

EMERGENCY AND ELECTIVE SURGERY IN THE ELDERLY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CON	FIDENTIAL
	JESTIONNAIRE FOR EACH HOSPITAL IN YOUR TRUST ERY IS UNDERTAKEN
Name of Trust:	
Name of Hospital:	
Name of NCEPOD Local Reporter:	
What is this study about?	How to complete this questionnaire
What is this study about? NCEPOD is examining the remedial factors in the process of care of elderly patients (80 years and older) who died within 30 days of surgery between 1st April & 30th June 2008. Questionnaires should be completed in regards to that time period. The study aims to identify areas where the care of these patients might have been improved (remediable factors). All NHS and independent hospitals that admit both acute and elective admissions in England, Wales and Northern Ireland; public hospitals in the Isle of Man, Jersey and Guernsey, will be included in the study. 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.	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 your hospital have a nutrition team?? Yes
Please use the SAE provided.	

Questions or help

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

surgery@ncepod.org.uk

Telephone 0207 631 3444

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published late 2010.

box and re	criter the oor	I COL II	normation, e.g.
	Yes	X	No
Unless in question.		se ma	rk only one box per



DEFINITIONS	
Appropriate	The expected health benefits to an average patient exceed the expected health risks by a sufficiently wide margin to make the intervention worthwhile and that intervention is superior to alternatives (including no intervention)
Clinical adverse events	An unitended injury caused by medical management rather than by the disease process and which is sufficiently serious to lead to prolongation of hospitalisation or to temporary or permenant impairment or disability to the patient at the time of discharge.
Critical incident	Any incident or event which has caused or could have caused an adverse outcome for the patient
Initial assessment (excluding triage)	The patient's first assessment by a healthcare member of staff (medical or nursing) to identify healthcare needs.
Level 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: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. Level 3: (e.g. ICU) 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.
Medical assessment unit (MAU, SAU, etc)	An area where emergency patients are assessed and initial management undertaken by inpatient hospital teams. The patient is only in this area while initial assessment is made and then moved to another ward or discharged. The working of these units varies; some are purely for medical or surgical cases (MAU, SAU etc) while some function accross various specialties (CDU, AAU, etc).
(N)CEPOD theatre	A staffed (medical, nursing and ancillary) emergency operating theatre available on a 24-hour basis; Trusts admitting urgent and emergency cases ,must ensure they are provided
Other adverse events	e.g. fall off trolley
Recovery area	An area to which patients are admitted following an operation or procedure, and where they remain until consciousness is regained, respiration and circulation are stable, and post operative analgesia is established.



1.	Who was responsible for ensuring the accuracy and completeness of answers given to this questionnaire?						
	Chief Executive		Clinical Directo	r, Surger	у		
	Medical Director		Clinical Directo	r, Anaest	hesia		
	NCEPOD Local Reporter		Other (please s	pecify)			
	Clinical Governance Lead						
TH	IE HOSPITAL						
2a.	How would you describe this hospital?						
	District general (or equivalent)		Limited surgica unit)	l specialt	ies (e.g. Pla	ıstic ar	nd Burns
	University/Teaching		Independent				
	Community		Other (please s	specify)			
2b.	Which of the following specialties have op-	erating	g sessions in you	ır hospita	al?		
	Cardiothoracic Surgery		Neurosurgery	·			
	Otolaryngology		Plastic Surgery	(excludir	ng hand sur	gery)	
	Hand Surgery		Trauma and Or	thopaedi	c Surgery		
	General Surgery		Urology				
	Vascular Surgery		Gynaecology				
	Oral and Maxillofacial Surgery		Other (please s	pecify)			
3a.	How many beds are there in this hospital?						
3b.	How many of these are designated as Med	dicine	for the Elderly?				
3c.	If there are no Medicine for the Elderly bed as surgery are there arrangements for revi post operative elderly patients?			☐ Yes	s No		Unknown
3d.	If yes, how is this done?						
3e.	Does this hospital have a specific ward for operative care of elderly trauma patients?	the p	re- and post	☐ Yes	s No		Unknown
4a.	Does this hospital have an Emergency De	partme	ent?	☐ Yes	s No		
4b.	Does this hospital have any dedicated ass	essme	ent units?				
	Surgical Me	edical		Acu	ute admissio	ns	



