



EMERGENCY AND ELECTIVE SURGERY IN THE ELDERLY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Surgical Questionnaire

CONFIDENTIAL

Hospital number of patient:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Name of NCEPOD Local Reporter:

Specialty of doctor completing form:

What is this study about?

NCEPOD is examining remediable factors in the process of care for elderly patients (80 years or older) who died within 30 days of surgery.

Who should complete this questionnaire?

The clinician who performed the first procedure of the final admission should complete this questionnaire.

To ensure confidentiality of the data, completed questionnaires must be returned directly to NCEPOD, and not via your clinical audit department or similar.

You must not copy any part of this form.

Please use the SAE provided.

Questions or help?

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

Email: surgery@ncepod.org.uk

Telephone: 020 7631 3444

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

CPD Accreditation

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/ self directed Continuous Professional Development in their appraisal portfolio.

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.

Clinician specialty codes are listed on the additional supplement sheet

Please return the completed questionnaire and casenote extracts to NCEPOD in the SAE provided.

A copy **must not** be kept in the patient's notes.

Specific inclusions

Specific inclusions

All patients 80 years or older who died within 30 days of a surgical procedure.

Definitions are provided on the next page. Space is also provided on the back page for your comments.

FOR NCEPOD USE ONLY

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



DEFINITIONS

| | |
|---|--|
| 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 across various specialties (CDU, AAU, etc). |
| 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. |
| Level of care | <p>Level 0: Patients whose needs can be met through normal ward care in an acute hospital.</p> <p>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.</p> <p>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.</p> <p>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.</p> |
| Initial assessment (excluding triage) | The patient's first assessment by a healthcare member of staff (medical or nursing) to identify healthcare needs. |
| Appropriate | The expected health benefit's 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 unintended 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 permanent impairment or disability to the patient at the time of discharge. |
| Other adverse events | e.g. fall off trolley |
| Critical incident | Any incident or event which has caused or could have caused an adverse outcome for the patient |
| American Society of Anaesthesiologists (ASA) classification of physical status | <p>ASA 1: A normal healthy patient</p> <p>ASA 2: A patient with a mild systemic disease</p> <p>ASA 3: A patient with a severe systemic disease</p> <p>ASA 4: A patient with a severe systemic disease that is a constant threat to life</p> <p>ASA 5: A moribund patient who is not expected to survive without the operation</p> <p>ASA 6: A declared brain-dead patient who's organs are being removed for donor purposes</p> |
| NCEPOD 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 |
| Patient-related risk factors for venous thromboembolism, (National Institute for Health & Clinical Excellence) | Active cancer or cancer treatment; active heart or respiratory failure; acute medical illness; age over 60 years; antiphospholipid syndrome; Bechte's disease; central venous catheter in situ; continuous travel of 3+ hours 4 weeks before or after surgery; immobility; irritable bowel disease; myeloproliferative diseases; nephrotic syndrome; obesity; paraproteinaemia; paraproteinaemia; paroxysmal nocturnal haemoglobinuria; personal or family history of VTE; pregnancy or puerperium; recent myocardial infarction or stroke; severe infection; use of oral contraceptives or hormone replacement therapy; varicose veins with associated phlebitis; & inherited thrombophilias. |



