NCEPOD

FIRST TIME ISOLATED CORONARY ARTERY BYPASS GRAFTS

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Organisational Questionnaire (2005/06) CONFIDENTIAL

Name of hospital: _____

Who completed this questionnaire?

Name: _____

Position: _____

What is this study about?

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 performing CABG surgery across England, Wales, Northern Ireland, Scotland, Guernsey and the Isle of Man, from both the public and independent sector. Emergency and elective procedures will be included in the data collection.

The work is supported by the Society of Cardiothoracic Surgeons of Great Britain and Ireland and the Association of Cardiothoracic Anaesthetists.

Who should complete this questionnaire?

If you have received this questionnaire, it is because you are the Audit Lead for the Cardiothoracic department.

Each department will be required to complete one organisational questionnaire for each year of the study. If you do not feel able to complete this questionnaire, please pass it on to the most appropriate person.

Please return the completed questionnaire in the envelope provided.

How to complete this questionnaire

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided, e.g.

Does the hospital keep a record of attendances?

☒ Yes ☐ No ☐ Unknown

If you make a mistake, please 'black-out' the box and re-enter the correct information, e.g.

Does this hospital accept cardiothoracic emergencies?

■ Yes ☒ No ☐ Unknown

Unless indicated, please mark only one box per question. Where (def) is indicated, a definition is provided on the back of the questionnaire.

Free space is provided on page 7 for your comments.

Incomplete questionnaires may be followed up.

Questions or help

If you have any queries about the study or this questionnaire, please contact NCEPOD:
cardiothoracic@ncepod.org.uk
or **Tel: 020 7920 0999.**

A THE HOSPITAL

1. If patients are initially cared for in theatre recovery following first time CABG, which level of care do they receive following this?(def)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ Not applicable

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2. Which of the following does your hospital have available for first time CABG patients? *(answers may be multiple)*

	Available some of the time	Available all of the time
Transoesophageal echocardiography	☐	☐
Interventional cardiology	☐	☐
Angiography facilities	☐	☐

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3. How many patients in your hospital underwent first time coronary artery bypass grafting between April 1st 2005 – 31st March 2006 *(as per your cardiac database)*

☐☐☐☐☐

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4. How many consultants perform cardiac surgery in your hospital?

☐☐

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5. How many half-day sessions of cardiac surgery does the hospital hold in a 7-day week?

☐☐☐

B REFERRAL AND ADMISSION PROCESS

6. a. Is there a standardised written protocol for referral for CABG to the cardiothoracic unit? ☐ Yes ☐ No ☐ Unknown

   b. If yes, was this:
   - ☐ From GP to a cardiothoracic surgeon/unit
   - ☐ From within your hospital to a cardiothoracic surgeon/unit
   - ☐ From District General Hospital to cardiothoracic surgeon unit
   - ☐ Other ☐

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7. a. Is there a pre-admission clinic for CABG patients? ☐ Yes ☐ No ☐ Unknown

   b. If yes, what percentage of elective patients are seen at this clinic? ☐☐☐ %

   c. If yes, is a pro-forma completed? ☐ Yes ☐ No ☐ Unknown

   d. If yes, are integrated care pathways (ICP) started on all patients? ☐ Yes ☐ No ☐ Unknown

   e. If an ICP is used, are they contributed to by all members of the Multidisciplinary team (MDT)(def) including doctors? ☐ Yes ☐ No ☐ Unknown

8. Who completes the pre-admission assessments?
(answers may be multiple)

- ☐ Cardiologist
- ☐ Anaesthetist
- ☐ Cardiothoracic surgeon
- ☐ Nurse
- ☐ Other *(please specify)*

C UNSTABLE CASES

9. a. Does the hospital have a written policy for clinical review of unstable, urgent, in-hospital, cardiothoracic patients? ☐ Yes ☐ No ☐ Unknown

Please enclose a copy of this policy

b. What speciality is responsible for managing the patients?

- ☐ Cardiology
- ☐ Cardiothoracic surgery

D MULTIDISCIPLINARY CASE PLANNING

10. Is there a written protocol for prospective multidisciplinary case planning? ☐ Yes ☐ No ☐ Unknown

11. a. Do formal pre-operative multidisciplinary team meetings occur within your unit? ☐ Yes ☐ No ☐ Unknown

b. If yes, how often are these meetings held?

c. If yes, who is involved with prospective multidisciplinary planning?

d. If no, what is the agreed method for discussing cases prior to surgery?

12. What records are available for pre-operative MDT meetings?

☐ Not applicable

13. Does the hospital keep a record of attendance? ☐ Yes ☐ No ☐ Unknown

Please enclose records of attendance/minutes for meetings held between 1st April 2005 & 31st March 2006

14. Is there an agreed written protocol for reviewing all non-surgical coronary interventions eg PCI? ☐ Yes ☐ No ☐ Unknown

E PATIENT INVESTIGATIONS

15. Is there an agreed written protocol for investigation for CABG patients? ☐ Yes ☐ No ☐ Unknown

16. Is there a written unit protocol to determine which patients have carotid doppler examinations? ☐ Yes ☐ No ☐ Unknown

F POSTOPERATIVE CARE

17. a. Is a clinician whose sole responsibility is the care of postoperative cardiothoracic cases, available for the first 24 hours following surgery? ☐ Yes ☐ No ☐ Unknown

b. i. If yes, what is the speciality of this clinician?

- ☐ Cardiothoracic surgeon
- ☐ Intensivist
- ☐ Anaesthetist
- ☐ Nurse practitioner
- ☐ Other *(please specify)*

ii. If yes, what is the speciality of this clinician?

- ☐ Consultant
- ☐ GP
- ☐ SpR
- ☐ If SpR what year?
- ☐ Staff Grade
- ☐ Associate Specialist
- ☐ Unknown

c. If no, who is responsible for the care of the patient?

G COMMUNICATION AND CONTINUITY OF CARE

18. Is there a written protocol for handover between clinical teams? ☐ Yes ☐ No ☐ Unknown

19. Is there a standard pro-forma (handover transfer document) from theatre to critical care/recovery? ☐ Yes ☐ No ☐ Unknown

20. Is there a standard pro-forma (handover transfer document) from critical care/recovery to the next destination? ☐ Yes ☐ No ☐ Unknown

21. Is there a written patient information sheet describing CABG surgery, given to the patient before consent is obtained? ☐ Yes ☐ No ☐ Unknown

Please send a copy of the patient information sheet

H MULTIDISCIPLINARY REVIEW AND AUDIT

22. a. Does the department hold multidisciplinary morbidity/mortality audit meetings on CABG patients on a regular basis? ☐ Yes ☐ No ☐ Unknown

b. If yes, how often do these meetings occur?

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Annually

c. If yes, what specialities/grades are represented at these meetings?

d. If no meetings are held, why not?

Please enclose records of attendance/minutes for meetings held between 1st April 2005 & 31st March 2006

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23. How is information given back to clinical teams following audit meetings?

24. a. Is the quality of care for each patient graded after the mortality/morbidity audit meeting? ☐ Yes ☐ No ☐ Unknown

b. If yes, please give details:

25. How are critical incidents[(def)] reported, analysed and managed within your hospital? *(please specify)*

26. How are learning points from critical incidents fed back?

27. How are problems identified in the care management of patients handled within your clinical governance system?

28. Please identify how you normally "close the loop" and implement recommended changes in practice?

PLEASE WRITE CLEARLY ANY ADDITIONAL ORGANISATIONAL ASPECTS OF CABG SURGERY IN YOUR HOSPITAL

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 the critical care team. **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 organs. 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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