A. Introduction

**What is this study about?**
The aim of this study is to identify the remedial factors in process of care of patients with large or small intestinal obstruction.

**Who should complete this questionnaire?**
This questionnaire has been designed to collect data on the organisational structures surrounding the care provided to patients with an obstructed bowel. It should be completed for hospitals where patients with acute bowel obstruction might be cared for/ treated. One questionnaire should be completed for each hospital within a Trust/Health board. The questionnaire has been disseminated to our named local contact, who is primarily responsible for the data collection. However, others can be invited by the named local contact to complete sections as appropriate. This can be done by clicking on the envelope icon (on the right hand side of the front screen) and entering the details of those to be invited.

Many thanks for your help with our study

**A list of definitions can be found here:-**
http://bit.ly/2qYWnOL
If you have any queries about this study or this questionnaire, please contact: abo@ncepod.org.uk or telephone 020 7251 9060.

This study was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into medical and surgical care.
B. The Hospital

1a. Type of facility
Please select the one answer that best describes this hospital

☐ District general hospital <= 500 beds ☐ District general hospital > 500 beds
☐ University teaching hospital ☐ Single specialty hospital
☐ Independent hospital

Please specify any additional options here...

1b. How many in-patient beds are there in your hospital?

Value should be no more than 10,000

2a. What is the catchment population for this hospital?
Value should be no more than 5,000,000

Value should be no more than 5,000,000

3a. Is there an Emergency Department (ED) at this hospital?

☐ Yes ☐ No ☐ Unknown

3b. If answered "Yes" to [3a] then:
What was the number of Emergency Department attendances during 2018?
1st of January 2018 to 31st December 2018

Value should be no more than 10,000

3c. If answered "Yes" to [3a] then:
Is there a protocol for the management of acute bowel obstruction (ABO) when diagnosed in the emergency department?

☐ Yes ☐ No ☐ Unknown

3d. If answered "Yes" to [3a] then:
Are Early Warning Scores (EWS) used within the Emergency Department?

☐ Yes ☐ No ☐ Unknown

3e. If answered "Yes" to [3a] and "Yes" to [3d] then:
What type of Early Warning Score?

☐ NEWS ☐ NEWS2 ☐ Modified EWS ☐ Unknown

Please specify any additional options here...

4. Does this hospital have any dedicated assessment units?
Please select all that apply

☐ Yes - Surgical Assessment Unit ☐ Yes - Medical Assessment Unit
☐ Yes - Acute Admissions Unit ☐ No
☐ Unknown

Please specify any additional options here...
C. Bowel Cancer Screening

1a. Does this hospital run a Bowel Cancer Screening Programme?
   - Yes
   - No
   - Unknown

1b. If answered "Yes" to [1a] then:
   When was the Bowel Cancer Screening Programme initiated at this hospital?
   - < 6 months ago
   - 6 months - <1 year ago
   - 1 year - <5 years ago
   - =>5 years ago

   Please specify any additional options here...

1c. If answered "Yes" to [1a] then:
   What is the catchment population for this hospital, aged 60-74 years?
   [ ] people

1d. If answered "Yes" to [1a] then:
   Percentage of the population
   - Percentage of the population

   Value should be no more than 100

1e. If answered "Yes" to [1a] then:
   Which test is offered?
   - Faecal occult blood (FOB) test
   - Faecal immunochemical test (FIT)

   Please specify any additional options here...

1f. If answered "Yes" to [1a] then:
   What is the percentage uptake of bowel cancer screening (FOB/FIT)?
   - Percentage of those invited

   Value should be no more than 100

2a. How many colon cancers does this hospital treat annually?
   [ ]

2b. How many of these are screen detected?
   [ ]
D. Protocols and Guidelines

1a. Is there a protocol/pathway specifically for the investigation and management of patients with suspected (large or small) acute bowel obstruction (ABO)?

- Yes
- No
- Unknown

1b. If answered "Yes" to [1a] then:
Does it include specific guidance for small bowel obstruction?

