



DEATHS IN ACUTE HOSPITALS STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

PLEASE COMPLETE ONE ORGANISATIONAL QUESTIONNAIRE FOR EACH ACUTE HOSPITAL IN YOUR TRUST

Name of Trust: _____

Name of Hospital: _____

Name of NCEPOD Local Reporter: _____

What is this study about?

NCEPOD is examining emergency care in the process of care for patients who died in an acute hospital to identify remediable factors.

Who should complete this questionnaire?

This questionnaire should be completed by the Medical Director of the Trust or a person nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately.

To ensure confidentiality of the data, completed questionnaires must be returned directly to NCEPOD. Please use the SAE provided.

Questions or help

If you have any queries about the study or this questionnaire, please contact NCEPOD at:

hospitaldeaths@ncepod.org.uk

0207 631 3444

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2009.

How to complete this questionnaire

Information will be collected using two methods: Box cross and free text, where your clinical opinion will be requested.

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 this hospital admit patients as:

Inpatients Outpatients

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

Inpatients Outpatients

Unless indicated, please mark only one box per question.



THE HOSPITAL

1. What type of hospital is this?

- | | |
|---|---|
| a. <input type="checkbox"/> Acute specialist e.g cardiac, neuro | g. <input type="checkbox"/> Small acute |
| b. <input type="checkbox"/> Acute teaching | h. <input type="checkbox"/> Small multiservice |
| c. <input type="checkbox"/> Large acute | i. <input type="checkbox"/> Children's services |
| d. <input type="checkbox"/> Large multiservice | j. <input type="checkbox"/> Orthopaedic |
| e. <input type="checkbox"/> Medium acute | k. <input type="checkbox"/> Independent |
| f. <input type="checkbox"/> Medium multiservice | l. <input type="checkbox"/> Local health board |

2. a. What was the total number of elective medical admissions during 2006/7?

2. b. What was the total number of elective surgical admissions during 2006/7?

3. a. How many elective patients had a surgical procedure as a day case in 2006/7?

3. b. How many elective patients had a surgical procedure as an inpatient in 2006/7?

4. a. Does this hospital have an Emergency Department? Yes No

4. b. If YES to 4a, what was the total number of attendances during 2006/7?

5. Excluding admissions via the Emergency Department, what was the total number of emergency admissions, as an inpatient during 2006/7?

5. a Medicine

5. b Surgery

5. c Paediatric (0-16)

5. d Obstetrics

5. e Other

If other, please specify

6. Does your hospital have a functioning Hospital at Night team as defined by the following criteria?

- | | |
|---|--|
| 6. a <input type="checkbox"/> Multiprofessional team | 6. b <input type="checkbox"/> Co-ordinated handover with bleep filtering |
| 6. c <input type="checkbox"/> Multispecialty cross covering | |



7. How many emergency assessment units does this hospital have? (please put a number in the relevant box(es))

Medical	<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Unknown
Surgical	<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Unknown
Joint medical and surgical	<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Unknown
Specialty specific	<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Unknown

Please specify the specialty or specialties

--	--

CRITICAL CARE

8. Please indicate below how many beds the hospital has for each level of critical care

	Level 1	Level 2	Level 3	
Adult	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Paediatric	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Neuro	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Cardiac	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Please specify
Other	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

9. Following NICE guidance, does the hospital have a policy for recognition and management of acutely ill patients?

Yes No Unknown

10. a. When is outreach staffed?

	Not available	24 hours	< 24 hours	If <24 hours - why?
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



10. b. Are all hospital wards covered?

Yes No Unknown

10. c. If NO, which ones are?

10. d. Who takes clinical responsibility for this service?

HOSPITAL FACILITIES

11.a. Which of the following services does this hospital have, and when are they available?

	Not available	24 hours	< 24 hours	If <24 hours - why?
i. Conventional radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
ii. CT scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
iii. MRI scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
iv. Angiography - cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
v. Angiography - non cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
vi. Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
vii. Biochemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
viii. Primary PCI for MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
ix. Em. endoscopy for GI bleeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
x. Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
xi. Thrombolysis for stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
xii. Teleradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
xiii. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
xiv. Acute pain service - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
xv. Acute pain service - paediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>
xvi. Electronic prescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>



11. b. If YES to 'xiv or xv', are there designated specialist pain nurses for this service?

- Yes - adult Yes - paediatric No Unknown

11. c. If NO which patients are excluded?

11. d. If YES to 'n or o', are there designated consultant sessions for this service?

- Yes - adult Yes - paediatric No Unknown

PRE-ADMISSION ASSESSMENT FACILITIES

12. a. Are pre-assessment clinics available for all elective admissions?

- Yes No Unknown

12. b. Are funded consultant sessions available to staff these clinics?

- Yes - anaes. Yes - surg. Yes - med. No Unknown

SURIGCAL/MEDICAL PROCEDURE FACILITIES

13. a. Does this hospital have lists for dedicated emergency surgical cases (CEPOD lists), excluding trauma and orthopaedics?

- Yes No Unknown

13. b. If YES, please indicate at which times they occur?

	Not available	24 hours	< 24 hours	If <24 hours - why?
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

14. a. Does this hospital have dedicated lists for trauma (CEPOD lists)?

- Yes No Unknown



14. b. If YES, please indicate at which times they occur?