OPERATING FACILITIES FOR URGENT/EMERGENCY SURGERY

5 .	How many operating theatres are there (excluding	ng obstetric theatres)?							
6a.	Does the hospital have a SCHEDULED "emergency" theatre for urgent surgical cases (EXCLUDING TRAUMA AND ORTHOPAEDICS)? i.e. "(N)CEPOD theatres" during working hours on weekdays (08:00 to 17:59 Monday to Friday) We have a SCHEDULED "emergency" definition definition the definition definition the definition								
6b.	If YES, how many of these sessions have a consultant anaesthetist allocated to them?								
6c.	If YES, how many of these sessions have a cons	sultant surgeon allocated to them?							
6d.	If YES, which specialties:								
Sha	Share the dedicated ' (N)CEPOD' theatre Have their own dedicated theatre								
	Cardiothoracic Surgery	Cardiothoracic Surgery							
	Otolaryngology	Otolaryngology							
	Hand Surgery	Hand Surgery							
	General Surgery	General Surgery							
	Vascular Surgery	☐ Vascular Surgery							
	Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery							
	Neurosurgery	Neurosurgery							
	Plastic Surgery (excluding hand surgery)	Plastic Surgery (excluding hand surgery)							
	Trauma and Orthopaedic Surgery	Trauma and Orthopaedic Surgery							
	Urology	Urology							
	Gynaecology	Gynaecology							
	Paediatric Surgery	Paediatric Surgery							
	Other (please specify)	Other (please specify)							
6e.	Does this hospital have scheduled OUT OF HOU emergency surgery sessions (EXCLUDING TRA ORTHOPAEDICS) (18:00 to 07:59 Monday to Fr day weekends)?	UMA AND							
6f.	If YES, how many of these sessions have a cons	sultant anaesthetist allocated to them?							
6g.	If YES, how many of these sessions have a cons	sultant surgeon allocated to them?							
7a.	Does the hospital have specific SCHEDULED daytime "emergency" lists for urgent TRAUMA AND ORTHOPAEDIC cases? i.e. during working hours on weekdays (08:00 to 17:59 Monday to Friday).								



7b	If YES, how many of these sessions ha	ave a consultant anaesthe	etist allocate	ed to them?	
7c.	If YES, how many of these sessions ha	ave a consultant surgeon	allocated to	them?	
7d.	Does the hospital have scheduled OUTRAUMA AND ORTHOPAEDIC surger 0759 Monday to Friday and all day week	ry sessions (1800 to	Yes	☐ No	Unknown
7e.	If YES, how many of these sessions hat them?	ave a consultant anaesthe	etist allocate	ed to	
7f.	If YES, how many of these sessions hat them?	ave a consultant surgeon	allocated to		
8a.	Does the hospital use a clinical priority NCEPOD) for determining clinical prior surgery?		☐ Yes	☐ No	Unknown
8b.	If YES, which one? (please specify)				
8c.	For the general emergency theatres is or other system for confirming that releand resuscitation have been complete for theatre?	evant investigations	☐ Yes	☐ No	Unknown
8d.	Does this hospital have a hospital-wide for patients with major/massive blood l		Yes	☐ No	Unknown
9a.	Do the operating theatres have a post- area or room equipped and staffed for		☐ Yes	☐ No	Unknown
9b.	If YES, is the recovery area available a day, 7 days a week?	and staffed 24 hours	Yes	☐ No	Unknown
9c.	If NO, please specify its opening hours	S:			
9d. _	Are there clearly defined criteria in place recovery unit? (e.g. Warm, pain control				perative
SF	PECIAL CARE AREAS				
10a.	Does the hopsital have a critical care u	unit?	Yes	☐ No	Unknown



