

# FIRST TIME ISOLATED CORONARY ARTERY BYPASS GRAFTS

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## ASSESSMENT FORM

**CONFIDENTIAL**

Questionnaire Number:

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### Instructions for completion

The data presented in this questionnaire have been extracted by a NCEPOD researcher from the questionnaires and casenotes provided for each patient. Please complete the sections entitled *'To be completed by Advisors'*

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

Please cross **'Insufficient data'** where the information is not available from casenotes or if the casenotes are missing. **Definitions** are provided on the back of the questionnaire.

### A - THE PATIENT

1. Month and year of birth      

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*m m*      *y y y y*
  
2. Age at admission      

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3. Gender       Male       Female

### B - ADMISSION DETAILS

4. Date of arrival in hospital <sup>(def)</sup>

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 Unknown  
*d d*      *m m*      *y y y y*
  
5. Time of admission      

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 (24 hour clock)       Unknown  
*(if emergency (admitted via A & E))*       Not applicable

## C - RISK FACTORS

6. a. Please state the patient's additive EuroSCORE (as calculated at the time nearest to surgery)
- b. Date and time at which calculated           (24 hour clock)
- d d m m y y y y*
- Unknown
- No evidence of EuroSCORE being recorded in notes

## D - REFERRAL AND ADMISSION PROCESS

7. a. Date of referral by GP/other surgeon /physician/ cardiologist to cardiothoracic surgery          
*d d m m y y y y Unknown Not applicable*
- b. Date of receipt of letter by consultant cardiothoracic surgeon          
*d d m m y y y y Unknown Not applicable*
- c. Date of first appointment at cardiothoracic clinic (Elective only)          
*d d m m y y y y Unknown Not applicable*
- d. Date seen by cardiothoracic surgeon (Prior to surgery)          
*d d m m y y y y Unknown Not applicable*
- e. Time seen by cardiothoracic surgeon (Emergency only)   (24 hour clock)    
*Unknown Not applicable*

### To be completed by Advisor (Surgical questionnaire – Section C, Casenotes)

8. a. Was the time to the first cardiothoracic surgical review prolonged? (*SpR or above*)  Yes  No  Unknown
- b. If yes, please give details
- c. If yes, could this have affected the diagnosis?  Yes  No  Unknown
- d. If yes, could this have affected the outcome?  Yes  No  Unknown

9. a. Was the patient put on an integrated care pathway (ICP) relevant to their surgical procedure?  Yes  No  Unknown

b. If yes, when was this?

At pre-assessment

At admission

Prior to surgery

Not started

Unknown

Not applicable

Other (*Please specify*)

10. What was the pathway for this admission?

Transfer as an inpatient from another hospital

Transfer as an inpatient from your own hospital

Admission from A&E

Referral from GP

Planned admission

Unknown

***To be completed by Advisor (Casenotes)***

11. a. If the patient was transferred, in your opinion did the patient's condition deteriorate during the transfer?  Yes  No  Unknown

b. If yes, please give details:

12. Is there evidence an anaesthetist assessed the patient prior to surgery?

Yes  No  Unknown

**To be completed by Advisor**

13. Based on the patient's history, examination, requested investigations, differential diagnosis and management plan, please grade the initial assessment.

- Good
- Adequate
- Poor
- Unacceptable
- Insufficient data

14. Please provide reasons for assigning this grade:

**E – UNSTABLE CASES**

15. If the patient was urgent, in hospital, and non-elective, how frequently were they reviewed?  
(3 full complete days plus the day of surgery)

- Not applicable
- No evidence of being reviewed
- Unknown

Date (Day and month)	Time (24-hour clock)	Grade of reviewer (see definitions)	Speciality of reviewer (see definitions)
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(Please continue on a separate sheet if necessary)

*To be completed by Advisor (Casenotes)*

Not applicable

16. a. Did this patient have appropriate frequency of clinical reviews for their clinical condition?  Yes  No  Unknown

b. If no, please give details

c. If no, could this have affected the outcome?  Yes  No  Unknown

## F - SCHEDULING OF OPERATIONS

17. Was the patient operated on out of hours<sup>(def)</sup>?  Yes  No  Unknown

*To be completed by Advisor (Surgical questionnaire – Section D)*

18. a. Did the scheduling<sup>(def)</sup> of the operation impact on patient outcome?  Yes  No  Unknown

b. If yes, please give details

## G - MEDICAL OR INTERVENTIONAL MANAGEMENT

19. Date of percutaneous coronary intervention  
(If applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

Not Applicable

*To be completed by Advisor (Anaesthetic questionnaire – Section D)*

20. a. Was medical management of the patient prior to surgery appropriate?  Yes  No  Unknown
- b. If no, please give details

## H - PATIENT INVESTIGATIONS

*To be completed by Advisor (Surgical questionnaire – Section F)*

21. a. Did the patient receive the appropriate investigations?  Yes  No  Unknown
- b. If no, could this have affected the outcome?  Yes  No  Unknown
- c. If yes, please give details.

