



# CARDIAC ARREST PROCEDURES STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## ORGANISATIONAL QUESTIONNAIRE

**CONFIDENTIAL**

Name of Trust: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

### Who completed this questionnaire?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

### What is this study about?

The aim of this study is to describe variability and identify remediable factors in the process of care of adult patients who receive resuscitation in an in-hospital setting.

This includes describing variation in the organisation and delivery of cardiac arrest resuscitation in hospitals in England, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

### Inclusions

All individual hospitals within a Trust that provide a resuscitation service for patients who have a cardiac arrest in hospital and that are participating in the study.

This form should be completed by the Chair of the Medical Audit Committee, the Medical Director, the Clinical Lead or Clinical Governance Lead, the NCEPOD Ambassador or someone nominated by them who would have the knowledge to complete it or be able to seek help in order to do so.

**A separate questionnaire should be completed for each hospital within a Trust**

**Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2012.**

FOR NCEPOD USE ONLY

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### How to complete the form:

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 record the resuscitation competencies of the resuscitation team?

Yes  No

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

Yes  No

**Unless indicated, please mark only one box per question.**

A list of definitions is provided on the back page of the questionnaire. Free space is also provided for your comments.

**Please return the completed questionnaire to NCEPOD in the SAE provided.**

### Questions or help?

If you have any queries about the study or this questionnaire, please contact NCEPOD at:

[cardiacarrests@ncepod.org.uk](mailto:cardiacarrests@ncepod.org.uk)

Telephone: 020 7600 1893



**NB: EACH HOSPITAL WITHIN A TRUST, THAT DELIVERS RESUSCITATION TO PATIENTS THAT UNDERGO CARDIAC ARREST, SHOULD COMPLETE A SEPARATE QUESTIONNAIRE**

## A. THE HOSPITAL

1. Is this hospital (please select all that apply):
- District general hospital: >500 beds
- District general hospital: ≤500 beds
- Tertiary specialist centre
- Please enter specialty code(s) from list on back page
- University teaching hospital
- Private hospital
- Other (please specify)

## B. RESUSCITATION FACILITIES

2. a. Do you have a designated resuscitation team for adult patients (aged 16 and older) on-site at this hospital?  Yes  No
- b. If YES, how many teams are there for this hospital site?
3. If no resuscitation team is based on site, what is the response to a cardiac arrest?
- BLS and 999 call  Summon cardiac arrest team from another site  Attendance by a different outreach team
- Other (please specify)
4. a. If there is an on-site resuscitation team, what hours are they available?
- Always available  Limited hours
- Not applicable  Unknown
- b. If limited hours, please list:
- | Day of week                        | Hours                |                      |                      |                      |       |                      |                      |                      |                      |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|
|                                    | h                    | h                    | m                    | m                    | h     | h                    | m                    | m                    |                      |
| <input type="checkbox"/> Monday    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | until | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Tuesday   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | until | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Wednesday | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | until | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Thursday  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | until | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Friday    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | until | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Saturday  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | until | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Sunday    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | until | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

5. a. How many 2222 (or equivalent) calls to the resuscitation team (including calls for reasons other than cardiac arrest) occurred between 1/1/2009 and 31/12/2009?       Unknown
- b. How many cardiac arrest resuscitation attempts occurred between 1/1/2009 and 31/12/2009?       Unknown

6. a. What percentage of calls are attended by resuscitation officers?    %  Unknown
- b. Is this figure:  An estimate  The actual number



7. Does this hospital record the resuscitation competencies of the resuscitation team?  Yes  No  Unknown  
 (please see definitions on page 6-7 of the questionnaire)

8a. If a patient was to undergo a cardiac arrest in this hospital at 14:00hr on 1st August 2011, What is the composition of the team that would initially respond? Please indicate each persons grade, specialty and ALS training.

Who would be on the team?	Grade		Specialty Code		ALS Trained		
	(please see grade codes on page 7)		(please see specialty codes on page 7)		(please see definitions on pages 6- 7)		
		Unknown		Unknown	Yes	No	Unknown
Team leader	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 6	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8b. If a patient was to undergo a cardiac arrest in this hospital at 02:00hr on 1st August 2011, What is the composition of the team that would initially respond? Please indicate each persons grade, specialty and ALS training.

Who would be on the team?	Grade		Specialty Code		ALS Trained		
	(please see grade codes on page 6)		(please see specialty codes on page 6)		(please see grade codes on page 6)		
		Unknown		Unknown	Yes	No	Unknown
Team leader	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 6	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How many full-time equivalent multi-educational personnel (outreach, clinical skills, resuscitation officers) does your hospital have devoted to resuscitation training?   Unknown

10. What number is dialled to alert the cardiac arrest resuscitation team?  2222  Other

11a. Do you have any of the following other outreach teams? 11b. Please mark the availability for each outreach team

- |   |  |   |  |
|---|--|---|--|
| (please see definitions on pages 6-7 and mark all that apply-answers may be multiple) | <input type="checkbox"/> Medical emergency team (MET)        | <input type="checkbox"/> Always available | <input type="checkbox"/> Limited hours |
|   | <input type="checkbox"/> Critical care outreach team (CCORT) | <input type="checkbox"/> Always available | <input type="checkbox"/> Limited hours |
|   | <input type="checkbox"/> Rapid response team (RRT)           | <input type="checkbox"/> Always available | <input type="checkbox"/> Limited hours |