definition

10b.	. If YES, please indicate how many beds the hospital has for each level of critical care?							
		Level 1	Level 2	Level 3				
	Adult							
	Neuro							
	Cardiac							
	Other							
10c.	Is there an upper	age limit for admis	ssion to critica	al care?	Yes	☐ No		Unknown
10d.	Is the Level 2 car day, 7 days a we	re available and sta ek?	affed 24 hours	s a	Yes	☐ No		Unknown
10e.	De. If NO, please specify its opening hours:							
10f.		nan one level 2 uni t care for the elder			pecialty-sp	ecific Level	2 unit	or area
	Cardio	othoracic Surgery		Neurosurgery				
	Otolar	yngology		Plastic Surgery	(excluding	hand surg	ery)	
	☐ Hand	surgery		Trauma and Or	thopaedic	Surgery		
	Gener	al Surgery		Urology				
	☐ Vascu	ılar Surgery		Gynaecology				
	Oral a	nd Maxillofacial Su	ırgery	Other (please s	specify)			
	e there is a singl dependency unit	e HDU, or for the	main genera	l HDU if there a	re also sp	ecialty-spe	ecific	
10g.	Which specialties	s are involved in pa	atient manage	ement during the	day?			
	Surgio	al specialty only						
	Intens	ivists/anaesthetic	staff only					
	☐ Both s	surgeons and inten	sivists/anaes	thetists				
	Medicine for the elderly							

10h.	Which specialties are involved in patient management out of hours (17:00 - 07:59 & weekends)?						
	Surgical speciality only	Both surgeons and intensivists/anaesthetists					
	Medicine for the elderly	Intensivists/anaesthetic staff only					
10i.	If there is more than one Level 3 unit, whi	ch specialities have a specialty-specific Level 3 unit?					
	Cardiothoracic Surgery	Neurosurgery					
	Otolaryngology	Plastic Surgery (excluding hand surgery)					
	Hand surgery	Trauma and Orthopaedic Surgery					
	General Surgery	Urology					
	Vascular Surgery	Gynaecology					
	Oral and Maxillofacial Surgery	Other (please specify)					
	Where there is a Level 3 unit, or for the main general Level 3 unit if there are also specialty-specific Level 3 dependency units						
10j.	Is the Level 3 unit available and staffed 24						
	a week?	☐ Yes ☐ No ☐ Unknown					
10k. ┌	If NO, please specify its opening hours						
L							
11.	For patients requiring renal replacement t	herapy on ICU which of the following apply?					
	Renal medicine on site	Haemodialysis available elsewhere in hospital					
	Haemofiltration avaliable in ICI	J					
	Patients with acute renal failure	e must be transferred to another hospital					
40	Fallerian NIOE middenes deserthe beauti	tal bassas formal					
12.	Following NICE guidance, does the hospi policy for the recognition and managemen						
	patients?	Yes No Unknown					
13.	Does your hospital have an outreach tear 3 for assessing patients?	n from Level 2/Level Yes No Unknown					
14.	If YES, when is the outreach facility availa	able?					
	24 hours/7 days a week						
	< 24 hours/7 days a week	Please specify how many hours a day?					
	24 hours on selected days	Please specify how many days a week?					
	< 24 hours on selected days	Please specify how many days a week?					



PRE-OPERATIVE ASSESSMENT FACILITIES

15a.	Does this hospital run pre-anaesthetic or pre-admission assessment clinics?	Yes	☐ No	Unknown
15b.	If YES, who runs these clinics? (please specify)			
16a.	Does your hospital have a policy for medical pre-assessment in patients above a particular age?	Yes	☐ No	Unknown
16b.	If YES, what age? (please specify)			
17.	In general, are all required investigations performed during a single visit?	Yes	☐ No	Unknown
18a.	Does your hospital have a specific age limit above which day surgery is precluded, regardless of cormorbidities?	Yes	☐ No	Unknown
18b.	If YES, what age is this?			
19a.	Does this hospital have written policies or protocols for assessing the nutrition status of patients?	Yes	☐ No	Unknown
19b.	If YES, does this include the involvement of a dietician?	Yes	☐ No	Unknown
20.	Does this hospital have a policy for assessing competence and comprehension of patients?	Yes	☐ No	Unknown
21.	Does the Trust have clear guidelines for the assessment and consent procedures in those with reduced capacity?	Yes	☐ No	Unknown
22.	Does this hospital have a mechanism in place for assessing the frailty in elderly patients?	Yes	☐ No	Unknown
23.	Does this hospital have a specific agreed integrated multidiscliplinary care plan for patients with FRACTURED NECK OF FEMUR?	Yes	☐ No	Unknown

ilable during working burs and weekends							
No Unknowi							
Vascular intervention only Both vascular and non-vascular intervention							
Saturday Sunday							
be multiple)							
vailable < 24 hours							
20 10							