- Yes
- No
- Unknown

1c. If answered "Yes" to [1a] then:
Does it include specific guidance for large bowel obstruction?

- Yes
- No
- Unknown

2a. If answered "Yes" to [1a] then:
Does the protocol/pathway include guidance for the initial treatment and resuscitation measures?

- Yes
- No
- Unknown

2b. If answered "Yes" to [1a] and "Yes" to [2a] then:
If YES, please state what is covered:
Please select all that apply, *please see definitions

- Oxygen administration
- IV fluid administration
- Nasogastric tube insertion
- Escalation criteria
- None of these

- Urine output measurement
- Antibiotic administration
- Frequency of observations
- Transfer criteria to higher level care*

Please specify any additional options here...

2c. If answered "Yes" to [1a] and "Yes" to [2a] and "IV fluid administration" to [2b] then: Type of fluid specified


2d. If answered "Yes" to [1a] and "Yes" to [2a] and "IV fluid administration" to [2b] then: Rate of fluids specified


2e. If answered "Yes" to [1a] and "Yes" to [2a] and "Nasogastric tube insertion" to [2b] then: Is there a timeframe for insertion of NG tube?

- Yes
- No
- Not applicable
- Unknown

2f. If answered "Yes" to [1a] and "Yes" to [2a] and "Nasogastric tube insertion" to [2b] and "Yes" to [2e] then:
Timeframe specified for insertion of NG tube:


- Unknown

2g. If answered "Yes" to [1a] and "Yes" to [2a] and "Nasogastric tube insertion" to [2b] then: Size of NG tube specified?

- Yes
- No
- Unknown

3a. If answered "Yes" to [1a] then:
Does the protocol/pathway specify the necessary timeframe for a CT scan for patients presenting with suspected bowel obstruction?

- Yes
- No
- Unknown
3b. If answered "Yes" to [1a] and "Yes" to [3a] then:
What is the timeframe specified?
- [ ] Immediate
- [ ] <4 hours
- [ ] <12 hours
- [ ] <24 hours

Please specify any additional options here...

4a. If answered "Yes" to [1a] then:
Is it part of the protocol/pathway to undertake a frailty assessment on all patients who are admitted as an emergency?
- [ ] Yes
- [ ] No
- [ ] Unknown

4b. If answered "Yes" to [1a] then:
Is it part of the protocol/pathway to undertake a dementia assessment on all elderly patients with ABO?
- [ ] Yes
- [ ] No
- [ ] Unknown

4c. If answered "Yes" to [1a] then:
Does the protocol/pathway include guidance for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?)
- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Not Applicable (No Care of the Elderly Medicine)

4d. If answered "Yes" to [1a] and "Yes" to [4c] then:
What are the criteria for referral to Care of the Elderly medicine (or equivalent)?
- [ ] Age (please state in box below)
- [ ] Frailty score (please state in box below)
- [ ] Dementia score

Please specify any additional options here...

4e. If answered "Yes" to [1a] and "Yes" to [4c] and "Age (please state in box below)" to [4d] then:
Please give further details of age limit that triggers referral:

4f. If answered "Yes" to [1a] and "Yes" to [4c] and "Frailty score (please state in box below)" to [4d] then:
Please give further details of Frailty Score that triggers referral:
5a. If answered "Yes" to [1a] then:  
Does the protocol/pathway include guidance for the nutritional management of patients with acute bowel obstruction?  
☐ Yes ☐ No ☐ Unknown  

5b. If answered "Yes" to [1a] and "Yes" to [5a] then:  
Does this include the following?  
Please select all that apply  
☐ Guidelines regarding interventions following a given length of starvation  
☐ Written guidelines/ information sheet for patients/carers  
☐ Guidelines for recording a MUST score  
☐ Criteria for referral to a dietician/ the nutrition team  

Please specify any additional options here...  

