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ADVISOR ASSESSMENT FORM

PATIENT

1. Age at time of procedure ☐☐☐

2. Gender ☐ Male ☐ Female

REFERRAL

3a. Source of referral to surgical team ☐ GP ☐ Secondary care ☐ Self referral

please specify e.g. diabetic clinic

3b. Date of referral ☐☐ ☐☐ ☐☐ (d d m m y y)

4. Did the referral letter to the surgical team include the patients height and weight? ☐ Yes ☐ No ☐ NA (self referral) ☐ Insufficient data

5. Weight at referral: ☐☐☐ kg or ☐☐ st ☐☐ lb ☐ not documented

Height at referral: ☐☐☐ cm or ☐ ft ☐☐ in ☐ not documented

BMI at referral: ☐☐ ☐ not documented (please calculate from ht and wt)

6a. Did the referral comply with NICE guidelines? ☐ Yes ☐ No ☐ Unknown

6b. If No please expand on your answer?

7a. In your opinion was the referral of this patient appropriate? ☐ Yes ☐ No ☐ Unknown

7b. If No please expand on your answer?

OUTPATIENT CONSULTATION

8a. In what type of clinic was the patient first assessed? ☐ General Medical ☐ Specialist Medical Obesity clinic ☐ General Surgical ☐ Gastroenterology ☐ Endocrine/Diabetes ☐ Other

8b. Who assessed the patient in the above clinic?

9a. Is there documented evidence that the patient received dietetic assessment and education prior to surgery? ☐ Yes ☐ No ☐ Insufficient data

9b. If yes when was this (answers may be multiple)? ☐ pre-referral ☐ post-referral ☐ Insufficient data

9c. In your opinion was this adequate for the patient? ☐ Yes ☐ No ☐ Insufficient data

9d. Please expand on your answer?

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10a. Is there documented evidence that the patient was offered psychological support prior to surgery? ☐ Yes ☐ No ☐ Insufficient data

10b. If yes when was this (answers may be multiple)? ☐ pre-referral ☐ post-referral ☐ Insufficient data

10c. In your opinion was psychological support the patient received adequate? ☐ Yes ☐ No ☐ Insufficient data

10d. Please expand on your answer?

11a. Is there documented evidence that the patient was discussed at an MDT prior to surgery? ☐ Yes ☐ No ☐ Insufficient data

11b. If the patient was discussed at an MDT who of the following are documented as attending?

☐ Bariatric Surgeon ☐ Respiratory Physician ☐ Dietitian ☐ Administrator

☐ Bariatric Physician ☐ Specialist nurse ☐ Anaesthetist ☐ Psychologist/iatrist

☐ Metabolic physician ☐ Other
(please specify)

11c. In your opinion was this adequate for the patient? ☐ Yes ☐ No ☐ Unknown

11d. If No please expand on your answer?

12a. Who assessed the patient prior to surgery

☐ Bariatric Surgeon ☐ Respiratory Physician ☐ Dietitian ☐ Bariatric Physician

☐ Specialist Nurse ☐ Anaesthetist ☐ Psychologist/iatrist

☐ Other
(please specify)

12b. In your opinion was this adequate for the patient? ☐ Yes ☐ No ☐ Unknown

12c. Please expand on your answer

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COMORBIDITIES

13a. Which of the following comorbidities did the patient have prior to surgery and in your opinion, were they managed appropriately ?

	Comorbidity		Managed appropriately		
Type 2 Diabetes	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Sleep Apnoea	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Hypertension	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Cardiovascular disease (other than hypertension)	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown
Gastro oesophageal reflux	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown

13b. If you indicated that one or more comorbidity was not managed appropriately please provide reasoning for this conclusion.

PRE-ASSESSMENT

14a. Was the patient seen in a pre-assessment clinic? ☐ Yes ☐ No ☐ Unknown

14b. If no, do you think they should have been? ☐ Yes ☐ No ☐ Unknown

14c. If yes to 14b, please expand on your answer

14d. If no to 14b, why wasn't it needed?

15a. Is it documented that the patient saw an anaethetist prior to this admission? ☐ Yes ☐ No ☐ Insufficient data

15b. If no, do you think they should have done? ☐ Yes ☐ No ☐ Unknown

15c. If yes to 15b, please expand on your answer

16a. How would you rate the pre-assessment for this patient?

☐ Good ☐ Unacceptable
☐ Adequate ☐ Insufficient data
☐ Poor

16b. Please provide reasoning for your answer

CONSENT

17a. Was a consent form returned with the casenote extracts? ☐ Yes ☐ No

17b. If Yes, in your opinion is the information contained within the consent form appropriate for the procedure the patient was undergoing? ☐ Yes ☐ No ☐ Unknown

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ANAESTHETIC INDUCTION

18. Was a predicted level of difficulty of intubation assessed and recorded pre-operatively? ☐ Yes ☐ No ☐ Insufficient data

19. What ASA class was the patient? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

20a. Is there any evidence of problems with the anaesthetic induction? ☐ Yes ☐ No ☐ Unknown

20b. If Yes please specify

21. What was the grade of the anaesthetist?

22a. In your opinion, did the patient have adequate physiological monitoring? ☐ Yes ☐ No ☐ Insufficient data

22b. If No please specify what was missing

OPERATION

23a. Date of operation d d m m y y

23b. Start time h h : m m Finish time h h : m m

23c. What type of operation was this?

