ABDOMINAL AORTIC ANEURYSM STUDY
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

Name of Hospital

Who completed this questionnaire?

Name:_________________________________________________________________________

Position:_______________________________________________________________________

What is this study about?
NCEPOD is reviewing clinical and organisational issues in the delivery of care to patients who undergo repair of Abdominal Aortic Aneurysms (AAAs), and also patients that are diagnosed with an AAA and die in hospital not having received surgery. Data is being collected during February and March 2004 from all sites across England, Wales, Northern Ireland, Isle of Man, Guernsey, Defence and the Independent sector. Elective and emergency procedures (conventional and endovascular) carried out by vascular surgeons, general surgeons and interventional radiologists are included.

This work is supported by the Vascular Surgical Society of Great Britain and Ireland (VSSGBI), the Vascular Anaesthetic Society of Great Britain and Ireland (VASGBI) and the Royal College of Radiologists.

Who should complete this questionnaire?
All hospitals who perform AAA repairs (open and endovascular) should complete an organisational questionnaire. To complete the questionnaire help may be needed from the lead vascular surgeon.

Please return completed questionnaires to NCEPOD in the sae provided.

How to complete this questionnaire
This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided, e.g.

Does this hospital accept vascular emergencies?
☑ Yes ☐ No ☐ Unknown

If you make a mistake, please “black-out” the box and re-enter the correct information, e.g.

Does this hospital accept vascular emergencies?
☐ Yes ☑ No ☐ Unknown

Unless indicated, please mark only one box per question. A list of definitions is provided on the back of the questionnaire. Free space is provided on page 6 for your comments.

Incomplete questionnaires may be followed up.

Questions or help
If you have any queries about the study or this questionnaire, please contact NCEPOD at AAA@ncepod.org.uk Tel: 020 7920 0999

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in late 2005.
### A. THE HOSPITAL

1. Which of the following does this hospital have?  
   (See definition at end of questionnaire)  
   *Please cross ALL that apply*  
   1. [ ] 24 hours A&E Department  
   2. [ ] Minor injuries unit  
   3. [ ] Level 3 (ITU) beds  
   4. [ ] Level 2 (HDU) beds

2. Does this hospital have the following facilities available to vascular patients on the same geographical site?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown  
   - If YES, please cross if available 24 hours a day?  
   - Angiography facility  
   - CT Scanner  
   - Interventional radiology  
   - MRI scanner  
   - Ultrasound

3. Size of vascular unit  
   (See definitions at end of questionnaire)  
   1. [ ] Large vascular unit  
   2. [ ] Intermediate vascular unit  
   3. [ ] Remote vascular unit

4. Does the hospital accept vascular emergencies from other hospitals?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

5. What was the total number of **elective** AAA repairs at this hospital for the year April 2002 - March 2003?  
   - Open  
   - Endovascular

6. What was the total number of **emergency** AAA repairs at this hospital for the year April 2002 - March 2003?  
   (OPCS Codes: L18.3, L18.4, L18.5, L18.6, L18.8, and L18.9)  
   - Open  
   - Endovascular

7. a. Is there a separate surgical on-call rota for vascular surgery?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown  

   b. If YES, is the on-call rota shared with another Trust/hospital?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown
8. Is there a separate anaesthetic on-call rota for vascular surgery?
   ☐ Yes ☐ No ☐ Unknown

9. Is there a separate on-call rota for interventional radiology?
   ☐ Yes ☐ No ☐ Unknown

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**B. THEATRES**

10. a Does the hospital have dedicated daytime emergency theatre sessions? (See definitions at end of questionnaire)
   ☐ Yes ☐ No ☐ Unknown

   b If YES, how many daytime (8am-6pm) emergency theatre sessions are there each week?

11. a Are there any dedicated elective theatre sessions for vascular surgery?
    ☐ Yes ☐ No ☐ Unknown

    b If YES, how many elective theatre sessions are there each week?

12. a Are there any dedicated emergency theatre sessions for vascular surgery?
    ☐ Yes ☐ No ☐ Unknown

    b If YES, how many emergency theatre sessions are there each week?

13. Is there a service available to vascular patients for preoperative blood donation for autotransfusion?
    ☐ Yes ☐ No ☐ Unknown

14. Are any cell-saver devices routinely available in theatre for intraoperative use?
    ☐ Yes ☐ No ☐ Unknown
### C. RECOVERY

**15.** What is the recommended immediate destination for a patient after an **elective** AAA repair?

*Please do not cross ‘Recovery area’ if the patients only receive immediate post-anaesthetic care before transfer to one of the other destinations listed*

<table>
<thead>
<tr>
<th></th>
<th>Recovery area</th>
<th>ICU (Level 3)</th>
<th>HDU (Level 2)</th>
<th>Combined ICU/HDU</th>
<th>Vascular ward</th>
<th>General ward</th>
<th>Another hospital</th>
<th>Unknown</th>
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<tbody>
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**16.** What is the recommended immediate destination for a patient after an **emergency** AAA repair?

*Please do not cross ‘Recovery area’ if the patients only receive immediate post-anaesthetic care before transfer to one of the other destinations listed*

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### D. AUDIT

#### 17. Does the surgical department hold regular audit/governance meetings?

- [ ] Yes
- [ ] No
- [ ] Unknown

**b** If **YES**, which health professionals regularly attend?

*Please cross **ALL** that apply*

1. [ ] Anaesthetists
2. [ ] Intensive Care Consultants
3. [ ] Microbiologist/Infection Control
4. [ ] Nurses
5. [ ] Nutrition/Dietetic staff
6. [ ] Operating Department Practitioners
7. [ ] Pathologists
8. [ ] Pharmacists
9. [ ] Physiotherapists
10. [ ] Radiologists
11. [ ] Surgeons
12. [ ] Other

#### 18. Are there separate multidisciplinary meetings specifically for vascular surgery?

*Please cross **ALL** that apply*

1. [ ] Anaesthetists
2. [ ] Intensive Care Consultants
3. [ ] Microbiologist/Infection Control
4. [ ] Nurses
5. [ ] Nutrition/Dietetic staff
6. [ ] Operating Department Practitioners
7. [ ] Pathologists
8. [ ] Pharmacists
9. [ ] Physiotherapists
10. [ ] Radiologists
11. [ ] Surgeons
12. [ ] Other
19. Please write clearly any additional organisational aspects of AAA surgery in your hospital

DEFINITIONS

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>The hospital</td>
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<tr>
<td>1. Units</td>
<td>Level 3 care: Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure. Level 2 care: Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those “stepping down” from higher levels of care. This could be a separate High Dependency Unit (HDU) or a high dependency area on a ward.</td>
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<td>3. Size of vascular unit</td>
<td>Large vascular unit: Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota. Intermediate vascular unit: Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota. Remote vascular unit: Separated by long distances from other hospitals, and usually serving small catchment population.</td>
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<tr>
<td>10. Emergency theatre session</td>
<td>Where a theatre is staffed and set aside exclusively for emergency or urgent operations.</td>
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</table>

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