D. ADMISSION DETAILS

5. Date of admission
d d m m y y
6. First documented time of arrival at hospital
h h m m
- 7a. Time of first documented assessment by healthcare professional (excluding triage)
h h m m
- 7b. State the grade and specialty of healthcare professional responsible for the first assessment
- | | |
|--|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Senior specialist trainee (SpR 3+ or ST3+) |
| <input type="checkbox"/> Staff grade or Associate specialist | <input type="checkbox"/> Junior specialist trainee (SpR 1&2 or ST 1&2) |
| <input type="checkbox"/> Trainee with CCT | <input type="checkbox"/> Basic grade (FY, HO, SHO or CT) |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | |
- 7c. Specialty Please use national specialty codes listed on the supplement sheet
- 7d. Was this a locum appointment? Yes No Unknown
8. Where was the patient first assessed (excluding triage)?
- | | |
|--|--|
| <input type="checkbox"/> Emergency department | <input type="checkbox"/> Specialist ward |
| <input type="checkbox"/> Assessment ward | <input type="checkbox"/> Level 2 (HDU) |
| <input type="checkbox"/> General ward | <input type="checkbox"/> Level 3 (ITU) |
| <input type="checkbox"/> Other (please specify) <input type="text"/> | |
9. Please specify an admission category
- | | |
|------------------------------------|--|
| <input type="checkbox"/> Elective | A time agreed between the patient and surgical service |
| <input type="checkbox"/> Planned | Within 48 hours of referral/consultation |
| <input type="checkbox"/> Emergency | Immediately following referral/consultation, where admission is unpredictable and at short notice because of clinical need |





10. What was the pathway for this admission?

- Un-planned readmission following day case or outpatient procedure
- Un-planned admission following day case or outpatient procedure
- Readmission following inpatient stay
- Planned readmission/routine follow up procedure
- Admission following a previous outpatient consultation (specify date)
- Referral from a General Medical or Dental practitioner d d m m y y
- Transfer as an inpatient from another hospital Walk in clinic
- Tertiary (own specialty) Tertiary (other specialty)
- Self referral by patient Transferred from a nursing home
- Other (please specify)
- Admission via the emergency department (if not covered by any previous category)

11a. Please state the grade and specialty of the clinician deciding to admit the patient

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

11b. Specialty Please use national specialty codes listed on the supplement sheet

11c. Was this a locum appointment? Yes No Unknown

12a. If the patient was admitted as an emergency, were they on a waiting list for the same procedure? Yes No Unknown

12b. If yes, please state the grade and specialty of the clinician place the patient on the waiting list

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

12c. Specialty Please use national specialty codes listed on the supplement sheet

12d. Was this a locum appointment? Yes No Unknown

13. If elective, on what date was the patient placed on the waiting list?

d d m m y y





14a. Had this patient's admission been cancelled on a previous occasion? Yes No Unknown

14b. If YES, on how many occasions?

14c. If YES, was it cancelled for any reason other than a clinical one? Yes No Unknown

14d. If YES, please give details

15a. In your opinion, did the time spent waiting for the operation affect the outcome? Yes No Unknown

15b. If YES, please give details

- 16.** Please tick the patients health status on admission (please tick one box only)
- ASA 1: A normal healthy patient
 - ASA 2: A patient with a mild systemic disease
 - ASA 3: A patient with a severe systemic disease
 - ASA 4: A patient with a severe systemic disease that is a constant threat to life
 - ASA 5: A moribund patient who is not expected to survive the operation

- 17.** To what type of area was the patient first admitted? (please see definitions on page 2)
- | | |
|--|--|
| <input type="checkbox"/> General ward | <input type="checkbox"/> Level 2 (critical care: HDU) |
| <input type="checkbox"/> Specialist ward | <input type="checkbox"/> Level 3 (critical care: ITU) |
| <input type="checkbox"/> Assessment ward | <input type="checkbox"/> Other (please specify) <input style="width: 150px;" type="text"/> |

18a. To what specialty was the patient first admitted? Please use national specialty codes listed on the supplement sheet

18b. In your opinion, was this the appropriate specialty for the patient to be admitted to? Yes No Unknown

19a. If transfer to another specialty within this hospital was indicated, was there any delay in the process of transfer? Yes No Unknown
 Not applicable

19b. Was this an appropriate specialty for the patient to be transferred to? Yes No Unknown





20a. Is there formal regular input from Medicine for Older People to the surgical team? Yes No Unknown

20b. If YES, what does this constitute? (Answers may be multiple)

- Weekly ward round
- Input into guidelines and policies
- On call service only/referral service
- Other (please specify)

20c. If on call service only, is this on a consultant to consultant basis? Yes No Unknown

E. HOSPITAL TRANSFERS

21. Was the patient transferred from another hospital? Yes No

If NO, go to question 29

If YES, continue with question 22

22a. What grade of staff at the source facility arranged the transfer?

