



PLEASE COMPLETE ONE ORGANISATIONAL QUESTIONNAIRE FOR EACH HOSPITAL IN YOUR TRUST AT WHICH EMERGENCY LAPAROTOMY IS PERFORMED

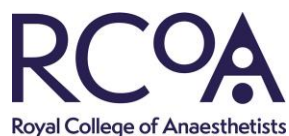
Name of Trust:	
Name of Hospital (if different):	
Name and position of individual completing questionnaire:	

This is a paper version to assist with the completing of the online data collection webtool.

Queries and help

If you have any questions regarding the completion of this questionnaire or the audit please:

Refer to www.nela.org.uk, or contact us info@nela.org.uk





Who should complete this questionnaire?

In order to provide accurate information, this questionnaire should be completed by individuals with access to the knowledge and facts about their clinical service. This is likely to include the clinical directors for anaesthesia, surgery, critical care, radiology, medicine for the elderly, in addition to emergency theatre managers.

How to complete this questionnaire

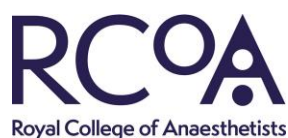
Please answer questions with reference to organisational structure at the time of completion of the questionnaire.

What is this study about?

The National Emergency Laparotomy Audit (NELA) was established to improve the quality of care delivered to patients aged 18 and over undergoing non-elective laparotomy.

The audit was commissioned by the Healthcare Quality Improvement Partnership (HQIP), funded by NHS England and Welsh Government and it is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NELA is on the list of national audits for inclusion in Trusts' Quality Accounts. The audit is being carried out by the National Institute of Academic Anaesthesia's Health Services Research Centre in partnership with the Clinical Effectiveness Unit of the Royal College of Surgeons of England.

The organisational audit will establish baseline characteristics of hospitals providing non-elective laparotomy.



1. Hospital Characteristics			
1.1a	How many adult in-patient or overnight beds (including 23-hours stay) are currently available within the hospital? <i>Do not include day-case beds</i>	<input type="text"/>	
1.1b	How many of these beds are found on adult general surgical in-patient wards? <i>This means beds found on either specialist GI wards (eg upper-GI, lower-GI), or wards that accept any type of general surgical admissions even if these are shared with other specialties. Do not include 23-hour beds in this answer, or specialist non-GI wards that do not generally allow general surgical admissions (eg ENT, urology, neurosurgery wards)</i>	<input type="text"/>	
1.2	Does your hospital accept acute general surgical admissions?	<input type="radio"/> Yes, 24/7 <input type="radio"/> Yes, less than 24/7 <input type="radio"/> No	
1.3	Do you have a dedicated "front of house" acute surgical assessment unit, with immediate access to senior clinicians?	<input type="radio"/> Yes / <input type="radio"/> No	
1.4	Do you have a dedicated emergency general surgical ambulatory care service? This may include: a "hot clinic"; ring fenced USS or CT slots for emergency surgical outpatients ; or the facility for day case management of low risk emergency surgery such as abscess drainage	<input type="radio"/> Yes / <input type="radio"/> No	
1.5	Do you have a dedicated inpatient emergency surgical unit that is separate from elective workload? <i>i.e. a ward area where patients receive ongoing care, NOT a surgical admissions unit from which patients are relocated for continuing patient care</i>	<input type="radio"/> Yes / <input type="radio"/> No	
1.6	Is your hospital a tertiary referral centre for any gastro-intestinal surgical specialties?	<input type="radio"/> Yes / <input type="radio"/> No	
1.7	Does your hospital receive patients from other sites in order for them to have their emergency laparotomy?	<input type="radio"/> Yes / <input type="radio"/> No	
1.8a	Do you have Elderly Medicine services provided on site by doctors?	<input type="radio"/> Yes / <input type="radio"/> No	
1.8b	Do you have Elderly Medicine services provided on site by nurse specialists?	<input type="radio"/> Yes / <input type="radio"/> No	
1.9	Is there 24 hour on-site access to the following:	Onsite laboratory	Consultant Advice (resident or on-call)
	Biochemistry	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
	Haematology	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
	Microbiology	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No
	Blood Bank / Transfusion	<input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No

