Acute Limb Ischaemia - Organisational Questionnaires: Spoke hospitals

A. Introduction

What is this study about?

To explore current care pathways for patients with acute limb ischaemia (ALI); identify remediable clinical and organisational factors that can improve the delivery and quality of the required care.

Inclusions

This questionnaire should be completed for each hospital that is defined as a "spoke" hospital, generally an acute hospital, where patients with acute limb ischaemia may present eg to an emergency department and be referred/ transferred to a specialist "hub" hospital for treatment.

Please note that patients with acute limb ischaemia through trauma are excluded from the case review part of the study. This questionnaire is also focused on the vascular referral pathway not the trauma pathway

Who should complete this questionnaire?

This questionnaire should be completed by the NCEPOD Local Reporter with input from senior clinicians in Emergency/ Acute medicine who would have the knowledge to complete it. The questionnaire can be assigned by the Local Reporter to others to complete for designated periods of time. Please see: https://www.ncepod.org.uk/Online_Questionnaires.html for more information about the online questionnaire system or email ali@ncepod.org.uk if any assistance is required

ONE QUESTIONNAIRE SHOULD BE COMPLETED FOR EACH "SPOKE" HOSPITAL IN THE TRUST - EACH HOSPITAL THAT TRANSFERS PATIENTS TO A VASCULAR HUB

Questions or help

Further information regarding this study can be found here: https://www.ncepod.org.uk/ali.html

If you have any queries about this study or this questionnaire, please contact: ali@ncepod.org.uk or telephone 0207 251 9060.

About NCEPOD

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and make recommendations to improve the quality of the delivery of care for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme

B. Hospital details 1. What population size does this hospital cover? () 400,000 - <800,000 people () > 800,000 people \bigcirc < 400,000 people If not listed above, please specify here... 2. How many in-patient beds are there in this hospital? **(**) <50 O >50-100 O >100-250 >250-500 O >500-750 O >750-1000 O >1000-1500) >1500-2000 O >2000 If not listed above, please specify here... 3a. Does this hospital have an Emergency Department/ Urgent Treatment Centre? () Unknown Yes (No 3b. If answered "Yes" to [3a] then: What hours is the Emergency Department/ Urgent Treatment Centre open? \bigcirc 24/7 8am-6pm () 8am-8pm 8am-10pm O 7am-10pm If not listed above, please specify here... 4a. Do you offer any vascular services at this hospital? Yes (No Unknown 4b. If answered "Yes" to [4a] then: If YES, please select the vascular services provided by this hospital: Answers may be multiple, please select all that apply ☐ Vascular surgery outpatient clinics Inpatient vascular surgery reviews ☐ Vascular Clinical Nurse Specialist -led clinic ☐ Limited vascular surgical procedures ☐ Limited vascular interventional radiological procedures Post-procedure care eg. rehabilitation

Please specify any additional options here...

C. Vascular network/ pathway 1a. For patients presenting to this hospital with suspected acute limb ischaemia, how many different specialist vascular "Hub" hospitals does this hospital refer patients to for treatment? \bigcirc 1 \bigcirc 2 \bigcirc 3 () 4 or more If not listed above, please specify here... 1b. If answered "1", "2", "3" or "4 or more" to [1a] then: Please name all the vascular specialist hub hospitals that patients are referred/transferred to from this hospital? 2a. If answered "2", "3" or "4 or more" to [1a] then: Please describe the variation in referrals to different vascular "Hub" hospitals: Referrals to specific "hub" hospitals are planned in advance Decision to refer to a specific hospital is based on capacity/acceptance by a vascular "hub" hospital Please specify any additional options here... 2b. If answered "Referrals to specific "hub" hospitals are planned in advance" to [2a] then: Please provide details of the planned variation in referral to different vascular "Hub"

e.g. Depending on severity of patient's condition: e.g. immediate & urgent cases only or timing of

3a. Is there any guidance available that covers patients presenting to this hospital with suspected acute limb ischaemia?

eg triage, assessment, initial care and transfer of patients

O Yes

presentation/ referral request

O No

Unknown

	Does the guidance (e include:	eg. pathway/protocol/ o	guideline) for acute lim	b ischaemia (ALI)				
	A protocol/ SOP for a Preferred imaging in Inclusion of "Ruther A protocol / SOP cov Referrals to the Hub A Transfer protocol Category/ urgency or Recommended time A protocol / SOP cov A protocol / SOP cov	nodalities for patients wit ford" or other severity so vering the process of refe o hospital via defined vas covering patient transfer of ambulance transfer eframes for completion of ering medical treatment vering the process of repa ering the discharge of re	rring the patient to the Hucular surgical single point to the Hub hospital required steps on the patient to this atriating the patient to this	ischaemia ib hospital of contact chway				
3c.	If answered "Yes" to	[3a] then:						
	Is use of this guidance	ce audited?						
24	O Yes	O No	O Unknown					
3a .	If answered "Yes" to Is there a dedicated		otocol specifically for a	cute limb ischaemia?				
	O Yes	O No	O Unknown					
3e.	If answered "Yes" to Please give details:	[3d] then:						
4.	If answered "Yes" to Does the Hub hospita ischaemia?		guidance / pathway/ p	rotocols for acute limb				
	O Yes	O No	O Unknown					
5a.	What is the distance	to your nearest Hub h	ospital?					
	() < 1 mile	1 - 2 miles) >2 - 3 miles	O >3 - 5 miles				
	>5 - 10 miles >30 - 50 miles	>10 - 15 miles> 50 miles	O >15 - 20 miles	O >20 - 30 miles				
	f not listed above, please specify here							
5b. What is the average travel time from the nearest Hub hospital (in the middle of the din a blue light ambulance)?								
	<15 minutes >45-60 minutes	_	> 20-30 minutes> 90-120 minutes	_				
	If not listed above, plea	se specify here						
6a.	Is there a protocol/S0 treatment for acute I	OP covering repatriation is characteristics.	on of patients from a H	ub hospital following				
	O Yes	O No	O Unknown					

3b. If answered "Yes" to [3a] then:

O Yes	O No	O Unknown
record sharing		hat apply to this vascular network in relation to or acute limb ischaemia: all that apply
This Spoke h The patient o Patient case This Spoke h When a patie	case note records sent to note records are normal nospital routinely shares of ent is discharged from th who are repatriated from	pital that it sends referrals to are on the same electronic patient pital that it sends referrals to are on the same electronic imaging the Hub hospital are primarily on paper and travel with the patily emailed to the Hub hospital electronic patient case note records with primary care services in the Hub hospital, the discharge summary with be shared with this in the Hub hospital, case notes from the Hub are shared with this
Please specify a	ny additional options her	e
Please specify a	ny additional options her	e
a. Does this hosp programmes re	oital contribute to any egarding patients with	vascular network-wide QI projects or other learning n acute limb ischaemia?
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D. Comments

Thank you for completing this questionnaire. Your contribution will help inform recommendations in the fianl report due in November 2025 $\,$