

PERI-OPERATIVE CARE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

PLEASE COMP	LETE ONE ORGANISATIONAL QUESTIONNAIRE FOR EACH HOSPITAL IN YOUR TRUST WHERE INPATIENT SURGERY IS UNDERTAKEN
Name of Hospital:	
Name of Trust:	
Name and position o	f person completing this questionnaire:

What is this study about?

NCEPOD is examining remediable factors (areas where the care of the patients might have been improved) in the peri-operative care of patients aged 16 or over, who undergo specific inpatient surgery. This is both for elective and emergency surgery. We will also identify which of those patients were admitted to HDU/ICU within 30 days of their procedure.

A 2-page clinical form was prospectively completed by anaesthetists at the time of surgery. The study period was 1-7 March 2010 inclusive, and organisational questionnaires should be completed with regard to that time period.

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.

This work is supported by The Intensive Care Society, the Royal College of Anaesthetists, and the Royal College of Surgeons.

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.

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 your hospital have a nutrition team?

☑ Yes ☐ No

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

Yes X No

Unless indicated, please mark only one box per question.

NB: in order to supplement your answers or provide any additional information, an "additional comments" text box is provided on page 8

Questions or help

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

periopcare@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 in late 2011.

FOR NCEPOD USE ONLY



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DEFINITIONS

Level of care (critical care is Level 2 and Level 3)

Critical care includes Level 2 and Level 3 patients:

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)

A dedicated unit or ward in which medical patients undergo rapid and rigorous assessment and initial treatment with the purpose of establishing their need for admission to or discharge from hospital.

Recovery Area (PACU)

An area to which patients are admitted from an operating theatre, and where they remain until consciousness is regained, respiration and circulation are stable, and postoperative analgesia is established.

Time period

The study period was 1-7 March 2010 inclusive, and organisational questionnaires should be completed with regard to that time period.

NB: if needed, please use the "additional comments" free text box (page 8) in order to supplement your answers or provide any other additional information.



	THE STUDY PERIOD WAS 1-7 MARCH 2010 INCL. AND QUESTIONNAIRES SHOULD BE COMPLETED WITH REGARD TO THAT TIME PERIOD									
1.	Who was responsible for ensuring the accuracy and completeness of answers given to this questionnaire?									
	☐ Cr	nief Exec	cutive			Clinical Director, Surgery				
	П ме	edical Di	rector		Г	Clinical Director, An	aesthes	ia		
	_	CEPOD		enorter	Г	□ □ NCEPOD Ambassa				
				ce Lead	_	Other (please specify)				
		Tilcai Oc	verriari	Ce Lead			'y'			
OP	PERATING F	ACILIT	IES							
2.	How many c	perating	theatre	es are there (excludir	ng obstetric theatres)?				
3.	THEATRE A	VAILAB	ILITY							
_	NCEPOD (defir	nition - th	eatre ava	ailahle and staf	fed	Trauma (defini	ition - ava	ailable ar	nd staffed to de	eal with
3a.	to deal with en				icu	emergency/urg	gent trau	ma and o	orthopaedic su	rgery)
		Monday-	Friday	Saturday-	Sunday	M	londay-Fr	iday	Saturday-	Sunday
		Yes	No	Yes	No		Yes	No	Yes	No
	08:00-17:59					08:00-17:59				
	18:00-23:59					18:00-23:59				
	00:00-07:59					00:00-07:59				
3b.	Dedicated and same time)	d planned	I ANAES	THETIC consul	tant ses:	sions to support theatres (excl. on	call and	any other dutie	∍s at
	NCEPOD (see	definition	s above)		Traun	na (see d	efinition	s above)	
		Monday-	Friday	Saturday-	Sunday	M	onday-Fr	iday	Saturday-	Sunday
		Yes	No	Yes	No		Yes	No	Yes	No
	08:00-17:59					08:00-17:59				
	18:00-23:59					18:00-23:59				
	00:00-07:59					00:00-07:59				
3с.	Dedicated and time)	d planned	SURGIO	CAL consultant	session	s to support theatres (exc	l. on call	and any	other duties at	: same
	NCEPOD (see definitions above)				Traun	na (see d	efinition	s above)		
	Monday-Friday Saturday-Sunda			Sunday	M	onday-Fr	iday	Saturday-	Sunday	
		Yes	No	Yes	No		Yes	No	Yes	No
	08:00-17:59					08:00-17:59				
	18:00-23:59					18:00-23:59				
	00:00-07:59	П	П		П	00:00-07:59	П	П		



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4 a.		ical priority grading system (e.g. linical priority in emergency surgery?	☐ Yes ☐ No
4 b.	If YES, which one?		
5.	other system for confirming	theatres is there a co-ordinator or that relevant investigations and npleted and the patient is "fit" for	☐ Yes ☐ No
3 .	How is the priority of access cannot be achieved? Answe	to emergency theatres arbitrated if mers may be multiple.	utual agreement between clinicians
	Strict adherence to NCE	EPOD classification	Anaesthetic arbitrator
	Surgical arbitrator		Medical director as arbitrator
	Theatre manager as arb	pitrator	Senior nurse as arbitrator
	First come first served		Other, please specify:
	No system in place - ad	hoc arrangements	
7a.		ave a post-anaesthetic recovery n equipped and staffed for this	Yes No
7b.	If YES, is the recovery area day/7 days a week?	available and staffed 24 hours a	Yes No
7c.	If YES, is it possible to provimanagement in this area?	ide ventilatory support and ongoing	Yes No
7d.	If ventilatory support and ong (i.e. the longest period):	oing management can be provided, p	please select one from the following
	In emergency	Overnight	Not applicable
	Short term (up to 6 hour	24 hours or more	
7e.	If NO to 7b, please specify t	he opening hours:	
8a.	patients from the post opera	iteria in place for safe discharge of ative recovery unit? (e.g. warm, amic and respiratory stability)	Yes No
8b.	If YES, please specify:		