6a. If answered "Yes" to [1a] then:  
Does the protocol/pathway include guidance on the use of Gastrografin?  
☐ Yes ☐ No ☐ Unknown  

6b. If answered "Yes" to [1a] and "Yes" to [6a] then:  
Does this include guidance on the following?  
Please specify any additional options here...  

7a. If answered "Yes" to [1a] then:  
Does the Acute Bowel Obstruction protocol/ pathway include guidance on the following?  
Please select all that apply  
☐ The timing of first review by senior decision maker  
☐ A time limit on when a treatment decision should be made  
☐ Guidance on which patients to refer for surgery  
☐ Guidance on who (grade of clinician) should refer for surgical opinion  
☐ Guidance on the timing of surgery  
☐ Specific guidance on colonic stenting  
☐ Guidance on when to refer to the Acute Pain Team  
☐ Guidance on when to use laparoscopy  

Please specify any additional options here...  

7b. If answered "Yes" to [1a] and "A time limit on when a treatment decision should be made" to [7a] then:  
Time limit on treatment decision?  

hours ☐ Unknown  

7c. If answered "Yes" to [1a] and "The timing of first review by senior decision maker" to [7a] then:  
Timeframe for first review by senior decision maker:  

hours ☐ Unknown
8a. Other than a dedicated ABO pathway/protocol, does this hospital have any pathways/protocols which would include the care of patients with ABO (eg. emergency laparotomy / acute abdomen pathway)?

Please select the one answer that best fits the scenario at your hospital

- Yes - But all necessary aspects of care are covered by dedicated ABO pathway/protocol
- Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others
- Yes - There is no dedicated ABO protocol/pathway at this hospital.
- No - There is no dedicated ABO protocol/pathway at this hospital and no other protocols/pathways for
- No - There is only the dedicated pathway/protocol for ABO

8b. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Please list any other protocols/pathways/guidelines that cover the management of patients with acute bowel obstruction (other than a protocol specifically dedicated to patients with ABO)?

Please select all that apply

- Acute abdomen pathway
- Laparotomy pathway
- Acutely ill patients pathway
- High risk patients pathway
- Acute surgical pathway
- None
- Unknown
- Other (please state in box below)

Please specify any additional options here...

8c. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Does the hospital have any specific guidance for the management of suspected small bowel obstruction?

- Yes
- No
- Unknown

8d. If answered “Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others” or “Yes - There is no dedicated ABO protocol/pathway at this hospital.” to [8a] then:

Does the hospital have any specific guidance for the management of suspected large bowel obstruction?

- Yes
- No
- Unknown

8e. If answered “Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others” or “Yes - There is no dedicated ABO protocol/pathway at this hospital.” to [8a] then:

Is there a protocol/pathway that includes guidance for the initial treatment and resuscitation measures for patients with Acute Bowel Obstruction?

- Yes
- No
- Unknown

8f. If answered "Yes" to [8e] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

If YES, please state what is covered:

- Oxygen administration
- Antibiotic administration
- Escalation criteria
- Urine output measurement
- Nasogastric tube insertion
- Transfer criteria to CCU
- IV fluid administration
- Frequency of observations

Please specify any additional options here...

8g. If answered "Yes" to [8e] and "IV fluid administration" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Type of fluid specified
8h. If answered "Yes" to [8e] and "IV fluid administration" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Rate of fluids specified

8i. If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Is there a timeframe for insertion of NG tube?
- Yes
- No
- Unknown

8j. If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes" to [8i] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Timeframe for NG tube insertion
- Yes
- No
- Unknown

8k. If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Size of NG tube specified?
- Yes
- No
- Unknown

9a. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does any pathway/protocol specify the necessary timeframe for a CT scan for patients presenting with bowel obstruction?
- Yes
- No
- Not applicable
- Unknown

9b. If answered "Yes" to [9a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Please state the timeframe specified?
- Immediately
- < 4 hours
- < 12 hours
- < 24 hours
Please specify any additional options here...