1.10	Do you have an emergency department:	<input type="radio"/> Yes / <input type="radio"/> No
1.10a	If Yes, Does the Emergency Department have resident consultant presence for the following times?	
	Weekday daytimes	<input type="radio"/> Yes / <input type="radio"/> No
	Weekday evenings	<input type="radio"/> Yes / <input type="radio"/> No
	Weekday overnight	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend daytimes	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend evenings	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend overnight	<input type="radio"/> Yes / <input type="radio"/> No

2. Hospital Facilities							
2.1	How many operating theatres are at this hospital? Please exclude interventional radiology suites and dedicated obstetric and minor ops theatres, but include day-case theatres <input type="text"/>						
2.2a	In a usual week , how many fully staffed operating theatres are available for adult general surgical emergency cases for each of the timeslots below? Eg NCEPOD theatre, "emergency theatre" 'Fully staffed' refers to a full complement of non-medical personnel; anaesthetic & scrub nurses, Operating Department Practitioners (ODP), Health Care Assistants (HCA) etc. Please exclude trauma theatres, interventional radiology suites and dedicated obstetric and minor ops theatres.						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
08:00-13:00							
13:00-18:00							
18:00-00:00							
00:00-08:00							
2.2b	Are the daytime weekday theatres covered by dedicated and job-planned consultant anaesthetic sessions (information on out of hours and weekend consultant cover is asked in a later section)						<input type="radio"/> Yes –All of them <input type="radio"/> Yes- Some of them <input type="radio"/> No
2.2c	Of the Theatres in 2.2a, are any of these reserved exclusively for emergency general surgical cases? These theatres might be considered a ring-fenced 'general surgery theatre', similar to the provision of 'trauma theatres'. <i>We accept that these theatres will be used for other specialties if there are no general surgical cases</i>						
	Weekday daytimes						<input type="radio"/> Yes / <input type="radio"/> No
	Weekday evenings						<input type="radio"/> Yes / <input type="radio"/> No
	Weekday overnight						<input type="radio"/> Yes / <input type="radio"/> No
	Weekend daytimes						<input type="radio"/> Yes / <input type="radio"/> No
	Weekend evenings						<input type="radio"/> Yes / <input type="radio"/> No
	Weekend overnight						<input type="radio"/> Yes / <input type="radio"/> No

2.3	Do you have provision to book short notice expedited cases (e.g. laparoscopic cholecystectomy) on a planned basis, such that they do not require theatre space within the main emergency theatres?	<input type="radio"/> Yes / <input type="radio"/> No
2.4	In last 3 months, have you needed to stop emergency theatres due to pressure of work elsewhere (e.g. overrunning elective lists, staff shortages, recovery workload, obstetric emergencies, trauma & cardiac arrest calls)?	<input type="radio"/> Yes / <input type="radio"/> No
2.5	Have you increased emergency theatre provision since the last Organisational Audit in 2013?	<input type="radio"/> Yes / <input type="radio"/> No
2.6	Are there currently plans to reconfigure emergency surgical services with neighbouring Trusts within the next 2 years?	<input type="radio"/> Yes / <input type="radio"/> No <input type="radio"/> Unknown
2.7	Is there regular (i.e. at least every two months) review of all deaths following emergency general surgery?	<input type="radio"/> Yes / <input type="radio"/> No

