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EMERGENCY AND ELECTIVE SURGERY IN THE ELDERLY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Advisor Assessment Form (AF)

Questionnaire number ☐☐☐☐☐☐

INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

A. PATIENT DETAILS

1. Age at time of procedure ☐☐☐ years

2. Gender: ☐ Male ☐ Female

3. Date of death ☐☐ ☐☐ ☐☐
d d m m y y

4. Date of operation ☐☐ ☐☐ ☐☐
d d m m y y

B. ADMISSION DETAILS

5. Arrival details: Time: ☐☐ ☐☐ Date: ☐☐ ☐☐ ☐☐ Day: ☐☐☐
h h m m d d m m y y

6. Admission details*: Time: ☐☐ ☐☐ Date: ☐☐ ☐☐ ☐☐ Day: ☐☐☐
h h m m d d m m y y

*Includes via Admission Unit

7a. Was the clinical area of admission appropriate? ☐ Yes ☐ No ☐ Unable to answer

7b. If NO, please specify;

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8a. In your opinion, was the patient admitted to the most appropriate specialty? ☐ Yes ☐ No ☐ Unable to answer

If YES, go to question 10

8b. If NO, in your opinion, did this have a significant effect on clinical outcome? ☐ Yes ☐ No ☐ Unable to answer

8c. If YES, please specify;

9a. If the patient was not admitted to the appropriate specialty, was the patient transferred to an appropriate specialty at a later time? ☐ Yes ☐ No ☐ Unable to answer

9b. If YES, was this carried out without significant delay? ☐ Yes ☐ No ☐ Unable to answer

10a. Was the patient transferred ☐ Yes ☐ No

10b. If the patient was transferred from another hospital as their route of admission, in your opinion, was the transfer satisfactory? ☐ Yes ☐ No ☐ Unable to answer

10c. In your opinion, was the care given to the patient during the transfer appropriate? ☐ Yes ☐ No ☐ Unable to answer

10d. Is transfer documentation available in the casenotes? ☐ Yes ☐ No

C. INITIAL ASSESSMENT

11a. Was the time, grade and specialty of the initial assessment appropriate to the severity and complexity of the illness or surgical condition? ☐ Yes ☐ No ☐ Unable to answer

11b. If NO, please give details;

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12. How long was the patient in the emergency department? (defined as hospital admission time to ward admission time

☐☐☐ (hours) ☐☐☐ (minutes)

☐ Not recorded

☐ Not applicable

13. Is there documented evidence in the casenotes which permits you to determine the date, time and location of first consultant review? ☐ Yes ☐ No ☐ Unable to answer

14. Is there evidence of a delay in the patient being assessed by a consultant? ☐ Yes ☐ No ☐ Unable to answer

15a. Is there evidence of a clear management plan? (i.e. a management plan multiple clinical teams can follow, including a differential diagnosis, plan of investigations, plan of treatment, initial treatment options and point of review). ☐ Yes ☐ No ☐ Unable to answer ☐ Incomplete

15b. If YES, was this appropriate? ☐ Yes ☐ No ☐ Unable to answer

15c. If NO, please give details;

15d. Is the documentation of a 'No Not Attempt Resuscitation' directive? ☐ Yes ☐ No

16. Were there any invasive investigations/procedures performed, with the exception of any operative procedures or associated anaesthetic? ☐ Yes ☐ No ☐ Unable to answer

If YES, go to question 17
If NO, go to question 18

17a. What were they? (i.e. CVP line, uretheral or suprapubic catheterisation, chest drain insertion)

17b. Were they appropriate? ☐ Yes ☐ No ☐ Unable to answer

17c. Were they carried out without significant delays? ☐ Yes ☐ No ☐ Unable to answer

17d. Were there any complications recorded? ☐ Yes ☐ No ☐ Unable to answer

17e. If YES, do you feel these complications were avoidable? ☐ Yes ☐ No ☐ Unable to answer

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18. Was pain assessed on admisison? ☐ Yes ☐ No ☐ Unable to answer ☐ Inappropriate or unnecessary

19a. Was appropriate analgesia given to the patient on admission and prior to surgery? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicaple

19b. If YES, is there evidence that this was given in the form of regularly or 'as necessary'? ☐ Yes ☐ No ☐ Unable to answer

19c. Was this appropriate? ☐ Yes ☐ No ☐ Unable to answer

19d. If NO, please give details

D. COMORBIDITY

20. Was an assessment of the patient's nutritional status made on admission? ☐ Yes ☐ No ☐ Unable to answer

21a. Was the patients height recorded in the casenotes? ☐ Yes ☐ No ☐ Unable to answer