10a. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does the hospital have any specific guidelines which include undertaking a frailty assessment on all patients who are admitted as an emergency?
- Yes
- No
- Not applicable
- Unknown

10b. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent)?
- Yes
- No
- Not applicable
- Unknown

10c. If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
What are the criteria for referral to Care of the Elderly medicine?
- Age
- Frailty score
Please specify any additional options here...
10d. If answered "Yes" to [10b] and "Age" to [10c] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Please give further details of age limit that triggers referral:

10e. If answered "Yes" to [10b] and "Frailty score" to [10c] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Please give further details of Frailty Score that triggers referral:

11a. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does the hospital have any specific guidance for the nutritional management of patients with acute bowel obstruction?
☐ Yes  ☐ No  ☐ Not applicable  ☐ Unknown

11b. If answered "Yes" to [11a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does this include the following?
☐ Written guidelines/ information sheet for patients/carers
☐ Guidelines regarding interventions following a given length of starvation
☐ Guidelines for recording a MUST score
☐ Criteria for referral to a dietician/ the nutrition team

Please specify any additional options here...

12a. If answered “Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others” or “Yes - There is no dedicated ABO protocol/pathway at this hospital.” to [8a] then:
Does this hospital have any guidance on the use of Gastrografin for suspected bowel obstruction?
☐ Yes  ☐ No  ☐ Not applicable  ☐ Unknown
12b. If answered "Yes" to [12a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Does this include guidance on the following?

☐ When to use Gastrografin (which patients)  ☐ The timing of Gastrografin use

Please specify any additional options here...

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13a. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Does the hospital provide any specific guidance on the following?

☐ Timing of first review by a senior decision maker
☐ A time limit on when a treatment decision should be made
☐ Guidance on which patients to refer for surgery
☐ Guidance on who (grade of clinician) should refer for surgical opinion
☐ The timing of surgery
☐ Specific guidance on colonic stenting
☐ Guidance on when to refer to the Acute Pain Team
☐ Guidance on when to use Laparoscopy

Please specify any additional options here...

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13b. If answered "A time limit on when a treatment decision should be made" to [13a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Time limit on treatment decision?

[ ] hours  ☐ Unknown

13c. If answered "Timing of first review by a senior decision maker" to [13a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Timeframe for first review by senior decision maker:

[ ] hours
E. Imaging

1a. What imaging is available at this hospital 24/7?
- [ ] Abdominal X Ray
- [ ] CT scan
- [ ] Abdominal ultrasound
- [ ] MRI
- [ ] Gastrografin follow through (WSCS)
- [ ] Unknown

Please specify any additional options here...

1b. Does this hospital have at least 1 CT scanner on site*?
*NB onsite refers to the location of the hospital, which may be one of many in the Trust
- [ ] Yes
- [ ] No
- [ ] Unknown

1c. If answered "Yes" to [1b] then:
How many CT scanners are there on site at this hospital?

CT scanners

1d. If answered "Yes" to [1b] then:
In which department(s) is/are the CT scanner(s) located?
- [ ] Emergency Department
- [ ] Assessment Unit
- [ ] Imaging suite

Please specify any additional options here...

1e. If answered "Yes" to [1b] then:
Please state the hours of accessibility of the CT scanner?
If multiple scanners at this hospital, please state the most widely accessible
- [ ] 24/7
- [ ] Normal working hours (8am-6pm), Monday to Friday
- [ ] Normal working hours (8am-6pm), 7 days/ week
- [ ] Extended hours, Monday-Friday
- [ ] Extended hours, 7 days/ week
- [ ] Other (please state in box below)

Please specify any additional options here...

1f. If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then:
If not available 24/7, what arrangements are in place when the CT scanner is not available?

2a. Are there restrictions on who can request CT scans?
- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Unknown

2b. If answered "Yes" to [2a] then:
If YES, which grade of clinician can request a CT?
Please select all that apply

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2c. If answered "Yes" to [2a] then: Please state which specialty clinicians can request CT scans?