## I - COMORBIDITIES

22. Body Mass Index
- Underweight (<20)
- Normal (20-25)
- Overweight (25-30)
- Obese (>30)
- Unknown

*To be completed by Advisor (Surgical questionnaire – Section G, Anaesthetic questionnaire – Section E)*

23. a. Did the patient have any significant comorbidities?  Yes  No  Unknown
- b. If there were any significant comorbidities did the management of these pre-operatively compromise patient care?  Yes  No  Unknown
- c. If yes, please give details.

## J - PERI-OPERATIVE MANAGEMENT

*To be completed by Advisor (Surgical questionnaire – Section H, Anaesthetic questionnaire – Section G)*

24. a. Were any per- and postoperative complications managed appropriately?  Yes  No  Unknown
- b. If no, did this impact on patient outcome?  Yes  No  Unknown
- c. If yes, please give details.

**K - APPROPRIATENESS OF SURGERY**

25. Is there a written or pictorial record (excluding angiogram) indicating the extent of the coronary artery disease?  Yes  No  Unknown

*To be completed by Advisor (Surgical questionnaire – Section J)*

26. a. In your opinion, was the operation performed appropriate for the patient and the circumstance?  Yes  No  Unknown
- b. If no, please give details.

**L - COMMUNICATION AND CONTINUITY OF CARE**

27. Were any possible complications noted on the consent form?  Yes  No  Unknown

28. a. What was the risk of death quoted on the consent form?   %  
 Not stated
- b. If no consent form available, or the risk of death was not stated, what was risk of death written in the notes?   %  
 Not stated

29. Grade of clinician obtaining written consent:

- Consultant  SpR  Year (if known)  Staff Grade  
 Associate Specialist  SHO  Unknown

30. Speciality of the clinician gaining consent?  Cardiothoracic surgery  
 Other (*please specify*)

- Unknown





*To be completed by Advisor (Casenotes)*

31. Please comment on any evidence of problems in handover among clinical teams between destinations that may have affected patient outcome.

*Please continue on the following page*



## M – OVERALL ASSESSMENT OF THE PATIENT

### *To be completed by Advisor*

32. a. Overall assessment of care for this patient

- 1  Good practice – a standard that you would accept for yourself, your trainees and your institution.
- 2  Room for improvement – aspects of **clinical** care that could have been better.
- 3  Room for improvement – aspects of **organisational** care that could have been better.
- 4  Room for improvement – aspects of **both clinical** and **organisational** care that could have been better
- 5  Less than satisfactory – several aspects of **clinical** and/or **organisational** care that were well below satisfactory.'
- 6  Insufficient information submitted to assess the quality of care.

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b. Please provide reasons for assigning this grade.

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### 33. Cause for concern cases

Occasionally NCEPOD will refer cases that have been identified as 5 (Less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for two years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

If you feel that this case should be considered for such action please cross:

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34. a. Are there any particular issues which you feel should be highlighted in the final report?  Yes  No  Unknown

b. If yes, please specify.

CODES FOR SPECIALITY		
CTS – Cardiothoracic Surgeon	SUR – Surgical	MED – Medicine
OTH – Other	UNK - Unknown	
CODES FOR GRADE		
CON – Consultant	SPR – Specialist Registrar	SGR – Staff Grade
ASP – Associate Specialist	SHO – Senior House Officer	OTH – Other
UNK – Unknown		

DEFINITIONS	
<b>Date of arrival in hospital</b>	The date the patient arrives in the hospital, either at A & E or on the ward.
<b>Out of hours</b>	Any time outside 08:00 and 17:59 on weekdays, and at any time on Saturdays and Sundays.  (NCEPOD, 2003)
<b>Scheduling</b>	Related to timing of surgery – i.e. place on the theatre list, cancellations etc.