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

22b. Was this a locum appointment? Yes No Unknown

23a. What grade of staff at the receiving hospital agreed the transfer?

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

23b. Was this a locum appointment? Yes No Unknown

24. Why was the patient transferred?

- Specialist treatment not available (please specify)
- No level 3 bed available
- No level 2 bed available
- Receiving hospital closer to patients home
- Required surgery not available in transferring hospital
- No surgery carried out in the transferring hospital
- Other (please specify)





25. In your opinion was the transfer appropriate? Yes No Unknown

25b. If NO, why not?

26a. In your opinion was the care given to the patient during the transfer appropriate? Yes No Unknown

26b. If NO, please expand upon your answer, (for example, level of escort or monitoring inappropriate).

27a. Was this transfer delayed at any stage? Yes No Unknown

27b. If YES, please give details

28a. Following this admission, was the patient's transfer to another hospital ever considered? Yes No Unknown

28b. If YES, why was it not undertaken?

F. INITIAL ASSESSMENT FOLLOWING ADMISSION (see definitions)

29a. Who first assessed the patient following admission?

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

29b. Was this a locum appointment? Yes No Unknown

30. By what specialty was the patient first assessed following admission? Please use national specialty codes listed on the supplement sheet

31. What was the presumed diagnosis following initial assessment?





32a. What was the grade of the most senior healthcare professional making this diagnosis?

- | | |
|--|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Senior specialist trainee (SpR 3+ or ST3+) |
| <input type="checkbox"/> Staff grade or Associate specialist | <input type="checkbox"/> Junior specialist trainee (SpR 1&2 or ST 1&2) |
| <input type="checkbox"/> Trainee with CCT | <input type="checkbox"/> Basic grade (FY, HO, SHO or CT) |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

32b. Was this a locum appointment? Yes No Unknown

32c. What other responsibilities did the assessor have beyond being on call? (for example, in clinic)

- | | |
|---|--|
| <input type="checkbox"/> Care of emergency admissions | <input type="checkbox"/> Elective diagnostic & intervention |
| <input type="checkbox"/> Outpatient clinic | <input type="checkbox"/> Elective operating list |
| <input type="checkbox"/> Inpatient ward care | <input type="checkbox"/> Other (please specify) <input type="text"/> |

33a. Was the date and time of first consultant review recorded in the notes? Yes No Unknown

33b. If YES, what, if any, abbreviations were used to record the consultants review? (i.e. PTWR, consultant initials etc).

33c. Date and time of first consultant review

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d | d | m | m | y y |
| | | | | h h m m |

34. Were there any comorbidities at the time of this admission? Yes No Unknown
If yes, please specify

- | | | |
|--|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Renal disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Dementia | <input type="checkbox"/> Memory impairment |
| <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Osteoporosis or previous bone fracture | |
| <input type="checkbox"/> Delirium | | |

Cerebrovascular disease

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Previous TIA | <input type="checkbox"/> Previous stroke |
|---------------------------------------|--|

Ischaemic heart disease

- | | | |
|---|---|---|
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Angina | <input type="checkbox"/> Previous myocardial infarction |
| <input type="checkbox"/> Previous stent insertion | <input type="checkbox"/> Congestive cardiac failure | |

35. Was this patient expected to survive? Yes No Unknown

36. If appropriate, was an end of life pathway followed? (for example, Liverpool care pathway) Yes No Unknown
 Not applicable

37. Was there an advanced directive or living will? Yes No Unknown



G. PATIENT CARE INFORMATION

38. If care was undertaken on a shared basis, which departments were involved? (please state grades and specialty, using national specialty codes listed on the supplement sheet.)