Please select all that apply

☐ Colorectal surgery  ☐ Other Surgery (including all sub-specialties)
☐ General Surgery  ☐ Emergency medicine
☐ General Medicine  ☐ No restriction on specialty

Please specify any additional options here...

3a. In general, who reports on/interprets CT scans IN HOURS*?

Please select all that apply, *please see definitions

☐ Consultant (or equivalent)  ☐ ST3+/CT3+
☐ Not specified  ☐ Unknown

Please specify any additional options here...

3b. In general, who reports on/interprets CT scans OUT OF HOURS*?

Please select all that apply, *please see definitions

☐ Consultant (or equivalent)  ☐ ST3+/CT3+
☐ Not specified  ☐ Unknown

4a. Does the hospital have guidelines for the time taken from imaging to reporting?

☐ Yes  ☐ No  ☐ Unknown

4b. If answered "Yes" to [4a] then: If YES, does this cover:

☐ All Bowel Obstruction patients?  ☐ High risk patients only

Please specify any additional options here...

4c. If answered "Yes" to [4a] then:
What is the maximum time for the reporting of imaging IN HOURS* for patients with acute bowel obstruction?

*IN HOURS, as defined at your hospital

[ ] hours  ☐ Unknown

4d. If answered "Yes" to [4a] then:
What is the maximum time for the reporting of imaging OUT OF HOURS* for patients with acute bowel obstruction?

*OUT OF HOURS, as defined at your hospital

[ ] hours  ☐ Unknown

5a. Do you audit the report times for CT scans in abdominal emergencies?

☐ Yes  ☐ No  ☐ Unknown
5b. If answered "Yes" to [5a] then:
If YES, how are these reviewed?
☐ For surgical M&M  ☐ Other M&M

Please specify any additional options here...

5c. If answered "Yes" to [5a] then:
How often are these reviewed?

☐ Unknown

6a. Is there a protocol for "CT for Bowel Obstruction" at this hospital?
☐ Yes  ☐ No  ☐ Unknown

6b. If answered "Yes" to [6a] then:
In standard practice for CT do you use?
☐ i) iv contrast  ☐ ii) oral contrast  ☐ Not applicable  ☐ Unknown

Please specify any additional options here...

6c. If answered "Yes" to [6a] then:
If CT with contrast is covered by the protocol, does it include:
☐ Detail of oral administration
☐ Detail of IV administration
☐ Use of an eGFR cut-off to avoid administration of IV contrast
☐ Detail of who should decide on the use of IV contrast: Radiologist
☐ Detail of who should decide on the use of IV contrast: Surgeon

Please specify any additional options here...

7. How are CT reports in patients with confirmed bowel obstruction communicated to the team in this hospital?
Please mark all that apply
☐ Telephone to ward  ☐ Telephone to required clinician
☐ Telephone to responsible consultant/ on-call  ☐ Electronic reporting
☐ Unknown

Please specify any additional options here...

F. Staffing

1a. Is there a Care of Elderly Medicine (or equivalent) service on site at this hospital?
☐ Yes  ☐ No  ☐ Unknown

1b. If answered "Yes" to [1a] then:
How many whole time equivalent Care of the Elderly Medicine consultants are employed at this hospital?

☐ Unknown

1c. If answered "Yes" to [1a] then:
How many whole time equivalent Care of the Elderly Medicine Nurses are employed at this hospital?

☐ Unknown
2. Is there a nutrition team on site?
   - Yes
   - No
   - Unknown

3a. Is there an acute pain team on site?
   - Yes
   - No
   - Unknown

3b. Is there a guideline/protocol for pain scoring in the Emergency Department?
   - Yes
   - No
   - Unknown

3c. Is there a guideline/protocol for pain scoring once admitted to hospital?
   - Yes
   - No
   - Unknown

3d. Is there an escalation process for the management of a patient’s pain if it is not controlled with initial measures once admitted to hospital?
   - Yes
   - No
   - Unknown

4. Is there a palliative care team on site at this hospital?
   - Yes
   - No
   - Unknown

5. Do patients with bowel obstruction have in patient access to the following services:
   - Social care
   - Physiotherapy
   - Occupational Therapy
   - Dietetics
   - Critical Care Outreach
   - Pharmacy (24/7)
   - Occupational Therapy

Please specify any additional options here...

