BARIATRIC SURGERY 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?

To describe variability and identify remediable factors in the process of care (from referral to follow up) for patients undergoing a bariatric procedure for weight loss.

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.

Do staff receive any specialist training for the care (e.g. moving) of morbidly obese patients?

☐ 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:

bariatricsurgery@ncepod.org.uk

Telephone: 020 7600 1893

Inclusions

All individual hospitals within a Trust where bariatric procedures for weight loss are carried out and/or patients are admitted as emergencies.

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 meeting the study inclusion criteria.

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 _______
A THE HOSPITAL

1a. Type of facility

☐ District general hospital: ≤500 beds
☐ District general hospital: >500 beds
☐ Other (please specify)

☐ University teaching hospital
☐ Private hospital

1b. Does this hospital admit patients as an emergency?  
☐ Yes  ☐ No

2. Is Bariatric Surgery for weight loss performed at this hospital?  
☐ Yes  ☐ No

If No please go to section D on page 5

B BARIATRIC SURGERY

Please complete this section if Bariatric Surgery for weight loss is performed at this hospital

3a. Types of patient operated on

☐ NHS  ☐ Privately funded

3b. Are patients operated on who are outside of NICE guidance?  
☐ Yes  ☐ No

4. Which of the following procedures and how many, were performed at this hospital during the 2010/2011 financial year (1st April 2010 to 31st March 2011)?

Gastric band
Roux-en-Y gastric bypass
Sleeve gastrectomy
Duodenal switch
Duodenal switch with sleeve
Bilio-pancreatic diversion
Revisional gastric band
Gastric balloon placement/retrieval

5. Does this hospital run pre-assessment clinics for BS patients onsite?  
☐ Yes  ☐ No

If Yes who runs them?

6. If pre-assessment clinics are run onsite, which of the following does this hospital have access to (please tick all that apply)?

☐ Sleep clinics  ☐ Diabetic clinics  ☐ Psychiatric services  ☐ Psychology services
☐ Dietitian  ☐ Exercise physiologist  ☐ Specialist nurse  ☐ Echocardiography

☐ Other please specify

7. Does this hospital hold MDT meetings for bariatric surgery patients onsite?  
☐ Yes  ☐ No
7b. If yes who of the following routinely attends (please tick all that apply)

☐ Bariatric surgeon  ☐ Anaesthetist  ☐ Specialist Nurse  ☐ Bariatric Physician
☐ Dietitian  ☐ Psychologist/iatrist  ☐ Physiotherapist  ☐ Respiratory Physician
☐ Administrator  ☐ Other  (please specify)

8. Which of the following staff are available for the management of BS patients during their inpatient stay (please tick all that apply)?

☐ Bariatric surgeon  ☐ Anaesthetist  ☐ Specialist Nurse  ☐ Bariatric Physician
☐ Dietitian  ☐ Psychologist/iatrist  ☐ Physiotherapist  ☐ Respiratory Physician
☐ Other  (please specify)

9. Is specialist training in bariatric surgical procedures provided at your hospital for (please tick all that apply):

☐ Trainee surgeons  ☐ Theatre nurses  ☐ Surgical assistants

10. Which of the following does the hospital have (see definitions)?

☐ Level 0 beds  ☐ Level 1 beds  ☐ Level 2 beds  ☐ Level 3 beds

11. If the hospital does not have Level 3 beds is there an escalation in care transfer policy?

☐ Yes  ☐ No

12. In the event of a peri-operative event/complication is there a standard procedure for transfer to: -

☐ Emergency department on-site
☐ ICU/ITU (level 3) on-site
☐ Nearby acute hospital
☐ Other  please specify
☐ No standard procedure

13a. Is there an emergency re-admission policy for patients who have received bariatric surgery?

☐ Yes  ☐ No

13b. If Yes are patients readmitted to?

☐ This hospital  ☐ Another hospital
C PATIENT INFORMATION

14. How are patients informed about the procedure(s) that they will undergo, including risks of surgery, possible complications (please tick all that apply)?

