

SURGERY IN CHILDREN

(INCLUDING INTERVENTIONAL PROCEDURES)

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

Hospital number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A. PATIENT DETAILS

1. Age (years):

y y

For children < 1 year
(age in months, days):

m m d d
2. Gender: ☐ Male ☐ Female
3. Day, date, time of arrival to hospital:

Time:

h h m m

Date:

d d m m y y

Day:
4. Day, date, time of admission to first ward:

Time:

h h m m

Date:

d d m m y y

Day:
5. Day, date, time of primary procedure:

Time:

h h m m

Date:

d d m m y y

Day:
6. Day, date, time of death:

Time:

h h m m

Date:

d d m m y y

Day:
7. Day, date, time of first consultant review (any specialty):

Time:

h h m m

Date:

d d m m y y

Day:
8. What was the duration from first arrival at the hospital where the primary procedure was carried out, to the time the patient was first reviewed by a consultant (any specialty)?

Days
(if <24hours)

h h m m

☐ Unable to answer
9. What was the duration from the time that the patient was first admitted to a ward on arrival (at the hospital where the primary procedure was carried out) to the time the patient was first reviewed by a consultant (any specialty)?

Days
(if <24hours)

h h m m

☐ Unable to answer
10. What was the urgency of the admission? ☐ Elective ☐ Emergency ☐ Unknown
11. Operation undertaken:

B. TRANSFERS

12. Was the patient transferred from another hospital prior to the primary procedure? ☐ Yes ☐ No ☐ Unknown

If NO, go to question 21; If YES, continue to question 13:

13. Are you aware of any difficulties that the referring hospital had in finding an appropriate recipient hospital? ☐ Yes ☐ No ☐ Unable to answer
14. Are you aware of any delays in the decision to transfer the patient to the receiving hospital? ☐ Yes ☐ No ☐ Unable to answer
- 15a. In your opinion was there a deterioration in the patient's condition between the decision to transfer and arrival in receiving hospital? ☐ Yes ☐ No ☐ Unable to answer

- 15b. If YES, please provide details:

- 16a. In your opinion was the care given to the patient during transfer appropriate? ☐ Yes ☐ No ☐ Unable to answer

- 16b. If NO, please provide details:

- 17a. Was the transfer delayed at any stage? ☐ Yes ☐ No ☐ Unable to answer

- 17b. If NO, please state reasons:

- 17c. If YES, (transfer was delayed) did this, in your opinion, affect the outcome? ☐ Yes ☐ No ☐ Unable to answer

- 18a. In your opinion was the method of transfer appropriate? e.g Ambulance, helicopter etc. ☐ Yes ☐ No ☐ Unable to answer

- 18b. If NO, please provide details:

- 19a. Were there clinical records documenting the care of the patient during the transfer? ☐ Yes ☐ No ☐ Unable to answer

- 19b. If YES, did these provide sufficient information on which to base the immediate care given? ☐ Yes ☐ No ☐ Unable to answer
20. Was the child transferred in line with hospital policy based on Department of Health and Paediatric Intensive Care Society guidance? ☐ Yes ☐ No ☐ Unable to answer
- 21a. Does your hospital have a comprehensive transfer policy that is compliant with Department of Health and Paediatric Intensive Care Society guidance? ☐ Yes ☐ No ☐ Unable to answer
- 21b. If YES, does this include guidance on:
- | | | | |
|----------------------------------|------------------------------|-----------------------------|---|
| Elective and emergency transfers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| Staffing levels for the transfer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| Communication procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| Family support | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| Equipment provision | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| Transport arrangements | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |

C. PRE-OPERATIVE CARE

22. Did the patient have any radiological investigations or interventions? ☐ Yes ☐ No ☐ Unable to answer

If NO, go to question 27; If YES, continue to question 22:

23. Was the grade of the clinician undertaking radiological exams appropriate? ☐ Yes ☐ No ☐ Unable to answer
24. Was the experience of the clinician undertaking radiological exams appropriate? ☐ Yes ☐ No ☐ Unable to answer
- 25a. In your opinion was there a delay in the patient having the radiological investigations or intervention? ☐ Yes ☐ No ☐ Unable to answer

- 25b. If YES, please provide details:

- 25c. If YES, in your opinion did the delay affect the outcome? ☐ Yes ☐ No ☐ Unable to answer

- 25d. If YES, please provide details:

26a. In your opinion was there a delay in obtaining the results of the radiological investigations or intervention? ☐ Yes ☐ No ☐ Unable to answer

26b. If YES, please provide details:

26c. If YES, in your opinion did the delay affect the outcome? ☐ Yes ☐ No ☐ Unable to answer

26d. If YES, please provide details:

27a. Was there evidence in the casenotes that a pre-operative MDT was undertaken for this patient? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

27b. If NO, was the decision to perform surgery discussed with other clinicians at an appropriate level? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

27c. If YES, was a record of this discussion documented in the case notes? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

D. CONSENT AND INFORMATION FOR PATIENTS AND PARENTS

28. Was the grade of the doctor obtaining consent recorded on the consent form or in the case notes? ☐ Yes ☐ No ☐ Unable to answer

29. In your opinion, was the doctor obtaining consent:

- ☐ Capable of performing the operation unsupervised
- ☐ Capable of performing the operation with an experienced assistant
- ☐ Someone who had only observed the operation previously
- ☐ Other (please specify)
- ☐ Unable to answer

30. From whom was consent for the primary operation obtained?

- ☐ Patient ☐ Parent ☐ Person unknown
- ☐ Next of kin ☐ Guardian ☐ Other (please state)

☐ Consent form not present in the casenotes

31. Was there documented evidence of a discussion with the parents / legal guardian and/or child regarding the operation prior to the procedure? ☐ Yes ☐ No ☐ Unable to answer
32. Were the recognised complications of the procedure documented in the casenotes or consent form? ☐ Yes ☐ No ☐ Unable to answer
- 33a. Was death documented as a potential risk of this procedure on the consent form? ☐ Yes ☐ No ☐ Unable to answer
- 33b. If YES was a percentage risk given? ☐ Yes ☐ No ☐ Unable to answer

E. END OF LIFE CARE

- 34a. From the case notes, after the patient's death, did the healthcare professionals have a discussion with the parents/ guardians of the child? ☐ Yes ☐ No ☐ Unable to answer
- 34b. If YES, is a written record of the conclusions of that discussion included in the medical notes? ☐ Yes ☐ No ☐ Unable to answer

F. RECORD KEEPING

35. Was the name and grade of the clinician involved at the following stages of care clearly recorded in the medical notes?
- | | | | |
|--|------------------------------|-----------------------------|---|
| The admitting clinician | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| The clinician deciding to operate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| The clinician who undertook the pre-operative review | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| The clinician obtaining consent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| The clinician undertaking surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| The clinician responsible for the anaesthetic management during the procedure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| The clinician responsible for the post operative medical management | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
| The clinician involved with the post death discussion with the parents/guardians | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unable to answer |
- 36a. From the case notes, after the patient's death, was this patient discussed at an M & M meeting? ☐ Yes ☐ No ☐ Unable to answer
- 36b. If YES, is a written record of the conclusions of that discussion included in the case notes? ☐ Yes ☐ No ☐ Unable to answer