

Community Acquired Pneumonia Organisational Questionnaire

A. Introduction

Please complete one organisational questionnaire for each hospital in your Trust/Health Board that treats patients with Community Acquired Pneumonia.

What is this study about:

To identify and explore avoidable and modifiable factors in the care of adults presenting to hospital with a presumed diagnosis of community acquired pneumonia.

Who should complete this questionnaire

This questionnaire has been designed to collect data on the organisational structures surrounding the care provided to patients that have had a primary admission diagnosis of CAP.

It should be completed by or with input from, clinicians(s) that provide care to this group of patients. This is likely to include, but not limited to, emergency medicine, acute medicine, general medicine, respiratory & critical care, nursing, and physiotherapy.

Questions or help

Further information regarding the study can be found here: <https://www.ncepod.org.uk/cap.html>

If you have any queries about the study or this questionnaire, please contact: cap@ncepod.org.uk or telephone 020 7251 9060.

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.

B. The Hospital

1. How many inpatient beds does this hospital have?

 beds Unknown

2a. Does the hospital have a respiratory ward?

Yes No Unknown

2b. If answered "Yes" to [2a] then: Number of beds on the respiratory ward?

 beds Unknown

Value should be no more than 1,000

3a. Does the hospital have a respiratory support unit?

An area of enhanced care that enables a higher level of monitoring and respiratory intervention than would be expected for a routine ward environment

Yes No Unknown

3b. If answered "Yes" to [3a] then: Number of beds on the respiratory support unit?

 beds Unknown

Value should be no more than 1,000

4a. How many respiratory physicians are employed at this hospital?

Consultants, Staff grade and Associate specialists

 Unknown

4b. How many WTE respiratory physicians are employed at this hospital?

Consultants, Staff grade and Associate specialists

 Unknown

5a. Does your hospital have a separate respiratory admission take?

Yes - full time Yes - specific days or times only
 No Unknown

5b. If answered "Yes - specific days or times only" to [5a] then: Please provide details

6a. Is there a separate respiratory physician on call rota?

Yes No Unknown

6b. If answered "Yes" to [6a] then: Is this service:

- 24 hours, 7 days a week
 Normal working hours (8am -6pm), 7 days a week
 24 hours, Monday - Friday
 Normal working hours (8am -6pm), Monday - Friday
 Unknown

If not listed above, please specify here...

6c. If answered "No" to [6a] then:

Approximately what percentage of the time is a respiratory physician on the general medical on-call rota?

 percent

Value should be no more than 100

Unknown

7a. How many respiratory specialist nurses are employed at this hospital?

please include lung cancer, pleural disease, airway (COPD, Asthma) and pneumonia specialist nurses

Unknown

7b. How many WTE respiratory specialist nurses are employed at this hospital?

please include lung cancer, pleural disease, airway (COPD, Asthma) and pneumonia specialist nurses

Unknown

7c. How many WTE respiratory specialist nurses contribute to the care of pneumonia patients?

Unknown

8a. Does the hospital have a specialist nurse delivered in-patient pneumonia service?

Yes

No

Unknown

**8b. If answered "Yes" to [8a] then:
Please give details**

9a. What are the arrangements for physiotherapy provision for pneumonia patients?

Please tick all that apply

Normal hours (8am - 6pm)

7 day on call respiratory ward

7 day on call critical care

Unknown

Please specify any additional options here...

9b. How many respiratory physiotherapists are employed at this hospital?

Unknown

9c. How many WTE respiratory physiotherapists are employed at this hospital?

Unknown

10. Is there a lead clinician for pneumonia?

Yes

No

Unknown

Community based services

1a. Does the local healthcare system have an urgent care centre/assessment hub?

run by primary care/clinical commissioning groups/integrated care system

- Yes No Unknown

1b. If answered "Yes" to [1a] then:

What are the urgent care centre/assessment hub opening hours?

- 24 hours a day, 7 days/week
 Normal working hours (8am - 6pm), 7 days/week
 24 hours a day, Monday - Friday
 Normal working hours (8am - 6pm), Monday - Friday
 Unknown

If not listed above, please specify here...

1c. Is there an oximetry at home service?

- Yes No Unknown

1d. If answered "Yes" to [1c] then:

Please give further details

2a. Is there a respiratory virtual ward in place?

- Yes No Unknown

2b. If answered "Yes" to [2a] then:

Does this include vital signs monitoring?

- Yes No Unknown

2c. If answered "Yes" to [2a] and "Yes" to [2b] then:

Please give further details

2d. If answered "Yes" to [2a] then:

Are patients with CAP accepted for monitoring in the respiratory virtual ward?

- Yes No Unknown

3a. Is point of care testing in place in the community?

- Yes No Unknown

**3b. If answered "Yes" to [3a] then:
Which of the following tests are available?**

Please tick all that apply

- C-Reactive Protein Viral antigen testing
 Procalcitonin COVID-19 rapid antigen testing

Please specify any additional options here...

Ambulatory/same day emergency care

4a. Does this hospital have a designated ambulatory care centre or same day emergency care (SDEC) facility?

- Yes No Unknown

**4b. If answered "Yes" to [4a] then:
What are the ambulatory care centre SDEC opening hours?**

If not listed, please specify

- 24 hours a day, 7 days/week
 Normal working hours (8am - 6pm), 7 days/week
 24 hours a day, Mon-Fri Normal working hours (8am - 6pm), Mon-Fri
 Unknown

If not listed above, please specify here...

4c. Does this hospital have an ambulatory care pathway for CAP?

- Yes No Unknown

**4d. If answered "Yes" to [4c] then:
Are specific criteria used to select patients for ambulatory care/SDEC?**

- Yes No Unknown

**4e. If answered "Yes" to [4c] and "Yes" to [4d] then:
How are patients suspected of having CAP identified as being suitable for ambulatory care?**

- NEWS2 CRB65 CURB65

Please specify any additional options here...

**4f. If answered "Yes" to [4c] then:
Approximately what percentage of community acquired pneumonia patients are treated as an ambulatory care/SDEC patient?**

- Not Applicable Unknown

5. Does the hospital operate a Single Point of Access for medical patients that are referred by their GP?

- Yes No Unknown

D. In-patient management

1. In which of the following locations are inpatients with CAP looked after?

Please tick all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Acute medical unit | <input type="checkbox"/> Short stay medical ward | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Care of elderly ward | <input type="checkbox"/> General medical ward | <input type="checkbox"/> Respiratory support unit |
| <input type="checkbox"/> HDU | <input type="checkbox"/> ITU | <input type="checkbox"/> Unknown |

Please specify any additional options here...

2a. Are any particular categories of patient with CAP specifically managed by the respiratory team?

- Yes No Unknown

**2b. If answered "Yes" to [2a] then:
Please give details**

3a. Is CURB65 used to assess severity in patients admitted with CAP?

- Yes No Unknown

3b. Is NEWS2 used in this hospital to monitor physiology of inpatients?

- Yes No Unknown

Please provide details of where the specified types of support are provided

4a. Nasal high flow oxygen

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ITU | <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Acute medical unit | <input type="checkbox"/> General medical ward | <input type="checkbox"/> Unknown |

Please specify any additional options here...

4b. CPAP delivering high oxygen concentration

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ITU | <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Acute medical unit | <input type="checkbox"/> General medical ward | <input type="checkbox"/> Unknown |

Please specify any additional options here...

4c. CPAP for obstructive sleep apnoea (delivering low oxygen concentration)

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ITU | <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Acute medical unit | <input type="checkbox"/> General medical ward | <input type="checkbox"/> Unknown |

Please specify any additional options here...

4d. NIV with pre-mixed oxygen

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ITU | <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Acute medical unit | <input type="checkbox"/> General medicine ward | <input type="checkbox"/> Unknown |

Please specify any additional options here...

4e. NIV with oxygen entrained into ventilator circuit

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ITU | <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Acute medical unit | <input type="checkbox"/> General medical ward | <input type="checkbox"/> Unknown |

Please specify any additional options here...

4f. Tracheostomy care

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ITU | <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Acute Medical unit | <input type="checkbox"/> Unknown | <input type="checkbox"/> General medical unit |

Please specify any additional options here...

4g. Tracheostomy ventilation

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ITU | <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Acute Medical unit | <input type="checkbox"/> General medical ward | <input type="checkbox"/> Unknown |

Please specify any additional options here...

Investigations

6. Which of the following investigations are available?

Please tick all that apply

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Microbiology cultures | <input type="checkbox"/> Urinary antigens | <input type="checkbox"/> Viral swabs |
| <input type="checkbox"/> Bronchoscopy | <input type="checkbox"/> Procalcitonin | |

Please specify any additional options here...

7a. Is there a process in place for patients with suspected pneumonia to ensure that a CXR is done within 4 hours of admission?

- Yes No Unknown

**7b. If answered "Yes" to [7a] then:
Please provide more details**

7c. Are all CXRs reported by a radiologist?

- Yes No Unknown

**7d. If answered "Yes" to [7c] then:
Is this audited locally?**

- Yes No Unknown

**7e. If answered "No" to [7c] then:
Please expand on this (radiology reporting)**

8. Is same-day CT chest provided for in-patients that require cross sectional imaging?

- Yes No Unknown

9a. Does the respiratory team provide a pleural ultrasound service?

- Yes No Unknown

**9b. If answered "Yes" to [9a] then:
What hours is this service available?**

- 24 hours, 7 days a week 24 hours, Monday - Friday
 Normal working hours (8am -6pm), 7 days a week
 Normal working hours (8am -6pm) Monday - Friday
 Unknown

If not listed above, please specify here...

