

CORONARY ARTERY BYPASS GRAFT STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data Collection Tool

Hospital number

A. PATIENT DETAILS

1. Age (years): 2. Gender: Male Female
3. Date and time of arrival: Time: Date: Unable to answer
h h m m d d m m y y
4. Date and time of admission: Time: Date: Unable to answer
h h m m d d m m y y
5. What was the pathway for this admission?
 Transfer as an inpatient from another hospital Admission from the Emergency Department
 Transfer as an inpatient from your own hospital Referral from GP
 Planned admission Unable to answer
6. What was the category of the operation? Salvage Urgent
 Emergency Elective

B. RISK FACTORS

7. What was the patient's additive EuroSCORE (as calculated at the time nearest to surgery)?
8. Date and time at which calculated: Time: Date: Unable to answer
h h m m d d m m y y
- No evidence of EuroSCORE being recorded in the notes

C. REFERRAL AND ADMISSION PROCESS

9. Date of referral by GP/other surgeon/physician/cardiologist to cardiothoracic surgery Date: Unable to answer
d d m m y y
10. Was the referral made according to a standardised written protocol? Yes No Unable to answer
11. Was the degree of urgency of the referral stated within the protocol? Yes No Unable to answer

- 12a. Did the patient have acute myocardial ischaemia on admission? Yes No Unable to answer
- 12b. If YES, in your opinion, was surgery performed as soon as their clinical condition permitted (based on appropriate investigation and pre-operative therapeutic optimisation)? Yes No Unable to answer

D. MULTIDISCIPLINARY CASE PLANNING

13. Was a clear written operative treatment plan recorded in the casenotes prior to surgery? Yes No Unable to answer
 Not applicable (salvage case)

E. PATIENT INVESTIGATIONS

- 14a. Does the hospital have a written protocol for the pre-operative investigation of patients? Yes No Unable to answer
- 14b. If YES, was a written protocol for investigations followed for this patient? Yes No Unable to answer
- 15a. In your opinion, did the patient receive the appropriate investigations? Yes No Unable to answer
- 15b. If NO, could this have affected the outcome? Yes No Unable to answer
- 15c. If YES, please give details

16. If surgery was delayed, was consideration given to repeating investigations? Yes No Unable to answer
 Not applicable (no delay in surgery)
17. Were any pre-operative investigations reviewed and acted upon (if necessary) by a senior clinician? Yes No Unable to answer

F. MEDICAL MANAGEMENT

- 18a. Was the medical management of the patient prior to surgery appropriate? Yes No Unable to answer
- 18b. If NO, please give details

- 19a. Was the patient on Clopidogrel prior to surgery? Yes No Unable to answer
- 19b. If YES, was this stopped prior to surgery? Yes No Unable to answer

G. NON-ELECTIVE, URGENT, IN-HOSPITAL CASES

20a. Did the patient have an appropriate frequency of clinical reviews for their clinical condition? Yes No Unable to answer

20b. If NO, please give details

20c. If NO, could this have affected the outcome? Yes No Unable to answer

21. If there was any change in the patient's clinical status prior to surgery, was the senior surgeon made aware of this? Yes No Unable to answer
 Not applicable (no change in clinical status)

22a. Did the patient suffer a myocardial infarction prior to surgery? Yes No Unable to answer

22b. If YES, was the patients clinical condition optimised prior to undergoing surgery? Yes No Unable to answer

23. Was a 'track and trigger' system used to provide early recognition of any clinical deterioration in the patient? Yes No Unable to answer

H. COMORBIDITIES

24a. Was the patients height recorded on admission? Yes No Unable to answer

24b. Was the patients weight recorded on admission? Yes No Unable to answer

24c. Was the patients BMI recorded on admission? Yes No Unable to answer

25a. Did the patient have any significant comorbidities? Yes No Unable to answer

25b. If YES, was there a clear written management plan to optimise the physical status of the patient prior to surgery, included in the notes? Yes No Unable to answer

25c. If YES to 25b, did this include the identification of the need for specific post operative support? Yes No Unable to answer

26a. Did the management of comorbidities pre-operatively compromise patient care? Yes No Unable to answer

26b. If YES, please give details

Not applicable - no comorbidities

I. PERI-OPERATIVE MANAGEMENT AND POSTOPERATIVE CARE

27a. Did the patient develop any postoperative complications? Yes No Unable to answer

- 27b. If YES, was there any delay in detecting complications? Yes No Unable to answer
- 27c. If YES, was a senior clinician available to respond to these complications? Yes No Unable to answer
- 28a. Were any perioperative complications managed appropriately? Yes No Unable to answer
- 28b. If NO, did this impact on patient outcome? Yes No Unable to answer
- 28c. If YES, please give details

29. Was interaction between different medical specialties about patient management undertaken at a consultant to consultant level? Yes No Unable to answer

J. APPROPRIATENESS OF SURGERY

- 30a. Was a clear written operative treatment plan recorded in the notes prior to surgery? Yes No Unable to answer
- 30b. If YES, was this followed? Yes No Unable to answer
- 30c. If YES to 30a, did this contain a contingency arrangement? Yes No Unable to answer
31. Where an unexpected event occurred, was the operation modified to suit the circumstances of the case? Yes No Unable to answer
 Not applicable - no unexpected event
32. Is there a written or pictorial record (excluding angiogram) indicating the extent of the coronary artery disease? Yes No Unable to answer
33. If the operation performed was not undertaken as planned, was the reason for this clearly documented in the casenotes? Yes No Unable to answer

K. COMMUNICATION, CONTINUITY OF CARE AND CONSENT

34. Is there evidence that the patient received an information sheet describing the proposed operation? Yes No Unable to answer
35. Did a consultant obtain consent for surgery? Yes No Unable to answer
36. Were any possible complications noted on the consent form? Yes No Unable to answer
- 37a. Was risk of death quoted on the consent form? Yes No Unable to answer
- 37b. If no consent form is available or the risk of death was not stated, was the risk of death written in the notes? Yes No Unable to answer