	Not available	24 hours	< 24 hours	If <24 hours - why?
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

15. Is there a dedicated consultant rota for anaesthetic sessions covering emergency theatres?

Yes in hours No Unknown
 Yes out of hours

16. Does the hospital have recovery areas staffed and equipped for emergency surgery?

	Not available	24 hours	< 24 hours	If <24 hours - why?
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

17. Outside normal theatre working hours, who recovers the patient?

Dedicated recovery nurse Anaesthetist
 Theatre staff Other (please specify)

18. Is there appropriate pulse oximetry measurement equipment for all patients in recovery?

Yes No Unknown

19. Is there appropriate blood pressure measurement equipment for all patients in recovery?

Yes No Unknown



20. Is there also immediately available (please tick all that apply):-

- ECG Temperature measurement equipment
 Nerve stimulator Capnography

21. Do recovery staff undergo regular Resuscitation training (at least annually)?

- Yes No Unknown

22. Is there always a member of Recovery staff on duty who holds a full provider certificate for a recognised resuscitation course appropriate to the case mix (e.g. ALS, EPLS, APLS)

- Yes No Unknown

23. a. Does the hospital have a clinical priority grading system (e.g. NCEPOD) for determining clinical priority in emergency surgery?

- Yes No Unknown

23. b. If YES, which one?

24. By whom is the emergency operating list order determined?

25. Are decontamination and sterilisation facilities available?

- On site Off site Unknown

26. a. Do the arrangements for decontamination and sterilisation lead to any operational problems in service?

- Yes No Unknown

26. b. If YES, please specify:



AUDIT

- 27. Does the hospital have a clinical governance committee?
 Yes No Unknown

- 28. If YES to Q27, does the clinical governance committee receive evidence of meetings taking place?
 Yes No Unknown

- 29. Is there a pan trust regular dedicated clinical audit session?
 Yes No Unknown

- 30. Does the Medical Director have evidence that the clinical governance systems in the trust ensure that all consultants are involved in clinical audit?
 Yes No Unknown

- 31. Does the Medical Director have evidence that the critical incident systems in the trust are included in clinical audit?
 Yes No Unknown

- 32. Are all critical incidents forwarded to incident reporting services (e.g. NRLS)?
 Yes No Unknown

- 33. Does the hospital have an on-site autopsy active mortuary?
 Yes No Unknown

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

FOR NCEPOD USE ONLY

--	--	--	--	--	--



NCEPOD Deaths in Acute Hospitals study

Organisational Questionnaire

Time period – this questionnaire should be completed for the time period 1st October 2006 – 31st March 2007.

Q3 – Surgical patients are defined using OPCS codes. The following OPCS codes should be excluded from this figure if they are performed in isolation:

- A52 – Therapeutic: epidural injection
- A55 – Diagnostic spinal puncture
- A83 – Electroconvulsive therapy
- E48 – Therapeutic fiberoptic endoscopic operations on lower respiratory tract
- E49 – Diagnostic fiberoptic endoscopic operations on lower respiratory tract
- G16 – Diagnostic fiberoptic endoscopic examination of oesophagus
- G45 – Diagnostic fiberoptic endoscopic examination of upper gastrointestinal tract
- G47 – Intubation of stomach
- H22 – Diagnostic endoscopic examination of colon
- H25 – Diagnostic endoscopic examination of lower bowel using fiberoptic endoscope
- H28 – Diagnostic endoscopic examination of sigmoid colon using rigid sigmoidoscope
- J13 – Diagnostic percutaneous operation on liver
- J43 – Diagnostic endoscopic retrograde examination of bile duct and pancreatic duct
- J44 – Diagnostic endoscopic retrograde examination of bile duct
- J45 – Diagnostic endoscopic retrograde examination of pancreatic duct
- K49 – Transluminal balloon angioplasty of coronary artery
- K51 – Diagnostic transluminal operation on coronary artery
- K58 – Diagnostic transluminal operation on heart
- K60 – Cardiac pacemaker system introduced through vein
- K63 – Contrast radiology of heart
- K65 – Catheterisation of heart
- K68 – Drainage of pericardium
- L86 – Injection into varicose vein of leg
- M47 – Urethral catheterisation of bladder
- R01 – R35 – Female genital tract associated with pregnancy, childbirth and puerperium
- S09 – Photodestruction of lesion of skin
- S13 – Punch biopsy of skin
- S15 – Other biopsy of skin

- S41& S42 – Suture of skin
- S43 & S44 – Removal of material from skin
- S50 – S53 – Introduction of material into subcutaneous tissue/skin
- T12 – Puncture of pleura
- T90 – Contrast radiology of lymphatic tissue
- W29 – Skeletal traction of bone
- W90 – Puncture of joint
- X29 – X53 – Injection/transfusion/dialysis/organ donation/resuscitation
- X59 – Anaesthetic without surgery
- Y70 – Y90
- Z01 – Z94

We understand it may be tricky to filter out all these exclusion codes when recording the number of elective patients undergoing a surgical procedure. If it is not possible to do this, we would be grateful if you could make a note on the questionnaire this includes all patients with an OPCS code or admitted for a procedure.

Q11d – this relates to the hospital services listed in question 11a.

N = Acute pain service – adult

O = Acute pain service – paediatric