25b.	If the blood TRANSFUSION laboratory is Naway (miles) is the laboratory providing the							
25c.	If the blood COAGULATION laboratory is Naway (miles) is the laboratory providing the		r					
26a.	Does the GENERAL SURGICAL DEPARTI protocol for a deep vein thrombosis/pulmon		☐ Yes	☐ No	Unknown			
26b.	If YES, what does this comprise for a patie	ent of normal risk?						
	Low Molecular Weight Heparin	Graduated ela	sticated co	ompression s	stockings			
	Mechanical devices (foot pump, calf stimulators etc)							
27a.	Does your ORTHOPAEDIC DEPARTMENT protocol for prophylaxis against deep vein thrombosis/pulmonary embolus?	Γ have a unit	☐ Yes	No	Unknown			
27b.	If YES, what does this comprise for a patie	ent of normal risk?						
	Low Molecular Weight Heparin	Graduated ela	sticated co	ompression s	stockings			
	Mechanical devices (foot pump,	, calf stimulators etc)						
28.	Does this hospital have a cross directorate avoidance of peri-operative hypothermia?	policy on the	☐ Yes	No No	Unknown			
29a.	Are there funded consultant sessions for the elderly care in surgical patients?	ne medicine for	☐ Yes	□ No	Unknown			
29b.	If YES, which specialtes have these facilities	es?						
	Cardiothoracic Surgery	Neurosurgery						
	Otolaryngology	Plastic Surger	y (excludir	ng hand surg	ery)			
	Hand Surgery	Trauma and C	rthopaedi	c Surgery				
	General Surgery	Urology						
	Vascular Surgery	Gynaecology						
	Oral and Maxillofacial Surgery	Other (please	specify)					



PO	ST OPERATIVE FACILITIES						
30a.	Does this hospital have an acute pain service?			Yes	☐ No		Unknown
30b.	If YES, are there designated specialised pair this sevice?	n nur	ses for	Yes	☐ No		Unknown
30c.	If YES to 30a, are there designated consulta for this service?	If YES to 30a, are there designated consultant sessions for this service?			☐ No		Unknown
30d.	If YES to 30a, is training provided to ward sta assessment and management in the elderly?		pain	Yes	☐ No		Unknown
31a.	Does this hospital have a Nutrition Team?			Yes	☐ No		Unknown
31b.	If YES, is this who is involved in this? (answer	ers m	nay be multiple)				
	Consultant Surgeon		Dietician				
	Consultant Physician		Other (please s	specify)			,
	Nurse Specialist						
	rumos operanas						
32.	Does this hosptial have ready access to spectare?	cialis	sts in palliative	Yes	☐ No		Unknown
33a.	Is there a formal multidisciplinary care team of the following specialties?	respo	onsible for the o	are of post	operative _l	oatien	nts in any
	General surgery		Orthopaedics (elective)			
	Vascular surgery		Orthopaedics (trauma)			
	Not applicable						
33b.	If YES, who is part of this?						
	Ward nurses		Occupational th	nerapy			
	Surgeons		Social work				
	Medicine for the elderly		Tissue viability	nurse			
	Physiotherapy		Discharge liaso	n nurse (or	equivalent	:)	
34.	Does this hospital have acess to beds in a government of the relation of the control of the cont			Yes	☐ No		Unknown
35.	Does this hospital have a policy for discharge elderly patients?	e pla	nning in	Yes	☐ No		Unknown



36a.	Does this hospital have any other policies for the care of elderly	□ Vaa	□ Na	- Unknown
36b.	patients not already mentioned? If YES, please specify	∐ Yes	∐ No	Unknown
	II 120, picase specify			
AUDIT				
37a.	Does this hospital participate in regional or national audits of fractured neck of femur care e.g. College of Emergency Medicine?	Yes	☐ No	Unknown
37b.	If YES, are the results of the above reveiwed in a multidisciplinary forum?	Yes	☐ No	Unknown
38a.	Does the hospital have a clinical governance committee?	Yes	☐ No	Unknown
38b.	If YES, does the clinical governance committee receive evidence of meetings taking place?	Yes	☐ No	Unknown
39.	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
40.	Does the Medical Director have evidence that the critical incident systems in the Trust are included in clinical audit?	Yes	☐ No	Unknown
41.	Are all critical incidents forwarded to incident reporting services (e.g. National Reporting & Learning System (NPSA)?	Yes	☐ No	Unknown
42.	Does the hospital have an on-site autopsy active mortuary?	Yes	☐ No	Unknown
THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE				