

## Organisational Questionnaire (2006/07)

**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 <sup>(def)</sup> 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?<sup>(def)</sup>
- 0  
 1  
 2  
 3  
 Not applicable
- 
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 | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Interventional cardiology         | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Angiography facilities            | <input type="checkbox"/>   | <input type="checkbox"/>  |
- 
3. How many patients in your hospital underwent first time coronary artery bypass grafting between April 1st 2006 – 31st March 2007 *(as per your cardiac database)*
- 
- 
4. How many consultants perform cardiac surgery in your hospital?
- 
- 
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
- 
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)<sup>(def)</sup> 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 2006 & 31st March 2007

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 2006 & 31st March 2007*

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<sup>(def)</sup> 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

<b>Critical incident</b>	<p>Any incident or event which has caused or could have caused an adverse outcome for the patient.</p> <p><i>(CRIME-base Brighton, 2000. <a href="http://www.eee.bham.ac.uk/crime">www.eee.bham.ac.uk/crime</a>)</i></p>
<b>Levels of care</b>	<p><b>Level 0:</b> Patients whose needs can be met through normal ward care in an acute hospital.</p> <p><b>Level 1:</b> 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.</p> <p><b>Level 2:</b> 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.</p> <p><b>Level 3:</b> 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.</p> <p><i>(Department of Health, 2000)</i></p>
<b>Multidisciplinary team (MDT)</b>	All healthcare professionals involved in the care of the patient.



NCEPOD  
Epworth House  
25 City Road  
London EC1Y 1AA