6a. What types of surgeon are on the general surgical emergency on-call rota?
   Please mark all that apply
   - Upper gastrointestinal surgery
   - General surgery
   - Breast Surgery
   - Lower gastrointestinal/ colo-rectal surgery
   - Hepatobiliary and pancreatic surgery
   - Not applicable
   - Unknown

Please specify any additional options here...

6b. Please describe the structure of the surgical consultant on-call system at your hospital?
   Please select all that apply if a combination is used
   - 24 hours a day- one week on-call
   - 24 hours a day- week split into 2-3 days on -call (eg 48-72 hours at a time, or Mon-Thurs, Fri-Sun)
   - 24 hour single day on-call
   - Different consultants covering day and night on-call
   - Rolling day on-call
   - Surgeon of the week (with colleagues covering overnight)
   - Surgeon of the week (with surgeon also covering overnight)
   - Unknown

Please specify any additional options here...

6c. Are there formal arrangements for checking in patients over the weekend?
   - Yes
   - No
   - Not applicable
   - Unknown
7a. Does this hospital have a separate colo-rectal surgical rota?

☐ Yes  ☐ No  ☐ Unknown

7b. If answered "Yes" to [7a] then:
If YES, does this cover:

Please select all that apply

☐ Elective admissions  ☐ Emergency admissions  ☐ Unknown

Please specify any additional options here...

8a. Does this hospital have a critical care outreach team?

☐ Yes  ☐ No  ☐ Not applicable  ☐ Unknown

8b. If answered "Yes" to [8a] then:
If YES, is this available:

☐ 8am-6pm, Monday - Friday  ☐ 8am-6pm, Monday - Sunday
☐ Extended working hours, Monday - Friday  ☐ Extended working hours, Monday - Sunday
☐ 24 hours/day, Monday - Friday  ☐ 24 hours/day, Monday - Sunday

Please specify any additional options here...

9a. Does the hospital have a coordinated discharge planning team

☐ Yes  ☐ No  ☐ Unknown

9b. If answered "Yes" to [9a] then:
If YES, does it include:

Please select all that apply

☐ Social care  ☐ Physiotherapy  ☐ Occupational therapy
☐ Dietetics  ☐ Nutrition team  ☐ Unknown

Please specify any additional options here...
G. Colonic Stenting

1a. Is there onsite access to colonic stenting at this hospital?
☐ Yes  ☐ No  ☐ Unknown

1b. If answered "Yes" to [1a] then:
If YES, please indicate the days when this is available:
*Please select all that apply*
☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday
☐ Friday  ☐ Saturday  ☐ Sunday

1c. If answered "Yes" to [1a] then:
Please indicate the times that this is available
☐ Working hours, 8am-6pm  ☐ Extended working hours  ☐ 24 hours / day

Please specify any additional options here...

1d. If answered "Yes" to [1a] then:
If stenting is not available 24/7, are patients referred elsewhere for colonic stenting when not available?
☐ Yes  ☐ No  ☐ Unknown  ☐ Not applicable

1e. If answered "No" to [1a] then:
If no onsite access, are patients referred elsewhere for colonic stenting?
☐ Yes  ☐ No  ☐ Unknown

1f. If answered "Yes" to [1a] then:
Please indicate who undertakes this:
*Please select all that apply*
☐ Interventional radiologists  ☐ Endoscopists  ☐ Endoscopist physician
☐ Endoscopist surgeon  ☐ Unknown

Please specify any additional options here...