21b. If YES, please state ☐☐☐ cm

22a. Was the patients weight recorded in the casenotes? ☐ Yes ☐ No ☐ Unable to answer

22b. If YES, please state ☐☐☐ kg

23a. Was the patients BMI recorded in the casenotes? ☐ Yes ☐ No ☐ Unable to answer

23b. If YES, please state ☐☐

24. Was an assessment of mental capacity/impairment made on admisison? ☐ Yes ☐ No ☐ Unable to answer

25. Is there evidence that prior to admission the patient had difficulty in performing basic functions of daily living? E.g. washing, dressing independently. ☐ Yes ☐ No ☐ Unable to answer

26a. Is there evidence that the patient had significant sensory impairment? ☐ Yes ☐ No ☐ Unable to answer

26b. If YES, was this: Hearing loss ☐ Yes ☐ No

Visual loss ☐ Yes ☐ No

27. Did the patient have any other potential communication or perception problems, e.g. Stroke? ☐ Yes ☐ No ☐ Unable to answer

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28. In your opinion, was the correct ASA status assigned to the patient:

a) By the surgeon ☐ Yes ☐ No ☐ Unable to answer

b) By the anaesthetist ☐ Yes ☐ No ☐ Unable to answer

29. Do you feel that there was clear recognition, by the admitting team, of the following risk factors of frailty in the patient:

a) Poor nutritional status ☐ Yes ☐ No ☐ Unable to answer

b) Immobility ☐ Yes ☐ No ☐ Unable to answer

c) Memory loss or dementia ☐ Yes ☐ No ☐ Unable to answer

30. If confusion or delirium was a feature of this patient's pre-operative status, was there evidence that this was managed well? (e.g. by reducing unnecessary medications, maintaining fluids, re-assessing analgesia needs, appropriate drug treatment). ☐ Yes ☐ No ☐ Unable to answer

E. MEDICATIONS

31. How many medications was the patient prescribed pre-operatively (including inhalers)? (To include regular medications and additional on admission) ☐ 1-5 ☐ >5 ☐ >10 ☐ Unable to answer

32. Do you believe that this patient was appropriately risk assessed for thrombotic complications? ☐ Yes ☐ No ☐ Unable to answer

F. INVESTIGATIONS/FITNESS FOR SURGERY

33a. In your opinion were all essential investigations required in preperation for surgery performed? ☐ Yes ☐ No ☐ Unable to answer

33b. If NO, please expand on your answer

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33c. If YES to question 33a, were these investigations timely? ☐ Yes ☐ No ☐ Unable to answer

33d. If NO to question 33c, did this have a signficant effect on outcome? ☐ Yes ☐ No ☐ Unable to answer

34. Were any abnormal investigations acted upon/Were appropriate steps taken to correct any anomalies? ☐ Yes ☐ No ☐ Unable to answer

35a. In your opinion, did any deficiencies in investigations have a significant effect on outcome? ☐ Yes ☐ No ☐ Unable to answer

35b. If YES, please expand on your answer;

G. FIRST OPERATION

36. In your opinion, was the operation performed in a timely manner, i.e. without significant delay? ☐ Yes ☐ No ☐ Unable to answer

37a. In your opinion, was the grade and experience of the most senior surgeon in theatre at the time of the operation appropriate? ☐ Yes ☐ No ☐ Unable to answer

37b. If NO, please expand on your answer;

38a. In your opinion, was the specialty of the most senior surgeon in theatre at the time of the operation appropriate? ☐ Yes ☐ No ☐ Unable to answer

38b. If NO, please expand on your answer;

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39a. If the surgeon was not a consultant, was the level of supervision adequate? ☐ Yes ☐ No ☐ Unable to answer

39b. How was this supervision given?

☐ In theatre ☐ By telephone ☐ In hospital ☐ Other (please specify)

40a. If the consultant was operating, is there evidence that a trainee was also in theatre scrubbed and assisting with the procedure? ☐ Yes ☐ No ☐ Unable to answer

40b. If YES, what grade?

