.
	(Department of Health, 2000)
Multidisciplinary team (MDT)	All healthcare professionals involved in the care of the patient.

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