39a. Were any treatments undertaken immediately following admission to improve the patients condition prior to surgery? Yes No Unknown

39b. If YES, please give details.

40a. Did the patient undergo a formal nutritional assessment on admission? (i.e. seen by dietician or nutritional needs assessed?) Yes No Unknown

40b. If YES, please give details.

41a. Was an MNA calculated? Yes No Unknown

41b. If YES, what was the risk score? Unknown

42a. Was there evidence of malnutrition on admission? Yes No Unknown

42b. If YES, was nutritional support given? Yes No Unknown

42c. If YES, was this:

Oral supplementation

Enteric feeding

Nasogastric tube

Nasojejunal tube

PEG/RIG

Parenteral feeding

43. Was skin viability assessed? (e.g. Waterlow score calculated) Yes No Unknown

44a. What was the patient's risk of venous thrombosis? Please see definitions, page 2

No patient related risk factors One or more patient related risk factors

44b. If the patient was at risk, what method(s) of precaution were used?

Heparin/Low molecular weight heparin

TED stockings

Calf compression

Other (please specify)



H. PRE-ASSESSMENT CLINIC

45. Was this patient assessed in a pre-assessment clinic? Yes No Unknown

If NO, go to question 49

If YES, continue with question 46:

46. If YES, who ran the clinic? (please specify)

47a. Were there any discrepancies, omissions, or errors identified on admission compared with this clinic's assessment? Yes No Unknown

47b. If YES, please specify

48a. Were any pre-operative therapeutic manoeuvres or rescheduling initiated as a result of this clinic attendance? Yes No Unknown

48b. If YES, please specify

I. PRE-SURGICAL CARE

49. Was this case ever discussed at a MDT meeting prior to operation? Yes No Unknown

50a. If not admitted under Medicine for Older People, was the patient reviewed by a Medicine for Older People consultant? Yes No Unknown

50b. If YES, please specify date of first review

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d | d | m | m | y | y |

50c. If YES, please specify time of first review

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h | h | m | m |

51a. Was the patient seen by any consultant other than the admitting surgeon, or Medicine for Older People? Yes No Unknown

51b. If YES, please specify date of this consultant review

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d | d | m | m | y | y |

51c. If YES, please specify time of this consultant review

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h | h | m | m |

51d. If YES, please state the speciality of this consultant review Please use national speciality codes listed on the supplement sheet

52. Date and time of decision to operate

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d | d | m | m | y | y |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h | h | m | m | | |





53a. What was the grade of the most senior doctor proposing the operation?

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

53b. What was the specialty code of the most senior doctor proposing the operation?

Please use national specialty codes listed on the supplement sheet

53c. Was this a locum appointment?

- Yes
 No
 Unknown

54 What was the indication for the proposed operation?

55a. Was this patient identified as being frail?

- Yes
 No
 Unknown

55b. If YES, how was this assessed?

56a. Was a two stage consent process undertaken?

- Yes
 No
 Unknown

56b. If YES, when was the first stage of the consent process undertaken?

56c. What was the grade of the most senior doctor undertaking the FIRST STAGE of consent?

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

56d. Was this a locum appointment?

- Yes
 No
 Unknown

57a. What was the grade of the most senior doctor involved AT ANY STAGE in taking the consent of the patient?

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

57b. Was this a locum appointment?

- Yes
 No
 Unknown

58. Were the risks and benefits of surgery fully recorded on the consent form?

- Yes
 No
 Unknown





59. Was the risk of death quoted on the consent form? Yes No Unknown

60. Did the patient receive written information and/or explanations of the operation? Yes No Unknown
 Not applicable

61. If appropriate, did the relatives receive this information as well? Yes No Unknown
 Not applicable

62a. Was the cognitive function of the patient assessed and recorded prior to consent being taken? Yes No Unknown

62b. If YES, how was this assessed? (Answers may be multiple)
 Mini mental score Clinical assessment
 Other (please specify)

63a. Was the patient judged to be competent to consent to surgery? Yes No Unknown

63b. If NO, what "consenting" process was employed?