2a. Is this hospital a member of a network of care* for colonic stenting?
*Please see definitions*
☐ Yes  ☐ No  ☐ Unknown

2b. If answered "Yes" to [2a] then:
If YES, is the colonic stenting network*:
*Please see definitions*
☐ Formal*  ☐ Informal*  ☐ Unknown

3. Has an audit of access to colonic stenting for large bowel obstruction been undertaken within this hospital?
☐ Yes  ☐ No  ☐ Not applicable  ☐ Unknown
1a. Is there the possibility of carrying out sigmoid volvulus decompression on-site at this hospital?

- Yes
- No
- Unknown

1b. If answered "Yes" to [1a] then:

If YES, is this undertaken using rigid sigmoidoscopy/ flatus tube?

- Yes
- No
- Unknown

1c. If answered "Yes" to [1a] and "Yes" to [1b] then:

Is this available 24 hours, 7 days/ week?

- Yes
- No
- Unknown

1d. If answered "Yes" to [1a] then:

Is this undertaken using flexible sigmoidoscopy?

- Yes
- No
- Unknown

1e. If answered "Yes" to [1a] and "Yes" to [1d] then:

If YES, is this available 24 hours/ day, 7 days/ week

- Yes
- No
- Unknown

2a. Is there the possibility of carrying out percutaneous endoscopic colostomy (PEC) on-site at this hospital?

- Yes
- No
- Unknown

2b. If answered "Yes" to [2a] then:

Is this available 24 hours/ day, 7 days/ week?

- Yes
- No
- Unknown

2c. If answered "Yes" to [2a] and "No" to [2b] then:

If not 24/7, please indicate when this is available:

- 8am-6pm, Monday -Friday
- 8am-6pm, Monday -Sunday
- Extended hours, Monday-Friday
- Extended hours, Monday-Sunday
- 24 hours/ day, Monday-Friday

Please specify any additional options here...

2d. If answered "Yes" to [2a] then:

Who undertakes this procedure at this hospital?

Please select all that apply

- Interventional radiologists
- Endoscopists
- Surgeon
- Unknown

Please specify any additional options here...

2e. If answered "No" to [2a] then:

If no onsite access to PEC, are patients referred elsewhere for PEC?

- Yes
- No
- Not applicable
- Unknown

2f. Is this hospital part of a network of care* for PEC?

Please see definitions

- Yes
- No
- Not applicable
- Unknown

2g. If answered "Yes" to [2f] then:

If YES, is the network*:

Please see definitions

- Formal
- Informal
- Unknown
I. Surgery

1a. Does the hospital have a scheduled emergency theatre for urgent surgical cases (excluding trauma and orthopaedics), Monday- Friday, 08:00 - 17:59?

☐ Yes  ☐ No  ☐ Unknown

1b. If answered "Yes" to [1a] then:
   If YES, please state how many?
   □ theatres  ☐ Unknown

1c. Does the hospital have scheduled out of hours emergency surgery sessions (excluding trauma and orthopaedics), Monday to Friday, 18:00 - 07:59, and all day weekends?

☐ Yes  ☐ No  ☐ Unknown

1d. If answered "Yes" to [1c] then:
   If YES, please state how many?
   □ Sessions  ☐ Unknown

1e. Is there a clinical priority grading system for determining clinical priority in emergency surgery?

☐ Yes  ☐ No  ☐ Unknown

1f. If answered "Yes" to [1e] then:
   If YES, please describe which one?


1g. For the general emergency theatres, is there a coordinator for confirming that the relevant investigations and resuscitation have been completed and the patient is ‘fit’ for theatre?

☐ Yes  ☐ No  ☐ Unknown

1h. If answered "No" to [1g] then:
   If NO, please describe how this is done:


1i. Is there a Laparoscopy service at this hospital?