☐ Staff grade or Associate specialist
☐ Senior specialist trainee (SpR 3+ or ST3+)
☐ Trainee with CCT
☐ Junior specialist trainee (SpR 1&2 or ST1&2)
☐ Other (please specify)
☐ Basic grade (FY, HO, SHO or CT)

41. Please grade the quality of the docmentation of the surgical note;

☐ Not returned
☐ Good (all aspects of the documentation were well presented and easy to read
☐ Satisfactory (most aspects of the documentation were well presented and easy to read
☐ Poor (many aspects of the documentation were presented unclearly and difficult to read)

42. In your opinion, did the patient develop any additional comorbidities/complications on this admission?

a) Respiratory ☐ Yes ☐ No ☐ Unable to answer
b) Cardiovascular ☐ Yes ☐ No ☐ Unable to answer
c) Metabolic ☐ Yes ☐ No ☐ Unable to answer
d) Neurological ☐ Yes ☐ No ☐ Unable to answer
e) Renal ☐ Yes ☐ No ☐ Unable to answer
f) Hospital acquired infection ☐ Yes ☐ No ☐ Unable to answer
g) If YES, please specify the type of infection

43. Did the patient suffer any GI complications post operatively?

a) Prolonged ileus (>72 hours) ☐ Yes ☐ No ☐ Unable to answer
b) Gut perforation ☐ Yes ☐ No ☐ Unable to answer
c) GI bleed ☐ Yes ☐ No ☐ Unable to answer
d) Stoma prolapse ☐ Yes ☐ No ☐ Unable to answer
e) Anastomotic leak ☐ Yes ☐ No ☐ Unable to answer
f) Other, please specify

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44a. Were there any other surgical complications in the immediate peri-operative period (until death)? ☐ Yes ☐ No ☐ Unable to answer

44b. If YES, please expand on your answer;

44c. If YES, did these complications adversely affect the outcome of this patient? ☐ Yes ☐ No ☐ Unable to answer

44d. If YES, please expand on your answer

I. ANAESTHETIC MANAGEMENT

Pre-operative preperation

45a. Was the patients clinical condition adequately optimised pre-operatively? ☐ Yes ☐ No ☐ Unable to answer

45b. If NO, what, in your opinion would have improved their readiness? (answers may be multiple)

- ☐ Involvement of Medicine for Older People (check SQ)
- ☐ Specific drug therapy, e.g. correction of fast AF
- ☐ Fluid resuscitation
- ☐ Correction of blood sugar or electrolyte imbalance
- ☐ Correction of anaemia

46. For urgent and emergency admissions, what was the interval from being declared ready for surgery and the induction of anaesthesia?

- ☐ < 24 hours
- ☐ >48 hours
- ☐ Not applicable
- ☐ > 24 hours and < 48 hours
- ☐ Not recorded

47a. In your opinion, was the grade and experience of the most senior anaesthetist appropriate to the anaesthetic care of this patient? ☐ Yes ☐ No ☐ Unable to answer

47b. If NO, please expand on your answer

48a. If the anaesthetist was not a consultant, was the level of supervision adequate? ☐ Yes ☐ No ☐ Unable to answer

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48b. How was this supervision given?

- ☐ In the anaesthetic room
- ☐ In the theatre
- ☐ In the hospital
- ☐ By telephone
- ☐ Other (please specify) _____
- ☐ Unable to answer

49a. If a consultant was giving the anaesthetic, is there evidence that a trainee was assisting with the anaesthetic?

☐ Yes ☐ No ☐ Unable to answer

49b. If YES, what grade?

- ☐ Staff grade or Associate specialist
- ☐ Trainee with CCT
- ☐ Other (please specify) _____
- ☐ Senior specialist trainee (SpR 3+ or ST3+)
- ☐ Junior specialist trainee (SpR 1&2 or ST1&2)
- ☐ Basic grade (FY, HO, SHO or CT)

50. Please grade the quality of the docmentation of the anaesthetic note;

- ☐ Not returned
- ☐ Good (all aspects of the documentation were well presented and easy to read
- ☐ Satisfactory (most aspects of the documentation were well presented and easy to read
- ☐ Poor (many aspects of the documentation were presented unclearly and difficult to read)

Monitoring

51a. In your opinion did the patient have adequate physiological monitoring?

☐ Yes ☐ No ☐ Unable to answer

51b. If NO, please expand on your answer;

_____

Anaesthetic technique

52. Was the patients temperature measured;

a) Immediately pre-operatively ☐ Yes ☐ No ☐ Unable to answer

b) Intraoperatively ☐ Yes ☐ No ☐ Unable to answer

c) Post-operatively ☐ Yes ☐ No ☐ Unable to answer

53. Did the patients anaesthetic care include;

a) Warmed fluids ☐ Yes ☐ No ☐ Unable to answer

b) Forced air warming devices ☐ Yes ☐ No ☐ Unable to answer

c) Low flow anaesthesia ☐ Yes ☐ No ☐ Unable to answer

d) Other _____

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54. Is there documentation to show the patient continued to have temperature maintainance in the recovery unit/PACU?

