ACUTE PANCREATITIS STUDY
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

Name of Trust: ____________________________________________________________

Name of Hospital: _________________________________________________________

Who completed this questionnaire?

Name(s): ________________________________________________________________

Position(s): _____________________________________________________________

What is this study about?

To identify and explore avoidable and remediable factors in the process of care for patients aged 16 years or older with acute pancreatitis.

Inclusions

All hospitals from England, Wales, Northern Ireland, Jersey, Guernsey and the Isle of Man that admit adult patients with acute pancreatitis, are included in the study.

How to complete the form:

Information will be collected using two methods; box cross and free text.

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 your hospital have an emergency department?

☒ Yes ☐ No

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

☒ Yes ☐ No

Who should complete this form?

This questionnaire should be completed by the Medical Director of the Trust or person(s) nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately. Input from the relevant clinical leads is strongly recommended.

Questions or help?

If you have any queries about this study or this questionnaire, please contact

AP@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in summer 2016.

To ensure confidentiality of the data, please return the completed questionnaire to NCEPOD in the SAE provided.

NCEPOD number: [ ] [ ] [ ] [ ] [ ] [ ]
| Emergency Department (ED) | Also known as Accident and Emergency Department (A&E)  
A section of an institution that is staffed and equipped to provide rapid and varied emergency care, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma. |
| EWS | Early Warning Scores (EWS) are used to monitor physiological parameters to identify progress or deterioration in clinical conditions. Many versions of the scoring system exist, for example NEWS (the National Early Warning Score) |
| Levels of care (Higher Dependency Care/ Critical Care is Level 2 and 3) | Critical care includes Level 2 and 3 patients:  
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). |
| Networks of care: | Formal network: "A linked group of health professionals and organisations from primary, secondary and tertiary care and social care and other services working together in a coordinated manner with clear governance and accountability arrangements". (Department of Health Collaborative, 2004)  
Informal network: "A collaboration between health professionals and/or organisations from primary, secondary and/or tertiary care, and other services, aimed to improve services and patient care, but without specified accountability to the commissioning organisation". |
### A THE HOSPITAL

1a. Type of facility

- [ ] District general hospital: ≤500 beds
- [ ] University teaching hospital
- [ ] District general hospital: >500 beds
- [ ] Private hospital
- [ ] Other (please specify)

2a. Does this hospital have an *emergency* department?  
- [ ] Yes  
- [ ] No

2b. Does this hospital have a HDU (*level 2 care) or equivalent?  
- [ ] Yes  
- [ ] No

2c. Does this hospital have an ICU (*level 3 care) or equivalent?  
- [ ] Yes  
- [ ] No

* see definitions on page 2

### B ACUTE PANCREATITIS SERVICES

3. Is this hospital a (please mark all that apply)

- [ ] Pancreatic cancer centre
- [ ] HPB cancer centre
- [ ] Designated pancreatitis centre
- [ ] None of the above
- [ ] Other (please specify)

4. Does this hospital admit patients with acute pancreatitis as an emergency?  
- [ ] Yes  
- [ ] No

5. Please indicate (Yes or No) which acute pancreatitis services this hospital can provide

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Supportive care</td>
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<tr>
<td>Endoscopic retrograde cholangiopancreatography (ERCP)</td>
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<tr>
<td>Gallstone surgery</td>
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<tr>
<td>Surgery for pancreatic complications</td>
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<td></td>
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<tr>
<td>Interventional radiology for pancreatic complications</td>
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<tr>
<td>Endoscopic pancreatic drainage services</td>
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</tbody>
</table>

6. Under which team are patients with acute pancreatitis admitted? (please mark all that apply)

- [ ] Emergency surgery
- [ ] General surgery
- [ ] Hepatobiliary surgery
- [ ] Upper GI surgery
- [ ] General medicine
- [ ] Gastroenterology
- [ ] Other (please specify)
### C ENDOSCOPY

7a. Does this hospital provide Endoscopic retrograde cholangiopancreatography (ERCP) onsite?  
- [ ] Yes  
- [ ] No

7b. If Yes, how many ERCP lists are there per week?  

7c. Does this hospital provide 24/7 ERCP onsite?  
- [ ] Yes  
- [ ] No

7d. How are hours outside of routine lists covered (please mark all that apply)?

- [ ] On-call rota  
- [ ] *Formal network  
- [ ] *Informal network  
- [ ] Ad hoc, good will local cover  
- [ ] Not covered  
- [ ] Other

* see definitions on page 2

7e. If covered by a network, which hospital(s) provide this service?

8a. Does this hospital provide a tertiary ERCP service for other Trusts/hospitals via a network?  
- [ ] Yes  
- [ ] No

(please specify if a Formal or Informal network)

8b. If Yes, to which hospitals is this service provided?