☐ Primary

☐ Revision of same procedure **by** ☐ Same surgeon ☐ Another surgeon/team

☐ Conversion of previous operation **by** ☐ First surgeon ☐ Another surgeon/team

☐ Planned second stage

☐ Complex revision not otherwise specified

23d. What operative approach was used?

☐ Laparoscopic ☐ Endoscopic ☐ Lap converted to open ☐ Open

23e. What operation did the patient have?

☐ Gastric band ☐ Duodenal switch ☐ Revisional gastric band

☐ Roux-en-Y gastric bypass ☐ Duodenal switch with sleeve ☐ Gastric balloon placement/retrieval

☐ Sleeve gastrectomy ☐ Bilio-pancreattic diversion ☐ Other

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OPERATION CONTINUED

24. Weight at time of surgery: ☐☐☐ kg or ☐☐ st ☐☐ lb ☐ not documented

Height: ☐☐☐ cm or ☐ ft ☐☐ in ☐ not documented

BMI at time of surgery: ☐☐ ☐ not documented (please calculate from ht and wt)

25a. Was there any deviation from the planned procedure? ☐ Yes ☐ No ☐ Insufficient data

25b. If Yes was this appropriately documented? ☐ Yes ☐ No ☐ Insufficient data

25c. If No to 23b please expand on your answer?

26a. Were there any untoward events/intra-operative complications during surgery? ☐ Yes ☐ No ☐ Insufficient data

26b. If Yes please specify?

27. Did the patient receive a post-op blood transfusion? ☐ Yes ☐ No ☐ Insufficient data

POST-OP CARE

28a. In what location was the patient recovered?

28b. To what location was the patient sent post recovery?

28c. What level ward was this? ☐ level 0 ☐ level 1 ☐ level 2 ☐ level 3

29a. Did the patient have a HDU/ITU stay of unexpected duration or an unexpected readmission to HDU/ITU? ☐ Yes ☐ No ☐ Insufficient data

29b. If Yes why?

30a. Did the patient require an escalation in care at anytime post-op? ☐ Yes ☐ No ☐ Insufficient data

30b. If Yes why?

31a. Did the patient receive any unplanned interventions/imaging post-op? ☐ Yes ☐ No ☐ Insufficient data

31b. If Yes why?

32a. In your opinion was the patient adequately monitored? ☐ Yes ☐ No ☐ Insufficient data

32b. If no please expand on your answer?

33a. In your opinion did the patient receive an adequate number of reviews of appropriate seniority ? ☐ Yes ☐ No ☐ Insufficient data

33b. If no please expand on your answer?

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34a. How would you rate the post-operative care for this patient?
- ☐ Good
- ☐ Unacceptable
- ☐ Adequate
- ☐ Insufficient data
- ☐ Poor

34b. Please provide reasoning for your answer

DISCHARGE

35a. In which type of the ward was the patient nursed prior to discharge?

35b. What level ward was this? ☐ level 0 ☐ level 1 ☐ level 2 ☐ level 3

36a. Date of Discharge

d d m m y y

36b. Discharge location ☐ Home ☐ Hospital Transfer ☐ Died

37a. Was a discharge summary included with the notes? ☐ Yes ☐ No

37b. If Yes how would rate the quality of the discharge summary for this patient?
- ☐ Good
- ☐ Unacceptable
- ☐ Adequate
- ☐ Insufficient data
- ☐ Poor

37c. Please provide reasoning for your answer

38a. Were the discharge drugs appropriate for this patient? ☐ Yes ☐ No ☐ Unknown

38b. If no please expand on your answer

39a. Was the diabetic regime/management on discharge appropriate for this patient? ☐ Yes ☐ No ☐ Unknown ☐ Not Applicable

39b. If no please expand on your answer

40a. Was the diatetic regime/management on discharge appropriate for this patient? ☐ Yes ☐ No ☐ Unknown

40b. If no please expand on your answer

FOLLOW UP

41a. Was the patient readmitted during the first 6 months post surgery? ☐ Yes ☐ No ☐ Unknown

41b. If yes to which type of ward was the patient admitted?

41c. What level ward was this? ☐ level 0 ☐ level 1 ☐ level 2 ☐ level 3

41d. Why were they readmitted?

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42a. What outpatient appointments did the patient have in the first 6 months post discharge ☐ Yes ☐ No ☐ Insufficient data

Date of appointment	Type of clinic	Seen by (grade & specialty)
d d m m y y		
d d m m y y		
d d m m y y		
d d m m y y		
d d m m y y		

42b. Is there evidence that the surgeon saw the patient in the first 6 months post discharge? ☐ Yes ☐ No ☐ Unknown

42c. In your opinion was the follow up in the first 6 months adequate for this patient? ☐ Yes ☐ No ☐ Unknown

42d. If No please expand on your answer?

OVERALL ASSESSMENT OF CARE

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

- ☐ Good practice - a standard of care you would expect from yourself, your trainess 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 than satisfactory: several aspects of **clinical and/or organisational** care that were well below a standard that you would expect from yourself, your trainees and institution
- ☐ Insufficient data

Please provide reasons for assigning this grade:

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