a) Temperature measurement ☐ Yes ☐ No ☐ Unable to answer

b) Warmed fluids ☐ Yes ☐ No ☐ Unable to answer

c) Forced air warming devices ☐ Yes ☐ No ☐ Unable to answer

55a. Where there any anaesthetic related complications? ☐ Yes ☐ No ☐ Unable to answer

55b. If YES, please expand on your answer

55c. If YES, did this impact on the outcome of the patient? ☐ Yes ☐ No ☐ Unable to answer

H. POST OPERATIVE CARE

56. Was there an unanticipated post operative admission to critical care? ☐ Yes ☐ No ☐ Unable to answer

57. Was there an unanticipated admission to critical care from the ward ? ☐ Yes ☐ No ☐ Unable to answer

58. If the patient did not receive level 2 or 3 care, did they go to the appropriate ward post operatively? ☐ Yes ☐ No ☐ Unable to answer

J. ANALGESIA

59. Is there evidence that analgesia was prescribed regularly in the post-operative period? ☐ Yes ☐ No ☐ Unable to answer

60a. In your opinion did the patient receive adequate analgesia post-operatively? ☐ Yes ☐ No ☐ Unable to answer

60b. If NO, please expand on your answer

61a. Was there evidence that pain was assessed regularly in the post-operative period? ☐ Yes ☐ No ☐ Unable to answer

61b. If YES, do you feel that efforts were made to modify pain scoring in light of sensory impairment, e.g. hearing loss, visual loss? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

62. If an epidural catheter was placed to deliver post-operative analgesia, was there evidence that it was inserted and/or removed <6 hours after Heparin administration? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

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K. FLUID BALANCE

63. Is there recorded evidence of pre-operative dehydration, i.e. decreased urine output, skin turgor, decreased blood pressure. ☐ Yes ☐ No ☐ Unable to answer

64. Were fluids clearly prescribed e.g. within the drug administration record? ☐ Yes ☐ No ☐ Unable to answer

65. If this was an acute admission, in your opinion how do you categorise the pre-operative fluid resuscitation?

- ☐ Adequate/Appropriate
- ☐ Inadequate
- ☐ Excessive
- ☐ Unable to answer

66. In your opinion, how would you categorise the peri-operative fluid administration?

- ☐ Adequate/Appropriate
- ☐ Inadequate
- ☐ Excessive
- ☐ Unable to answer

67. What was the quality of the fluid balance charts?

- ☐ Good
- ☐ Satisfactory
- ☐ Poor
- ☐ Unacceptable
- ☐ Unable to answer

68. Were urea and electrolytes measured at appropriate intervals post operatively? ☐ Yes ☐ No ☐ Unable to answer

69. Is there evidence of hyponatraemia (serum Na+ <134mmol/l) at any stage in this patients hospital stay? ☐ Yes ☐ No ☐ Unable to answer

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L. RENAL IMPAIRMENT

70. Is there evidence that Acute Kidney Injury (AKI) was noted on admission? ☐ Yes ☐ No ☐ Unable to answer

71. In your opinion was there adequate assessment of risk factors for AKI? ☐ Yes ☐ No ☐ Unable to answer

72. Did the patient develop AKI post admission? ☐ Yes ☐ No ☐ Unable to answer

73. When was renal impairment first noted?

☐ Pre-operatively ☐ Post operatively ☐ Unable to answer

74. If POST OPERATIVELY, how long following the procedure?

75. In your opinion, could this be attributed to; (answers may be multiple)

☐ Unsatisfactory pre-operative resuscitation ☐ Poor surgical technique

☐ Poor intraoperative management of fluids/cardiovascular status

☐ Poor post operative management ☐ Timeliness of surgery

☐ Complications of surgery ☐ Unable to answer

☐ Other (please specify)

76. What stage of AKI was the patient in when it was first recognised?

☐ **1** SERUM CREATININE CRITERIA - increase in serum creatinine of >=0.3mg/dl (>=26.4µmol/l) or increase to >= 150%-200% (1.5- to 2-fold) from baseline
URINE OUTPUT CRITERIA - less than 0.5ml/kg per hour for more than 6 hours

☐ **2** SERUM CREATININE CRITERIA - increase in serum creatinine to more than 200%-300% (2- to 3-fold) from baseline
URINE OUTPUT CRITERIA - less than 0.5ml/kg per hour for more than 12 hours

☐ **3** SERUM CREATININE CRITERIA - increase in serum creatinine to >300% (3- fold) from baseline (or serum creatinine of >= 4.0mg/dl [>354µmol/l] with an acute increase of at least 0.5mg/dl [44µmol/l])
URINE OUTPUT CRITERIA - less than 0.3ml/kg per hour for 24 hours or anuria for 12 hours