- 11c. Do you have a Hospital at Night team?  Yes  No  Unknown  
(please see definitions on pages 6-7 of the questionnaire)
- 11d. If YES to part a or c, does the cardiac arrest resuscitation team comprise staff members from other outreach teams/hospital at night team?  Yes  No  Unknown

### C. EQUIPMENT

12. Does your site use:  Manual defibrillators exclusively  AEDs exclusively  
(please see definitions on pages 6-7)  
 Shock advisory defibrillators exclusively  
 A combination of the above  Unknown
13. Does your site have defibrillators:  From multiple manufacturers?  
 From one standard manufacturer?
14. Are they located within 3 minutes of all clinical areas?  Yes  No  Unknown
15. Is it policy that 24 hours/day, 7 days/week, there is at least one trained member of staff able to perform BLS and use AED and/or manual defibrillators on each ward ?  Yes  No  Unknown  
(please see definitions on pages 6-7 of the questionnaire)
16. If NO, what happens when no trained staff are on?
- 

17. For this hospital, is there a policy for standardised emergency equipment (trolley) contents?  Yes  No  Unknown
18. For this hospital, is there standardised provision of drugs specifically for use in cardiac arrest?  Yes  No  Unknown
19. How often are emergency equipment trolleys checked?  Every shift  Every 24 hrs  Once a week  
 Less frequently (please state)  After every resuscitation attempt

### D. POLICIES AND DOCUMENTATION

20. For this hospital, are there accessible protocols in place for summoning the resuscitation team?  Yes  No  Unknown
- 21a. Does this hospital use an early warning system (EWS)?  Yes  No  Unknown
- 21b. If YES, is this linked to escalation protocols?  Yes  No  Unknown



22. Which of the following does your site have? (please mark all that apply, answers may be multiple)

- |  |   |
|--|---|
| <input type="checkbox"/> Resuscitation policy                        | <input type="checkbox"/> DNAR policy  |
| <input type="checkbox"/> Patient information leaflets regarding DNAR | <input type="checkbox"/> Other resuscitation/cardiac arrest policy                            |
| <input type="checkbox"/> Policy for summoning of outreach team       | <input type="checkbox"/> Patient information leaflets regarding resuscitation                 |
| <input type="checkbox"/> Online access to primary care records       | <input type="checkbox"/> An effective way of communicating DNAR to the primary community care |

23. How are DNARs recorded? (please mark all that apply, answers may be multiple)

- Entry in medical notes     Standard pro forma (separate)     Central hospital record     Unknown

Other (please state):

24. Do you use standardised DNAR forms?     Yes     No     Unknown

## E. AUDIT

25. How often do you audit resuscitation activities?     Once per year     Twice per year     More frequently     Unknown

26. Do you collect standard information about the conduct of resus activity for each resuscitation attempt?     Yes     No     Unknown

27.a. Are outcomes for resuscitation monitored?     Yes     No     Unknown

b. If YES, which outcomes are monitored?     Immediate survival     24 hour survival     48 hour survival

Other (please state)     Survival to 6 months     Survival to 1 year     Survival to discharge

28a. Do you have a Resuscitation Committee?     Yes     No     Unknown

28b. If YES, how often does this Committee meet?     Once per year     Twice per year     More frequently

28c. If YES, who is the Committee answerable to?

29a. Has a local goal for reducing the number of cardiac arrests been set for this financial year: 1st April 2011- 31st March 2012?     Yes     No     Unknown