### D RADIOLOGY AND INTERVENTIONAL RADIOLOGY

9a. Does this hospital have a radiology out of hours service?  
- [ ] Yes  
- [ ] No

9b. Does this hospital have a radiologist on-call rota?  
- [ ] Yes  
- [ ] No

9c. If Yes to 9b, how many consultant radiologists are on the on-call rota?  

10a. How many pancreatic drainage procedures were performed in the 2014 - 2015 financial year?  
- [ ] data not collected

(*this information may be available from the radiology information system)

10b. Can this hospital perform pancreatic drainage procedures 24/7, 365 days a year?  
- [ ] Yes  
- [ ] No

10c. If No to 10b, how many consultant radiologists on the on-call rota can perform pancreatic drainage?  
- [ ] Not applicable, no on-call rota

10d. If No to 10b, how are uncovered hours covered (please mark all that apply)?

- [ ] *Formal network  
- [ ] *Informal network  
- [ ] Ad hoc, good will local cover  
- [ ] Not covered  
- [ ] Other

(please specify)

10e. If covered by a network, which hospital(s) provide this service?

10f. Does this hospital provide this service (pancreatic drainage procedures) for other Trusts/hospitals in a network?  
- [ ] Yes  
- [ ] No

(please specify if a Formal or Informal network)

10g. If Yes to 10f, which hospitals?

* see definitions on page 2
10h. Are the number of patients transferred for pancreatic drainage monitored?

10i. If Yes to 10h, how many patients were transferred for pancreatic drainage in the 2014 - 2015 financial year?

11a. Does this hospital have an interventional radiology service that can manage complications (non-vascular and/or vascular) of acute pancreatitis during normal working hours?

11b. Does this hospital have an interventional radiology on-call rota that can manage complications (non-vascular and/or vascular) of acute pancreatitis 24/7?

11c. If No to 11b for non-vascular complications, how are these managed?

11d. If No to 11b for vascular complications, how are these managed?

If required please use this box to expand on any answers regarding radiology/interventional radiology.
12a. How many consultant surgeons perform laparoscopic cholecystectomy in this hospital? □ □ None

12b. Please complete the table below with the number of procedures performed by each consultant in the 2014-2015 financial year? Please indicate the surgical specialty of each consultant.

<table>
<thead>
<tr>
<th>No.</th>
<th>Specialty</th>
<th>Laparoscopic cholecystectomy</th>
<th>Open cholecystectomy</th>
<th>Laparoscopic common bile duct exploration</th>
<th>Open common bile duct exploration</th>
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</thead>
<tbody>
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<td>1.</td>
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</table>

13a. In patients with pancreatitis who require a cholecystectomy, with what priority is this undertaken?
□ During index admission  □ Within 2 weeks of discharge  □ Post discharge but not prioritised
□ Other __________________________

(please specify)

13b. In the 2014-2015 financial year, what percentage of patients that required a cholecystectomy had this procedure (**see definitions on page 2**)

Within the index admission  □□□%  □ data not collected

Within 2 weeks of discharge from the index admission  □□□%  □ data not collected

13c. What list are urgent cholecystectomy procedures done on?
□ Emergency list  □ Added to routine list  □ Dedicated list  □ Cholecystectomies not done urgently
□ Other __________________________

(please specify)
14a. Is surgery for acute pancreatitis complications performed at this hospital? □ Yes □ No

14b. If No, how are patients requiring surgery managed? □ Transferred to tertiary centre □ Other □ *Formal network □ *Informal network (please specify)

* see definitions on page 2

If surgery for acute pancreatitis complications is not performed at this hospital please go to question 18 after completing question 14b

15a. How many surgical procedures were performed for the management of acute pancreatitis complications in the 2014 - 2015 *financial year? □ □ □ □ Unknown

15b. Please complete the table below with the number of procedures performed by each consultant in the 2014-2015 *financial year? Please indicate the surgical specialty of each consultant

<table>
<thead>
<tr>
<th>No.</th>
<th>Specialty</th>
<th>Open necrosectomy</th>
<th>Minimally invasive necrosectomy</th>
<th>Pseudocyst drainage</th>
<th>Biliary reconstruction</th>
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<tbody>
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<td>1.</td>
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</table>

16. Is it hospital policy that all operations for acute pancreatitis complications are carried out with a consultant surgeon present? □ Yes □ No

17a. Does this hospital provide a surgical service for the management of acute pancreatitis complications for other Trusts/hospitals? □ Yes □ No □ *Formal network □ *Informal network

17b. if Yes, which hospital(s) are covered?
### F NETWORKS/GUIDELINES/STANDARD OPERATING PROCEDURES