Antibiotics

11a. Does this hospital have formulary guidance on antibiotics for CAP?

- Yes No Unknown

**11b. If answered "Yes" to [11a] then:
Does this contain first and second choices for pneumonia depending on severity?**

- Yes No Unknown

**11c.If answered "Yes" to [11b] and "Yes" to [11a] then:
Please list formulary first and second line antibiotics for mild CAP**

**11d.If answered "Yes" to [11b] and "Yes" to [11a] then:
Please list formulary first and second line antibiotics for moderate CAP**

**11e.If answered "Yes" to [11b] and "Yes" to [11a] then:
Please list formulary first and second line antibiotics for severe CAP**

**11f. If answered "Yes" to [11a] then:
Does the formulary include guidance on IV to oral switch?**

- Yes No Unknown

**11g.If answered "Yes" to [11f] and "Yes" to [11a] then:
Please provide more details
*e.g. temperature down >24h***

11h.If answered "Yes" to [11a] then:

Does it include guidance on duration of abx for CAP?

- Yes No Unknown
-

12a.Does the hospital have a pharmacy lead for antibiotics?

- Yes No Unknown

12b.Is microbiology advice available 24/7?

- Yes No Unknown

12c. Does this hospital have microbiology ward rounds?

- Yes No Unknown

12d.If answered "Yes" to [12c] then:

In which of the following areas do microbiology ward rounds take place to advise on antibiotic prescribing?

Please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Acute medical ward | <input type="checkbox"/> General medical ward | <input type="checkbox"/> Respiratory ward |
| <input type="checkbox"/> Respiratory support unit | <input type="checkbox"/> ITU | <input type="checkbox"/> Unknown |

Please specify any additional options here...

12e.If answered "Yes" to [12c] then:

Frequency of microbiology ward rounds

days per week

12f. Are specific criteria used to select CAP patients for microbiology review?

- Yes No Unknown

12g.If answered "Yes" to [12f] then:

How are CAP patients selected for review by a microbiologist?

Please tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> All CAP patients | <input type="checkbox"/> CAP based on severity |
| <input type="checkbox"/> CAP +ve blood cultures | <input type="checkbox"/> CAP specific organisms |
| <input type="checkbox"/> Those on high flow/CPAP/NI | <input type="checkbox"/> Invasively ventilated |
| <input type="checkbox"/> Those flagged on antibiotic prescriptions | |

Please specify any additional options here...

13a.Does the organisation have a policy regarding treatment escalation plans?

- Yes No Unknown

13b.Does this hospital have an electronic system for recording and communicating advanced care directives?

e.g. DNACPR, ReSPECT

- Yes No Unknown

1a. Are patients provided with specific written or digital information/education regarding CAP?

- Yes No Unknown

1b. If answered "Yes" to [1a] then:

What does it include?

Please tick all that apply

- Smoking cessation Recovery timeline Breathing exercises

Please specify any additional options here...

2. Which of the following are available on discharge from this hospital following an admission with CAP?

Please tick all apply

- Outpatient follow up Hospital at home Community respiratory team
 Usual primary care Virtual ward

Please specify any additional options here...

3. How are patients selected for hospital follow up?

Please tick all that apply

- Severity of pneumonia/complications Smoking status
 Age > 50 All patients given hospital follow up
 No specific criteria

Please specify any additional options here...

1a. Does this hospital have a guideline/protocol for the diagnosis and management of pneumonia?

Clinical guideline CG191

- Yes No Unknown

1b. If answered "Yes" to [1a] then:

Is this guideline/protocol the same or a modified version of national guidelines?

- Same version Modified version

If not listed above, please specify here...

1c. If answered "Yes" to [1a] then:

Does the guideline/protocol include assessment of the severity of pneumonia?

- Yes No Unknown

1d. If answered "Yes" to [1a] and "Yes" to [1c] then:

Which of the following are used to assess severity?

- CURB65 NEWS2 SIRS

Please specify any additional options here...

2a. Did your organisation submit cases to the latest British Thoracic Society CAP Audit in 2019?

- Yes No Unknown

2b. If answered "Yes" to [2a] then:

Did the BTS audit result in any improvement actions?

- Yes No Unknown

2c. If answered "Yes" to [2a] and "Yes" to [2b] then:

Please give details

3a. Has your organisation undertaken a local audit of CAP in the last 5 years?

- Yes No Unknown

3b. If answered "Yes" to [3a] then:

Did the local audit result in any improvement actions?

- Yes No Unknown

**3c. If answered "Yes" to [3a] and "Yes" to [3b] then:
Please give further details (local audit)**

4a. Are there any identified gaps in your current CAP service?

Yes No Unknown

**4b. If answered "Yes" to [4a] then:
Please give further details**

If you wish to make us aware of anything relating to the answers supplied please let us know below. Otherwise you can leave this section empty

5. Further information

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

By doing so you have contributed to the dataset that will form the report and recommendations due for release in winter 2023