29b. If YES, has this been agreed by the board?     Yes     No     Unknown

29c. If YES, what percentage reduction has been aimed for?           Unknown

**Thank you for completing this questionnaire**



## DEFINITIONS

<b>AED</b>	<p style="text-align: center;">Automated External Defibrillator.</p> <ol style="list-style-type: none"> <li>1. An automated external defibrillator is a defibrillator that analyses the heart rhythm, determines whether a shock is appropriate and provides audio prompts to the operator. When prompted the operator pushes a button to deliver a shock to the patient.</li> <li>2. A shock advisory defibrillator can operate in either manual or AED modes - the preferred mode is selected by the operator.</li> <li>3. Purely manual defibrillators do not incorporate rhythm analysis software - the operator must interpret the rhythm, determine whether a shock is appropriate and, if so, charge the defibrillator and deliver the shock.</li> </ol>
<b>ALS trained</b>	<p>The individual has completed the Resuscitation Council (UK) Advanced Life Support (ALS) course and holds a Resuscitation Council (UK) ALS Provider certificate, which is valid for 4 years. The ALS course is a standardised national course teaching evidence-based resuscitation guidelines and skills to healthcare professionals including the knowledge and skills required to:-Recognise and treat the deteriorating patient using a structured ABCDE approach; treat cardiac and/or respiratory arrest, including starting CPR, manual defibrillation, life threatening arrhythmias, and post resuscitation care; care for the deteriorating patient or patient in cardiac and/or respiratory arrest in special circumstances such as anaphylaxis, and pregnancy; lead a team, work as a team member, and use structured communication skills including giving an effective handover.</p>
<b>CCORT</b>	<p>Critical Care Outreach Team. See Medical Emergency Team.</p>
<b>DNAR</b>	<p>Do Not Attempt Resuscitation order.</p>
<b>Early Warning Score (EWS)</b>	<p>A simple physiological scoring system that can be calculated at the patient's bedside, using parameters which are measured in the majority of unwell patients. It is calculated for a patient using five simple physiological parameters: mental response, pulse rate, systolic blood pressure, respiratory rate and temperature. Points are allocated to deviations from the normal range in each parameter, and an overall score is then calculated.</p>
<b>HDU/ Level 2</b>	<p>A specialist unit in a hospital, where patients requiring a high level of specialist intervention are cared for. High dependency unit care is appropriate for: patients needing support for a single failing organ, but excluding those needing advanced respiratory support; patients who can benefit from more detailed observation than can be safely provided on a general ward; patients no longer needing intensive care, but not yet well enough to be returned to a general ward; or postoperative patients who need close monitoring for longer than a few hours, i.e. the period normally spent in a recovery area.</p>
<b>Hospital at Night</b>	<p>This provides clinical care at night through a multi-disciplinary team (or teams) competent in providing a wide range of interventions but able to call in specialist expertise when needed. Other important aspects of the scheme are a multi-specialty handover; extending the role of staff to relieve doctors of certain tasks, bleep filtering, removing some non-urgent work to the daytime or evening and improving coordination to reduce duplication of effort and work. The team coordinator is generally a senior nurse and the composition and skills of the team are determined by the type of patient being cared for.</p>
<b>ICU/ITU/Level 3</b>	<p>An intensive care unit (ICU) is an area to which patients are admitted for treatment of actual or impending organ failure, especially when mechanical ventilation is necessary.</p>
<b>MET</b>	<p>Medical Emergency Team (also known as Critical Care Outreach Team, or Rapid Response Team): Their purpose is to provide immediate care to patients on the medical/surgical ward who show signs of physiological instability or clinical deterioration. They provide intervention to prevent, rather than treat, cardiopulmonary arrest.</p>



## DEFINITIONS

<b>Resuscitation Team</b>	A team that is activated in response to a cardiopulmonary arrest. Ideally, the team should include at least two doctors with current training in advanced life support. The exact composition of the team will vary between institutions, but overall the team must have the following skills: Airway interventions, including tracheal intubation; Intravenous cannulation, including central venous access; Defibrillation (advisory and manual) and cardioversion; Drug administration; Ability to undertake advanced resuscitation skills (e.g. external cardiac pacing, Skills required for post-resuscitation care
<b>Track and Trigger System</b>	Track & Trigger system is used to calculate a patient's physiological score, and a designated trigger level is agreed; when this is reached, nursing staff alert a clinician. Other calling criteria, based upon routine observations, are activated when one or more variables reaches an extreme value outside the normal range.
<b>RRT</b>	Rapid Response Team. See Medical Emergency Team.

## CODES FOR GRADE

<b>01- Consultant</b>	<b>04 - Senior Specialist Trainee (SPR3+ or ST5)</b>	<b>08 - Other Registered Nurse</b>
<b>02- Staff Grade or Associate specialist</b>	<b>05- Junior specialist trainee (SPR 1&amp;2)</b>	<b>09 - Resuscitation officer</b>
<b>03 - Trainee with CCT</b>	<b>06 - Basic grade (ST1 &amp; ST2, FY1 &amp; FY2 or CTs)</b>	<b>10 - Other</b>
	<b>07 -Specialist Nurse Practitioner</b>	

## NATIONAL SPECIALTY CODES

### SURGICAL SPECIALTIES

100 = General Surgery	107 = Vascular Surgery	161 = Burns Care
101 = Urology	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
103 = Breast Surgery	120 = Ear, Nose & Throat (ENT)	172 = Cardiac Surgery
104 = Colorectal Surgery	130 = Ophthalmology	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	140 = Oral Surgery	180 = Accident & Emergency
106 = Upper Gastrointestinal Surgery	145 = Maxillo-Facial Surgery	190 = Anaesthetics
	150 = Neurosurgery	192 = Critical/Intensive Care Medicine
	160 = Plastic Surgery	

### MEDICAL SPECIALTIES

300 = General Medicine	330 = Dermatology	430 = Geriatric Medicine
301 = Gastroenterology	340 = Respiratory Medicine	500 = Obstetrics & Gynaecology
302 = Endocrinology	350 = Infectious Diseases	501 = Obstetrics
303 = Clinical Haematology	352 = Tropical Medicine	502 = Gynaecology
306 = Hepatology	360 = Genito-Urinary Medicine	800 = Clinical Oncology
307 = Diabetic Medicine	361 = Nephrology	810 = Radiology
314 = Rehabilitation	370 = Medical Oncology	820 = General Pathology
315 = Palliative Medicine	400 = Neurology	823 = Haematology
320 = Cardiology	410 = Rheumatology	

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