	If Yes, which of the following specialties provide input into this review:	
	Surgery	<input type="radio"/> Yes / <input type="radio"/> No
	Anaesthesia	<input type="radio"/> Yes / <input type="radio"/> No
	Radiology	<input type="radio"/> Yes / <input type="radio"/> No
	Critical care	<input type="radio"/> Yes / <input type="radio"/> No
	Elderly Medicine	<input type="radio"/> Yes / <input type="radio"/> No
2.8	Do you use the NELA Quality Improvement (QI) Dashboard or other run charts to review performance?	<input type="radio"/> Regularly (eg. 1-2 months/ regular MDT meetings) <input type="radio"/> Less frequently (eg. Quarterly, 6-monthly) <input type="radio"/> Only used infrequently (eg once a year or less) <input type="radio"/> Not used
2.9	Do you, or someone in the NELA team, have a working knowledge of QI concepts such as interpreting run charts and using Plan, Do, Study Act (PDSA) cycles?	<input type="radio"/> Yes / <input type="radio"/> No
2.10	Do you use QI methodology to plan and execute improvements based on NELA data (e.g. driver diagrams, process maps etc)?	<input type="radio"/> Yes / <input type="radio"/> No
2.11	Do you or other NELA leads have job planned time for NELA?	<input type="radio"/> Yes – recognized within existing SPA allocation <input type="radio"/> Yes – additional SPA allocation <input type="radio"/> No
2.12	Do you have nursing/research/audit staff specifically tasked with collecting or inputting NELA patient data?	<input type="radio"/> Yes / <input type="radio"/> No

3.	Perioperative Care	
<p>At your trust are there formal written pathways/protocols/policies applicable to the emergency general surgical patient incorporating the following: <i>These may exist within pathways/protocols, or be incorporated into a single policy relevant to the unscheduled adult surgical patient.</i></p>		
3.1	Monitoring plan compliant with NICE CG50 pathway (Acutely ill patients in hospital)?	OYes / ONo
3.2	Formalised provision for the deferment of elective activity in order to give adequate priority to unscheduled admissions?	OYes / ONo
3.3	A formal pathway for the identification of patients with signs of sepsis and prompt prescription and administration of antibiotics?	OYes / ONo
3.4	Referral of patients for General Surgery review if they have been admitted under non-surgical specialities?	OYes / ONo
3.5	A pathway for the identification and escalation of care of patients who would benefit from the opinion of a consultant surgeon before the next scheduled ward round?	OYes / ONo
3.6	A formal pathway for the rapid request, conduct, and reporting of CT scans for emergency general surgical patients?	OYes / ONo
3.7	Timing of surgery according to clinical urgency?	OYes / ONo
3.8	A formal calculation of risk that provides an estimation of peri-operative mortality?	OYes / ONo
3.9	Seniority of anaesthetist present in theatre according to patient's risk of death?	OYes / ONo
3.10	Seniority of surgeon present in theatre according to patient's risk of death?	OYes / ONo
3.11	Location of post-operative care according to patient's risk of death such that high risk patients are allocated to critical care?	OYes / ONo
3.12	Explicit arrangements with Elderly Medicine for review of selected patients?	OYes / ONo
3.13	A formal pathway for the enhanced recovery of the emergency surgical patient?	OYes / ONo
3.14	Do you have a single pathway/policy for the care of the Unscheduled Adult General Surgical patient?	OYes / ONo



4. Critical Care and Outreach	
4.1	Is there a dedicated critical care unit with 24 hour cover by named consultant with regular sessions in critical care? ○Yes / ○No
4.2	<p>Please specify the number of funded critical care beds routinely available for adult (>18 years) general surgical patients.</p> <p><i>This includes level 2 (HDU) and level 3 (ITU) beds regardless of whether they are separate or combined units where bed "designation" varies according to Level 2/3 occupancy. Exclude dedicated specialist units such as cardiac and neuro critical care. Exclude other enhanced recovery/monitoring areas (see qu 4.3):</i></p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto; margin-right: 0;"></div>
4.3	<p>Do you have any other area outside of critical care offering enhanced monitoring/ support/ ventilation/enhanced staffing ratios eg PACU? ○Yes / ○No</p> <p>If Yes:</p>
	<p>Does this area offer the facility to ventilate patients? ○Yes / ○No</p>
	<p>Does this area offer inotropic support? ○Yes / ○No</p>
4.4	<p>Is there a critical care outreach service responsible for the review patients 'at risk' and those with deranged physiological parameters? ○Yes, 24/7 ○Yes, not 24/7 ○No</p> <p><i>(other names might include rapid response team etc. (this does not include review of ward patients by on-call medical staff))</i></p>