- [ ] Patient information leaflet
- [ ] Verbal explanation by Nurse
- [ ] Patient information CD/DVD
- [ ] Non-clinical advisor led information
- [ ] Patient seminars
- [ ] Other [please specify]
- [ ] Verbal explanation in clinic by Doctor

15. Prior to surgery are patients given a card or other document carrying contact details and other essential information regarding pre-op support?  
- [ ] Yes
- [ ] No

16a. Are patients routinely followed up by telephone after surgery?  
- [ ] Yes
- [ ] No

16b. If Yes by Whom 
[please specify]

16c. If Yes how long after surgery 
[please specify]

17. Is it routine to contact the patient’s GP surgery to inform them that bariatric surgery has taken place 
- [ ] Yes
- [ ] No

18a. Are follow up clinics for Bariatric Surgery patients held at this hospital?  
- [ ] Yes
- [ ] No

18b. Do these follow up clinics include patients operated on elsewhere?  
- [ ] Yes
- [ ] No

18c. What type of follow up clinics are run (please tick all that apply)?

- [ ] Bariatric surgeon
- [ ] Specialist nurse
- [ ] Bariatric physician
- [ ] Psychiatric/ologist
- [ ] Dietitian
- [ ] Other [please specify]

19. If follow-up clinics are not run at this hospital, who is responsible for the patients’ follow-up (please tick all that apply)?

- [ ] Individual surgeon
- [ ] Third party [please specify]
- [ ] Other [please specify]

20. Which of the following are kept centrally at the hospital (please tick all that apply)?

- [ ] Outpatient annotations including referral and pre-assessment clinics
- [ ] Referral letters and other relevant correspondence
- [ ] Notes from MDT meetings
- [ ] Inpatient notes for this surgical episode
- [ ] Surgeon’s operation notes
- [ ] Outpatient notes for follow-up clinics
D FACILITIES AND EQUIPMENT

Please complete this section if Bariatric Surgery for weight loss is performed at this hospital and/or the hospital admits patients as an emergency

21a. Does this hospital have the ability to weigh patients >200 Kg

☐ Yes  ☐ No

21b. What is the maximum patient weight that can be measured at this hospital?

☐☐☐ Kg

22. Does this hospital have specialist transfer equipment for morbidly obese patients? eg. sliding sheets, hover mattresses, mechanical or electrical hoists

☐ Yes  ☐ No

If Yes please give details of these:

23. Do staff receive any specialist training for the care (e.g. moving) of morbidly obese patients?

☐ Yes  ☐ No

24a. Does this hospital have appropriate surgical equipment for morbidly obese patients (e.g. extra long laparoscopic instruments)?

☐ Yes  ☐ No

24b. Does this hospital have appropriate anaesthetic equipment for morbidly obese patients (e.g. video/fibreoptic laryngoscope)?

☐ Yes  ☐ No

24c. Does this hospital have appropriate monitoring equipment for morbidly obese patients (e.g. extra large blood pressure cuff or facility for invasive arterial pressure monitoring)?

☐ Yes  ☐ No

25. Does this hospital have appropriate elasticated stockings for morbidly obese patients?

☐ Yes  ☐ No

26a. Which of the following imaging modalities does this hospital have?

☐ CT scanner  ☐ Yes  ☐ No  ☐ MRI scanner  ☐ Yes  ☐ No  ☐ Fluoroscopy  ☐ Yes  ☐ No

26b. Please provide details of these:

<table>
<thead>
<tr>
<th>Imaging Modality</th>
<th>Maximum Patient Weight</th>
<th>Maximum Aperture Diameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT scanner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI scanner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. If the hospital does not have imaging modalities adequate for morbidly obese patients, is there a policy to arrange imaging at another hospital?

☐ Yes  ☐ No

28a. Which of the following does the hospital have (see definitions)?

☐ Level 0 beds  ☐ Level 1 beds  ☐ Level 2 beds  ☐ Level 3 beds

28b. What is the maximum patient weight that a hospital bed can take?

☐☐☐ Kg

29a. Does this hospital use a track and trigger system (see definitions?)

☐ Yes  ☐ No

29b. If Yes, is this linked to escalation protocols?

☐ Yes  ☐ No

Thank you for completing this questionnaire
LEVEL OF CARE:

Level 0: Patients whose needs can be met through normal ward care in an acute hospital.

Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2: (e.g. HDU) 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. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care).

Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).

TRACK & TRIGGER:

The periodic observation of selected basic physiological signs (‘tracking’) with predetermined calling or response criteria (‘trigger’) for requesting the attendance of staff who have specific competencies in the management of acute illness and/or critical care. (National Institute for Health and Clinical Excellence, 2007)