☐ Unable to answer

77a. Was there an unacceptable delay in recognising AKI? ☐ Yes ☐ No ☐ Unable to answer

77b. If YES, how long was the delay? Days: ☐☐ Hours: ☐☐

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77c. Was the delay due to;

- ☐ Poor recognition of risk factors
- ☐ Long periods of time between blood tests
- ☐ Poor recording of fluid balance
- ☐ Lack of senior input
- ☐ Other (please specify) ☐

M. TEAM WORKING

78a. Is there evidence junior staff did not seek appropriate advice, whether surgical or anaesthetic, when necessary? ☐ Yes ☐ No ☐ Unable to answer

78b. If YES, please expand on your answer

☐

79. Is there evidence in the casenotes of involvement of physicians with responsibility for Medicine for the Elderly/Older Persons?

a) Pre-operatively ☐ Yes ☐ No ☐ Unable to answer

b) Post operatively ☐ Yes ☐ No ☐ Unable to answer

80a. In your opinion, should there have been the involvement of any other specialist teams in the care of this patient? ☐ Yes ☐ No ☐ Unable to answer

80b. If YES, please expand on your answer

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N. CONSENT

81. Would you expect a consent form to be present for this patient, based on the urgency of their admission? ☐ Yes ☐ No ☐ Unable to answer

82a. If YES, was the correct signed form in the notes? ☐ Yes ☐ No ☐ Unable to answer

82b. If YES, was this the appropriate one? ☐ Yes ☐ No ☐ Unable to answer

83. What grade of doctor obtained consent?

- ☐ Consultant
- ☐ Staff grade or Associate specialist
- ☐ Trainee with CCT
- ☐ Other (please specify) ☐
- ☐ Senior specialist trainee (SpR 3+ or ST3+)
- ☐ Junior specialist trainee (SpR 1&2 or ST1&2)
- ☐ Basic grade (FY, HO, SHO or CT)

84. In your opinion, was this grade of doctor appropriate? ☐ Yes ☐ No ☐ Unable to answer

85a. Was the consent form completed adequately? ☐ Yes ☐ No ☐ Unable to answer

85b. If NO, please expand on your answer

O. DEATH

86a. What was the final diagnosis of this patient?

86b. In your opinion, was this correct? ☐ Yes ☐ No ☐ Unable to answer

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86c. If NO, please expand on your answer

87. Where did the death occur?

- ☐ Anaesthetic room
- ☐ General ward
- ☐ Level 3
- ☐ Theatre
- ☐ Level 2
- ☐ Recovery room
- ☐ Specialist ward
- ☐ Other (please specify)

88a. In your opinion, if a medical certificate of cause of death (MCCD) was completed (as opposed to a coronial or hospital autopsy being performed and providing the cause of death), was the cause of death filled in correctly on the death certificate, from the information available? ☐ Yes ☐ No ☐ Unable to answer

88b. If NO, would you have filled it in differently? ☐ Yes ☐ No ☐ Unable to answer

88c. Please expand on your answer

89a. Was an autopsy performed? ☐ Yes ☐ No ☐ Unable to answer

89b. If YES, were there any unexpected findings? ☐ Yes ☐ No ☐ Unable to answer

89c. If YES, please expand on your answer

90. Was this case discussed at a morbidity and mortality meeting? ☐ Yes ☐ No ☐ Unable to answer

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P. OVERALL ASSESSMENT

91a. Overall assessment of care for this patient (please select one category only)

- ☐ Good practice - a standard of care you would expect from yourself, your trainees, and your institution
- ☐ Room for improvement - aspects of CLINICAL care that could have been better
- ☐ Room for improvement - aspects of ORGANISATIONAL care that could have been better
- ☐ Room for improvement - aspects of CLINICAL AND ORGANISATIONAL care that could have been better
- ☐ Less that satisfactory - several aspects of CLINICAL AND/OR ORGANISATIONAL care that were well below a standard that you would expect from yourself, your trainees and your institution
- ☐ Insufficient data

91b. Please provide reasons for assigning this grade;

92. Are there any particular issues which you feel should be highlighted in the report? ☐ Yes ☐ No

Occasionally NCEPOD will refer cases that have been identified as 5 (less than satisfactory) when it is felt that further feedback to the Trust concerned is warrented. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of casenotes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indiactes that the practitioner or team or Trust is likely to put future patients at risk if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for XX years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

93. If you feel this case should be considered for such action please check this box ☐

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