5. Surgical On-Call Commitments		
5.1	How many consultant surgeons participate in the general surgical emergency rota?	<input type="text"/>
5.2	What consultant subspecialties are represented on the general surgical emergency rota?	
	Colorectal	<input type="radio"/> Yes / <input type="radio"/> No
	Oesphagogastric / Upper GI	<input type="radio"/> Yes / <input type="radio"/> No
	Hepatobiliary	<input type="radio"/> Yes / <input type="radio"/> No
	Vascular	<input type="radio"/> Yes / <input type="radio"/> No
	Breast	<input type="radio"/> Yes / <input type="radio"/> No
	Endocrine	<input type="radio"/> Yes / <input type="radio"/> No
	General Surgery	<input type="radio"/> Yes / <input type="radio"/> No
	Emergency General Surgeon	<input type="radio"/> Yes / <input type="radio"/> No
5.3	Is the on-call surgical work covered by a 4 tier system (inclusive of consultant level)?	<input type="radio"/> Yes - all the time <input type="radio"/> Yes – daytime only <input type="radio"/> Yes – nighttime only <input type="radio"/> No
5.4	Is any part of the emergency general surgical workload covered by more than one consultant?	<input type="radio"/> Yes - all the time <input type="radio"/> Yes – daytime only <input type="radio"/> Yes – nighttime only <input type="radio"/> No
5.5	Do surgical care practitioners or advanced nurse practitioners cover any of the emergency general surgical workload?	<input type="radio"/> Yes / <input type="radio"/> No
5.6	Is the consultant surgeon free from all elective and non-acute commitments (eg. elective lists, outpatient clinics) for the whole period whilst they are covering emergency general surgical workload?	<input type="radio"/> Yes / <input type="radio"/> No
5.7	Does the consultant surgeon cover more than one hospital site at any time when providing cover for emergency general surgical cases?	<input type="radio"/> Yes / <input type="radio"/> No
5.8	Are emergency patients that still require assessment and treatment at the end of the consultant's period of on-call retained by the admitting consultant? If No:	<input type="radio"/> Yes / <input type="radio"/> No
	Do you have a policy requiring consultant surgeons to formally hand over to one another in person?	<input type="radio"/> Yes / <input type="radio"/> No
5.9	Is there a dedicated, twice daily (morning and evening), consultant-led ward round for surgical admissions?	<input type="radio"/> Yes / <input type="radio"/> No
5.10	What is the structure of the on-call commitment for the general surgical consultants? Please select all that apply if a combination is used.	<input type="radio"/> 24 Hours a day – one week on-call

		<input type="radio"/> 24 hours a day – week split into 2-3 days on-call (eg 48-72 hours at a time, or Mon-Thurs, Fri-Sun) <input type="radio"/> 24 hour single day on-call <input type="radio"/> Different consultants covering day and night on-call
5.11	Is the consultant surgeon free from planned elective responsibilities the day after a night covering the emergency general surgical workload?	<input type="radio"/> Yes / <input type="radio"/> No
5.12	Is there a sub-specialty on-call system in place, for example separate consultants covering upper GI and colorectal emergencies?	<input type="radio"/> Yes / <input type="radio"/> No
5.13	Has your hospital reorganized the emergency general surgical service since the last Organisational Audit in 2013 (eg established acute surgical admission units, appointed EGS surgeons)?	<input type="radio"/> Yes / <input type="radio"/> No
5.14	Which category most accurately describes this surgeon's sub-specialty: Please ensure you click 'update' after making each selection QUESTION ONLY ANSWERABLE ONLINE	<input type="radio"/> Yes / <input type="radio"/> No