64. What was the basis for saying the patient lacked capacity in the decision?

65a. Was there a record of next of kin present at these discussions? Yes No Unknown
 Not applicable

65b. If NO, was consent given by the patient verbally? Yes No Unknown

66. If the patient gave neither written nor verbal consent, was this because they were:
 Unconscious Conscious but lacked capacity

67. If the patient lacked capacity, who gave signed consent?
 Next of kin Surgeon in best interest of patient
 Patient advocate Family or carers
 Mental capacity advocate Another medical colleague
 Welfare attorney Independent capacity advocate
 Other (please specify)

68. In cases where two doctor consent was used, what was the indication?





69. Please indicate the patients health status immediately prior to the final operation/procedure:

- ASA 1: A normal health patient
- ASA 2: A patient with a mild systemic disease
- ASA 3: A patient with a severe systemic disease
- ASA 4: A patient with a severe systemic disease that is a constant threat to life
- ASA 5: A moribund patient who is not expected to survive the operation

70a. Were there any significant comorbidities (other than those present at admission) at the time of this operation? Yes No Unknown

70b. If YES, please give details

71a. Were any precautions or treatments given pre-operatively (excluding anaesthetic room management) to improve the patient's pre-operative condition? Yes No Unknown

71b. If YES, please give details

71c. If YES, were these appropriate? Yes No Unknown

71d. If not, why not?

72. Were prophylactic antibiotics administered to cover the procedure either pre-operatively, on induction, or during the operation? Yes No Unknown

73. If this was a readmission following a previous procedure, please list any previous operations which may have had any connection with the final operation?

| Operation | Date of operation | Start time of operation | Specialty and grade of operator |
|----------------------|--|---|---------------------------------|
| <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"/> <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"/> | <input type="text"/> |

74. Please specify the anticipated benefit of the operation particularly where death was expected, or there was a definite or significant risk.



J. OPERATION

75a. Were there any delays between admission and operation? Yes No Unknown

75b. If YES, were these delays incurred as a result of wait times for special investigations? Yes No Unknown

75c. If YES, how many days was surgery delayed by?

75d. Please give any further details regarding delays between admission and procedure

76. Please classify the procedure

- Immediate** Immediate life or limb saving surgery. Resuscitation simultaneous with surgical treatment
- Urgent** Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms including acute surgical admissions not requiring an operation
- Expedited** Stable patient requiring early intervention for a condition that is not an immediate threat to life, limb or organ survival
- Elective** Surgical procedure planned or booked in advance of routine admission to hospital

77. Operation undertaken

78. If the operation was different to that proposed, please give details as to why

79. Please state the diagnosis established at operation

80a. Were there any unanticipated intra-operative problems? Yes No Unknown

80b. If YES, please specify

81. With the benefit of hindsight, could this procedure or technique have been improved upon?

82. Was the operation: Diagnostic Curative Palliative





83. What type of location was the procedure conducted in?

- Dedicated emergency theatre Elective theatre
 Specialist theatre General theatre
 Other (please specify)

84a. What was the grade of the most senior operating surgeon (as distinct from surgeons present in an assisting or supervisory capacity) at the start of the case?

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

84b. Was this a locum appointment? Yes No Unknown

85. Please list ALL surgeons present in the operating room during the operation:

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

86. What level of supervision did the primary operator have if they were not a consultant?

- Supervised scrubbed Unsupervised in hospital
 Unsupervised in theatre Other (please specify)

87. For the operation was the patient:

- General anaesthetised Conscious sedation
 Local anaesthetised Other

88. If the operation was performed under sedation administered solely by the surgeon:

a. Who monitored the sedation?

b. How was sedation administered?

c. What drugs/agents including reversal agents were used? (please include dosages)





89. If performed under local anaesthetic or sedation, were facilities for resuscitation immediately available during this operation? Yes No Unknown

90. Which of the following were recorded during and immediately after the operation?

| | During | Post |
|---|--------------------------|--------------------------|
| Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Pulse | <input type="checkbox"/> | <input type="checkbox"/> |
| ECG | <input type="checkbox"/> | <input type="checkbox"/> |
| Pulse Oximetry | <input type="checkbox"/> | <input type="checkbox"/> |
| Temperature | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None | <input type="checkbox"/> | <input type="checkbox"/> |

91. Please comment on any problems with theatre management or the composition of the theatre team, e.g. Problems involving junior staff or other healthcare professionals etc.