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18a. Is this hospital/Trust part of a &quot;FORMAL&quot; regional care network (see definitions on page 2) for acute pancreatitis?</td>
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<td>18b. If Yes, are there specific commissioning arrangements for this?</td>
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<tr>
<td>18c. If No to Q18a, is this hospital part of an &quot;INFORMAL&quot; regional care network for acute pancreatitis i.e. does the hospital have links with and refer patients to a specific pancreatitis centre</td>
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<td>19a. Does this hospital have written guidelines for the management of acute pancreatitis?</td>
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<td>19b. If Yes, which of the following does it include?</td>
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<td>CT scanning intervals</td>
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<tr>
<td>Indications for surgery</td>
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<tr>
<td>Antibiotic indications</td>
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<tr>
<td>Indications for discussion with tertiary centre</td>
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<tr>
<td>Contact details for tertiary centre</td>
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<tr>
<td>Indications for transfer to tertiary centre</td>
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<tr>
<td>Severity scoring</td>
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<tr>
<td>Timing of gallstone treatment</td>
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<td>Within 2 weeks of discharge</td>
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<td>Other time frame</td>
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<tr>
<td>Nutrition</td>
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<td>Other</td>
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<tr>
<td>20a. Does this hospital have agreed network guidelines for the management of AP?</td>
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<td>20b. If Yes which of the following does it include?</td>
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<tr>
<td>CT scanning intervals</td>
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<tr>
<td>Indications for surgery</td>
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<td>Antibiotic indications</td>
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<td>Indications for discussion with tertiary centre</td>
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<td>Contact details for tertiary centre</td>
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<td>Indications for transfer to tertiary centre</td>
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<tr>
<td>Repatriation of patients</td>
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<td>Other</td>
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<td>21. How is the severity of acute pancreatitis assessed (please mark all that apply)?</td>
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<tr>
<td>Glasgow score</td>
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<td>Ranson score</td>
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<tr>
<td>*Early Warning Score</td>
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<td>CRP</td>
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<tr>
<td>Amylase</td>
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<tr>
<td>Other</td>
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<td>22a. Does this hospital have an MDT meeting where patients with acute pancreatitis are discussed to plan their treatment?</td>
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<td>22b. If Yes, are all patients with acute pancreatitis discussed at an MDT meeting?</td>
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<td>22c. Do you refer to a regional AP MDT?</td>
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<tr>
<td>22d. Do you host a regional AP MDT?</td>
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</table>
How many days/week does the nutrition team undertake ward rounds?

With respect to ordering and administering PN, does the nutrition team have:

- Complete autonomy (i.e. can say No to PN)
- Advisory role only

Does this hospital have an alcohol liaison service?

If Yes, what hours is this service available?

- Yes
- No

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon-Fri</th>
<th>Sat-Sun</th>
<th>Other hours (please specify below)</th>
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</thead>
<tbody>
<tr>
<td>08:00-17:59</td>
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<td>18:00-23:59</td>
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<td>00:00-07:59</td>
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</tbody>
</table>
26a. Does this hospital have a dedicated vascular feeding line insertion service?  
☐ Yes  ☐ No

26b. If Yes, when is this service available?
☐ 8am - 6pm weekdays  ☐ 8am - 6pm weekends  ☐ Other  (please specify)
☐ Out of hours weekdays  ☐ Out of hours weekends

27a. Does this hospital have a dedicated enteral feeding tube insertion service?  
☐ Yes  ☐ No

27b. If Yes, when is this service available (please mark all that apply)?
☐ 8am - 6pm weekdays  ☐ 8am - 6pm weekends  ☐ Other  (please specify)
☐ Out of hours weekdays  ☐ Out of hours weekends

**H PAIN MANAGEMENT**

28a. Does this hospital have an acute pain team?  
☐ Yes  ☐ No

28b. Does the pain team provide advice 24/7?  
☐ Yes  ☐ No

28c. If No, when is this service available (please mark all that apply)?
☐ 8am - 6pm weekdays  ☐ 8am - 6pm weekends  ☐ Other  (please specify)
☐ Out of hours weekdays  ☐ Out of hours weekends

29a. Does this hospital have specialist acute pain nurses?  
☐ Yes  ☐ No

29b. If Yes how many WTE?
☐ .  ☐

30. Is there a consultant lead for acute pain?  
☐ Yes  ☐ No

31. Does the hospital have guidelines for managing pain in acute pancreatitis?  
☐ Yes  ☐ No

**Thank you for taking the time to complete this questionnaire**

If needed please use this box and the following page to expand on any answers given within the questionnaire.
If needed, please use this page to expand on any answers given within the questionnaire
Funding for this study was provided by The Healthcare Quality Improvement Partnership (HQIP) as part of The Clinical Outcome Review Programme into medical and surgical care.

NCEPOD
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