☐ Yes  ☐ No  ☐ Unknown
1j. If answered "Yes" to [1i] then:
   If YES please describe the hours of availability:
   ☐ 8am-6pm, Monday - Friday
   ☐ 8am-6pm, Monday - Sunday
   ☐ 24 hours/day, 7 days/ week
   ☐ Unknown

   ☐ Extended hours, Monday - Friday
   ☐ Extended hours, Monday - Sunday
   ☐ 24 hours/day, Monday - Friday

   Please specify any additional options here...
1a. Does this hospital have a critical care* unit/ any critical care* beds?
   *Please see definitions*
   ☐ Yes  ☐ No  ☐ Unknown

1b. If answered "Yes" to [1a] then:
   What level of critical care* is provided?
   *Please see definitions*
   ☐ Level 3 (ICU)  ☐ Level 2 (HDU)  ☐ Unknown

   Please specify any additional options here...

1c. If answered "Yes" to [1a] then:
   Has this hospital undertaken an audit of patients admitted/ not admitted to critical
care with acute bowel obstruction?
   ☐ Yes  ☐ No  ☐ Unknown

1d. If answered "Yes" to [1a] and "Yes" to [1c] then:
   If YES, please provide details:

1e. Is this hospital part of a critical care network?
   ☐ Yes  ☐ No  ☐ Unknown

2a. Is there a record held of the numbers of patients refused a critical care bed due to
unavailability?
   ☐ Yes  ☐ No  ☐ Unknown

2b. If answered "Yes" to [2a] and "Yes" to [1a] then:
   If YES, How many times did this happen in 2018 (01 January-31 December 2018)?
   [Number] patients  ☐ Unknown
K. Audit/ Governance

1a. Are delays to surgery audited at this hospital?

☐ Yes  ☐ No  ☐ Unknown

1b. If answered "Yes" to [1a] then:
If YES, please indicate what is audited?
Please select all that apply

☐ All delays to surgery  ☐ Delays in referral to surgery  ☐ Delays following referral

Please specify any additional options here...

2a. Are all deaths within 30 days of surgery discussed at Mortality & Morbidity (M&M) meetings?

☐ Yes  ☐ No  ☐ Unknown

2b. If answered "No" to [2a] then:
If NO, which deaths are discussed at M&M meetings?
Please select all that apply

☐ Patients admitted as an emergency  ☐ Patients admitted electively
☐ Unexpected deaths  ☐ Death of child/ young person

Please specify any additional options here...

2c. If answered "Yes" to [2a] then:
Would all deaths following colorectal surgery be discussed in a meeting of all the surgeons providing Emergency General Surgery (eg colorectal MDT)?

☐ Yes  ☐ No  ☐ Unknown

Please specify any additional options here...

3. Did this hospital contribute to the last cycle of the National Audit of Small Bowel Obstruction (NASBO)?

☐ Yes  ☐ No  ☐ Unknown  ☐ Not applicable

4. Does this hospital contribute to the National Emergency Laparotomy Audit (NELA)?

☐ Yes  ☐ No  ☐ Unknown  ☐ Not applicable

5. Does this hospital contribute to Emergency Laparotomy and Laparoscopic Scottish Audit (ELLSA)?

☐ Yes  ☐ No  ☐ Unknown  ☐ Not applicable

6. Does this hospital contribute to the National Bowel Cancer Audit (NBOCA)?

☐ Yes  ☐ No  ☐ Not applicable  ☐ Unknown
7. Please give details of any other audits or quality improvement work relating to patients with bowel obstruction, being carried out at this hospital?

8a. Are there any identified gaps in the service currently provided to patients with Bowel Obstruction at this hospital?
   - Yes
   - No
   - Unknown

8b. If answered "Yes" to [8a] then:
   Are there any plans to develop services in order to fill these gaps?
   - Yes
   - No
   - Unknown

8c. If answered "Yes" to [8a] and "Yes" to [8b] then:
   Please outline the plans in place to develop services
1. If you wish to make us aware of anything relating to the answers supplied please let us know below. Otherwise, you can leave this section empty

Thank you for completing this questionnaire