K. POST OPERATIVE CARE

92. Where was the patient admitted immediately after leaving the theatre/operating area?

- Recovery suite Level 3 Level 2
 Specialist ward General ward Mortuary (Please go to question 101)
 Other (please specify)

93. Which specialty was responsible for leading the medical management in the post operative period? Please use national specialty codes listed on the supplement sheet

94. If admitted to a general ward, was a nurse allocated solely to monitor the recovery of this patient? Yes No Unknown

95a. If an upgrade of care was required, was a transfer made to another care area at any stage during the post operative period? Yes No Unknown
 Not applicable

95b. If admitted to recovery, where was the patient admitted immediately after leaving the recovery area?

- Level 3 (ITU) Level 2 (HDU) Specialist ward General ward
 Other (please specify)





96a. If the patient's condition warranted an upgrade of care, were you at any time unable to transfer the patient into a higher care area within the hospital in which the procedure took place? Yes No Unknown

96b. If YES, why?

97a. Please describe any significant post operative complications (with the exception of death): (i.e. pseudo obstruction, bleeding).

97b. How were any complications identified?

97c. How were any complications managed?

98a. In your opinion, could any pre-operative therapeutic manoeuvres have been undertaken to prevent these complications? Yes No Unknown

98b. If YES, please specify

99a. Was there any evidence of delirium or confusion? Yes No Unknown

99b. If YES, how was this managed?

100. What was the final diagnosis of this patient?

L. DEATH

101. Place of death

- | | | |
|---|--|--|
| <input type="checkbox"/> Anaesthetic room | <input type="checkbox"/> Theatre | <input type="checkbox"/> Level 3 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Recovery Room | <input type="checkbox"/> Specialist ward |
| <input type="checkbox"/> General ward | <input type="checkbox"/> Other | <input type="text"/> |





- 102a.** Was the case reported to a coroner? Yes No Unknown
- 102b.** If YES to 102a, did the coroner accept the case and order an autopsy? Yes No Unknown
- 102c.** If NO to 102a, did a clinician complete a Medical Certificate of Cause of Death (MCCD)? Yes No Unknown

103. Please state the cause of death as written on the MCCD or as determined by the coroner

1a.

1b.

1c.

2.

104a. If there was no coronial autopsy, was a hospital autopsy requested? Yes No Unknown

104b. If NO, why not?

105. If an autopsy was performed

a. Did the surgical team receive a copy of the autopsy report? Yes No Unknown

b. List the relevant main findings of the autopsy (including histopathological)

c. Did the autopsy confirm the clinical diagnosis? Yes No Unknown

d. If NO, what was different?

e. If YES, were there any unexpected significant findings?

M. AUDIT

106a. Was there a critical incident during this admission? Yes No Unknown

106b. If YES, please describe





- 106c.** If there was a critical incident, was this incident reported either through the Trusts system or the National Reporting and Learning System? Yes No Unknown
- 107.** Was there a shortage of personnel in this case? Yes No Unknown
- 108a.** Was the outcome of this case discussed at a multi-disciplinary review/audit/morbidity and mortality meeting? Yes No Unknown
- 108b.** If YES, was there a notable conclusion that might influence your future practice in this type of scenario? Yes No Unknown
- 108c.** Did all members of the clinical team attend this meeting? Yes No Unknown

N. ADDITIONAL COMMENTS

109. Please write clearly any additional observations you wish to report about the management of this patient

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE



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