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S	PECIAL CARE AREAS
9a.	Does the hospital have a critical care unit?
9b.	If YES, please indicate how many beds the hospital has reserved for at each level of critical care (see definitions)?
	If it is a combined level 2/3 critical care unit, please indicate nominal numbers of beds at each level
	Adult general Level 2 Level 3
10a.	How many admissions were there from 1 April 2009-31 March 2010: Level 2 Level 3
10b.	How many of these admissions were for planned post operative care of Level 2 Level 3
	elective/scheduled patients?
11.	If there is more than one level 2 unit, what specialty-specific level 2 unit exists (answers may be multiple)
	N/A - only one level 2 unit Cardiac surgery
	General surgery Gynaecology
	☐ Neurosurgery ☐ Oral and maxillofacial surgery
	Otolaryngology Plastic surgery (excluding hand surgery)
	☐ Thoracic surgery ☐ Trauma and orthopaedic surgery
	☐ Urology ☐ Vascular surgery
	Other (please specify)
For	the main adult general level 2 unit:
12.	Which specialties are involved in patient management during the day (08:00-17:59, Monday-Friday)?
	Surgical specialty only
	Both surgeons and intensivists/anaesthetists Medicine
	Other, please specify:
13a.	Is the level 2 care unit available and staffed 24 hours a day, 7 Yes No Unknown days a week?
13b.	If NO, please specify the opening hours:



For t	the main adult general level 2 unit (conto	d):
14.	Which specialties are primarily involved weekends)?	in patient management out of hours (18:00-07:59 and at
	Surgical specialty only	Intensivists/anaesthetic staff only
	Both surgeons and intensivists/ana	esthetists
	Other, please specify:	
For t	the main adult general level 3 unit:	
15.	If there is more than one level 3 unit, what multiple)	at specialty-specific level 3 unit exists (answers may be
	N/A - only one level 3 unit	Cardiac surgery
	General surgery	Gynaecology
	Neurosurgery	Oral and maxillofacial surgery
	Otolaryngology	Plastic surgery (excluding hand surgery)
	Thoracic surgery	Trauma and orthopaedic surgery
	Urology	Vascular surgery
	Other (please specify)	
16a.	ls the level 3 care unit available and staf days a week?	fed 24 hours a day, 7 Yes No
16b.	. If NO, please specify the opening hours:	
17.	For patients requiring renal replacement	therapy on ICU which of the following apply?:
	Renal medicine on site	Haemodialysis available elsewhere in hospital
	Haemofiltration available in IC	U Haemodialysis available in ICU
	Patients with acute renal failur	re must be transferred to another hospital
18.	Does the hospital have a formal policy formanagement of acutely ill patients in line	<u> </u>
19a.	. Does your hospital have a critical care o	utreach team? Yes No
19b.	. If YES, when is the outreach facility avai	lable?
	24 hours, 7 days per week	
	24 hours on selected days How n	nany days?
	<24 hours, 7 days a week How n	nany hours per day?
	<24 hours on selected days How n	nany days?
	How n	nany hours per day? 9 4 4 8 2 5 3 3 8 1 3 5 3
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PRE-OPERATIVE ASSESSMENT FACILITIES							
20a.	Does this hospital run pre-operative anaesthetic assessment clinics?	Yes No					
20b.	Who runs these clinics? (please specify)						
21a.	Does this hospital run pre-admission (surgical) assessment clinics?	Yes No					
21b.	Who runs these clinics? (please specify)						
22.	Does your hospital have a policy for medical pre-assessment in particular patient groups?	Yes No					
23.	In general, are all required investigations performed during a single visit?	Yes No	Unknown				
24a.	Does this hospital have written policies or protocols for assessing the nutritional status of patients?	Yes No					
24b.	If YES, does this include the involvement of a dietician?	Yes No					
25a.	Does the Trust have the facility for Cardiopulmonary Exercise (CPEX) testing?	Yes No					
25b.	How many patients underwent CPEX testing from 1 April 2009 -31 March 2010?		Unknown				
25c.	How are patients selected for CPEX testing?						
	Clinician's choice Selecting operation	ve categories					
	Selecting comorbidities						
	Other, please specify						
26a.	Is echocardiography available 24 hours/7 days a week?	Yes No					
26b.	If NO, when is echocardiography available?						
27.	Is there the facility to admit patients for pre-operative optimisation of their medical condition?	Yes No					
28a.	Does your hospital have a protocol for the prophylaxis of venous thromboembolism?	Yes No					
	If YES:						
28b.	Does this comply with NICE guidance (CG 92)?	Yes No					
28c.	Do you measure VTE compliance?						
28d.	What percentage were compliant with CG92 from 1 April 200	9-31 March 2010?	Unk				

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29a.	Does this hospital have a cross directorate policy on the avoidance of peri-operative hypothermia?	Yes	☐ No	
29b.	Does this comply with NICE guidance (CG 65)?	Yes	☐ No	
30.	Are patients with appropriate medical need admitted on the day prior to surgery?	Yes	☐ No	
31.	Does your Trust have a protocol for the peri-operative management of patients with diabetes mellitus?	Yes	☐ No	
ADDI	FIONAL COMMENTS			
If need	ded, please use this page for providing additional information (pleanse relates to)	se indicate t	he question n	umber a

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE - IT IS GREATLY APPRECIATED!

