NCEPOD surgery in children data comparison tool

Hospital Number _____

Inter hospital transfer

Recommendations	Data collection tool	Response		Action required
Hospital teams working in both specialist and non specialist centres should be in state of readiness for transfer of babies and children requiring emergency surgery, and be prepared to provide high level and timely support for these transfers. Surgical emergencies may require rapid triage, simultaneous with resuscitation and communication with tertiary care providers.	Q12 – Was the patient transferred from another hospital prior to the primary procedure?	Yes	No	
	Q13 – Are you aware of any difficulties that the referring hospital had in finding an appropriate recipient hospital?	Yes	No	
	Q14 – Are you aware of any delays in the decision to transfer the patient to the receiving hospital?	Yes	No	
	Q15a – In your opinion was there a deterioration in the patient's condition between the decision to transfer and arrival in the receiving hospital?	Yes	No	
	Q16a – In your opinion was the care given to the patient during the transfer appropriate?	Yes/NA	No	
	Q17a – Was the transfer delayed at any stage?	Yes	No	
	Q17c – If YES, did this, in your opinion, affect the outcome?	Yes	No	
	Q19a – Were there clinical records documenting the care of the patient during the transfer?	Yes	No	
	Q19b – If YES, did these provide sufficient information on which to base the immediate care given?	Yes	No	
When a decision to transfer a patient for (less urgent) surgical care has been made, this should be expedited. Transfer method and personnel should be agreed in advance.	Q18 – In your opinion was the method of transfer appropriate?	Yes	No	
	Q17a – Was the transfer delayed at any stage?	Yes	No	

	Q17c – If YES, did this, in your opinion, affect the outcome?	Yes	No	
All hospitals that admit children should have a comprehensive transfer policy that is compliant with Department of Health and Paediatric Intensive Care Society guidance and should include; elective and emergency transfers, staffing levels for the transfer, communication procedures, family support, equipment provision and transport arrangements.	Q21a – Does your hospital have a comprehensive transfer policy that is compliant with Department of Health and Paediatric Intensive Care Society guidance?	Yes	No	
	Q21b – If YES, does this include details on:			
	a) Elective and emergency transfers	Yes	No	
	b) Staffing levels for the transfer	Yes	No	
	c) Communication procedures	Yes	No	
	d) Family support	Yes	No	
	e) Equipment provision	Yes	No	
	f) Transport arrangements	Yes	No	
	Q20 – Was the child transferred in line with hospital policy based on Department of Health and Paediatric Intensive Care Society Guidance?	Yes	No	

Pre-operative care

Recommendations	Data collection tool	Response		Action required
Expertise in paediatric radiology is an essential adjunct to the running of a service for children requiring surgery.	Q22 – Did the patient have any radiological investigations or interventions?	Yes	No	
	Q23 – Was the grade of the clinician undertaking radiological examinations appropriate?	Yes	No	
	Q24 – Was the experience of the clinician undertaking radiological examinations appropriate?	Yes	No	
	Q25a – In your opinion was there a delay in the patient having the radiological investigations or intervention?	Yes	No	
	Q25c – If YES, in your opinion did the delay affect the outcome?	Yes	No	
	Q26a – In your opinion was there a delay in obtaining the results of the radiological investigations or intervention?	Yes	No	
	Q26c – If YES, in your opinion did the delay affect the outcome?	Yes	No	
Multidisciplinary team meetings for complex cases should be undertaken pre-operatively, except when this is predicated by the urgency of the case. Documentation of inter-professional discussions is essential, even if written in retrospect.	Q27a – Was there evidence in the case notes that a pre-operative MDT was undertaken for this patient?	Yes	No	
	Q27b – If NO, was the decision to perform surgery discussed with other clinicians at an appropriate level?	Yes	No	
	Q27c – If YES, was a record of this discussion documented in the case notes?	Yes	No	

Consent and information for patients and parents

Recommendations	Data collection tool	Response		Action required
Consent by a senior clinician, ideally the one performing the operation should be normal practice in paediatrics, as in other areas of medicine and surgery. Documentation of grade confirms that this process has occurred. This is already a national recommendation.	Q28 – Was the grade of the doctor obtaining consent recorded on the consent form or in the case notes? Q29 – In your opinion, was the doctor obtaining consent: a) Capable of performing the operation unsupervised b) Capable of performing the operation with an experienced assistant c) Someone who had only observed the operation previously d) Other	Yes Yes Yes Yes Yes	No No No No No	
In surgery which is high risk due to co-morbidity and/or anticipated surgical or anaesthetic difficulty, there should be clear documentation of discussions with parents and carers in the medical notes. Risk of death must be formally noted, even if difficult to quantify exactly.	Q31 – Was there documented evidence of a discussion with the parents/legal guardian and/or child regarding the operation prior to the procedure. Q32 – Were the recognised complications of the procedure documented in the case notes or consent form? Q33a –Was death documented as a potential risk of this procedure on the consent form? Q33b – If YES, was a percentage risk given?	Yes Yes Yes Yes	No No No No	

End of life care

Recommendations	Data collection tool	Response		Action required
Clinicians must ensure that appropriate records are made in the medical notes of all discussion that take place with a child's parents or relatives after death. In addition it is mandatory that the name and grade of clinicians involved at all stages of care are clearly recorded in the medical notes and on anaesthetic and operation records.	Q34a – 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	
	Q34b – If YES, is a written record of the conclusions of that discussion included in the medical notes?	Yes	No	
	Q35 – Was the name and grade of the clinician involved at the following stages of care clearly recorded in the medical notes?			
	a) The admitting clinician	Yes	No	
	b) The clinician deciding to operate	Yes	No	
	c) The clinician who undertook the pre-operative review	Yes	No	
	d) The clinician obtaining consent	Yes	No	
	e) The clinician undertaking surgery	Yes	No	
	f) The clinician responsible for the anaesthetic management during the procedure	Yes	No	
	g) The clinician responsible for the post operative medical management	Yes	No	
	h) The clinician involved with the post death discussion with the parents/guardians.	Yes	No	
Confirmation that a death has been discussed at a morbidity and mortality meeting is required. This should comprise a written record of the conclusions of that discussion in the medical notes.	Q36a – From the case notes, after the patient's death, was this patient discussed at an M&M meeting?	Yes	No	
	Q36b – If YES, is a written record of the conclusions of that discussion included in the medical notes?	Yes	No	