6.	Anaesthetic On-Call Commitments	
6.1	Is there at least one consultant anaesthetist available to cover the emergency general surgical workload 24 hours a day, 7 days a week, such that they can be physically present in theatre? This does not include dedicated consultant staffing of trauma theatres.	<input type="radio"/> Yes / <input type="radio"/> No
6.1a	Does this individual at any time also cover:	
	Critical care	<input type="radio"/> Yes / <input type="radio"/> No
	Obstetric theatres	<input type="radio"/> Yes / <input type="radio"/> No
	Trauma calls	<input type="radio"/> Yes / <input type="radio"/> No
	Cardiac arrest calls	<input type="radio"/> Yes / <input type="radio"/> No
6.2	Does your hospital have a resident consultant anaesthetist for the following out-of-hours times?	
	Weekday evenings	<input type="radio"/> Yes / <input type="radio"/> No
	Weekday overnight	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend daytime	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend evenings	<input type="radio"/> Yes / <input type="radio"/> No
	Weekend daytime	<input type="radio"/> Yes / <input type="radio"/> No
6.3	Do you have a policy requiring consultants to formally hand over to one another in person?	<input type="radio"/> Yes / <input type="radio"/> No
6.4	Is the rota structured such that the consultant anaesthetist is free from any planned elective responsibilities the day after a night on-call?	<input type="radio"/> Yes / <input type="radio"/> No



7.	Multidisciplinary Input	
7.1	What type of input does Elderly Medicine provide in the preoperative period for patients admitted as emergency general surgical patients?	<input type="radio"/> None <input type="radio"/> Proactive (eg routine ward rounds) <input type="radio"/> On-request only
7.2	What type of input does Elderly Medicine provide in the postoperative period for the emergency general surgical patients?	<input type="radio"/> None <input type="radio"/> Proactive (eg routine ward rounds) <input type="radio"/> On-request only
7.3	In elderly patients undergoing emergency general surgery, are there formal pathways/protocols for the routine assessment of:	
	Frailty?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
	Nutritional status?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
	Cognitive Function?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
	Functional status?	<input type="radio"/> Yes (score used) <input type="radio"/> Yes (not scored) <input type="radio"/> No
7.4	What type of input is available from General Internal Medicine for emergency general surgical patients who suffer acute medical complications in the perioperative period?	<input type="radio"/> None <input type="radio"/> Proactive (eg routine ward rounds) <input type="radio"/> On-request only

8. Radiology, Imaging and Endoscopy					
8.1	Is there 24 hour on-site access to diagnostic x-ray ?				OYes / ONo
8.2	Is there 24 hour on-site access to diagnostic ultrasound ?				OYes / ONo
8.3	With regard to access to on-site diagnostic CT , please indicate how this is provided:				
	Available and reported contemporaneously by radiologist with GI subspecialisation	Available and reported contemporaneously by general radiologist	Available with reporting outsourced to an external organisation	Available but unreported by radiologist at time of scanning	Not Available
Monday – Friday					
08:00-18:00					
18:00-00:00					
00:00-08:00					
Saturday – Sunday					
08:00-18:00					
18:00-00:00					
00:00-08:00					
8.4	Is there a formal rota of radiologists who provide on-site interventional radiology 24 hours per day, 7 days per week?				OYes / ONo
8.5	Is there a formal rota of clinicians for the provision of on-site diagnostic endoscopy 24 hours per day, 7 days per week?				OYes / ONo
8.6	Is there a formal rota of clinicians for the provision of the on-site interventional endoscopy 24 hours per day, 7 days per week?				OYes / ONo