

PERI-OPERATIVE CARE

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Data Collection Tool

Hospital number

A - GENERAL DATA

1. Age (years)
2. Gender Male Female
3. Date of hospital admission
d d m m y y
4. Date of surgery
d d m m y y
5. Urgency of surgery (see DEFINITIONS) Immediate Urgent Expedited Elective
6. Procedure performed
7. Outcome at 30 days Discharged home Discharged another hospital Still in hospital Deceased
8. Date of discharge or death
d d m m y y
9. Was the patient a planned admission? Yes No

If NO, please go to section D (admission - non electives)

B - PRE-OPERATIVE ASSESSMENT

10. Was this patient seen in a pre-assessment clinic? Yes No Unknown

IF NO or UNKNOWN, PLEASE GO TO SECTION C

11. If YES, date:
d d m m y y Date Not Documented
12. By whom (specialty/grades) ND ID
13. What investigations were performed to help pre-operative assessment? Not Documented
- U&E FBC blood gases other bloods (specify)
- CXR ECG echocardiography
- other assessment of cardiac function (specify)
- lung function tests cardiopulmonary exercise testing
- other assessment of physiological reserve (specify)
- nutritional assessment

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14. Was the patient included in an enhanced recovery programme? Yes No Unknown
15. Was there a documented plan to improve pre-operative nutritional status? Yes No
16. How would you grade the quality of pre-operative assessment (i.e. all assessments prior to surgery)?
- Good Adequate Poor Unacceptable ID to assign grade

Please state the reasons for assigning this grade

C - ADMISSION - ELECTIVE (PLANNED ADMISSIONS)

17. In your opinion, was the patient admitted at the appropriate time with respect to surgery? Yes No ID
18. If NO, should they have been admitted earlier? Yes No
19. If NO, should they have been admitted on the day of surgery? Yes No
20. Were all necessary investigations: Performed? Yes No Available? Yes No
21. If NO, in your opinion, which investigations were omitted?

- U&E FBC blood gases other bloods (specify)
- CXR ECG echocardiography
- other assessment of cardiac function (specify)
- lung function tests cardiopulmonary exercise testing
- other assessment of physiological reserve (specify)
- nutritional assessment

22. How would you grade the quality of pre-operative assessment (i.e. all assessments prior to surgery)?
- Good Adequate Poor Unacceptable ID to assign grade

Please state the reasons for assigning this grade

23. In your opinion was this patient a high risk case? Yes No
24. If YES, was this due to: patient factors Yes No operative factors Yes No

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D - ADMISSION - NON ELECTIVES PERI-OPERATIVE CARE

25. Was the patient admitted to hospital as a surgical emergency (under the surgical specialty that ultimately operated on patient)?

Yes No Unknown

26. Was the patient referred for a surgical opinion from another inpatient specialty? Yes No ND ID

27. If YES, what specialty?

28. Initial assessment by surgical specialty that ultimately operated on patient:

29. Date:

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

Grade:

30. Was the grade of doctor performing the initial assessment appropriate for the patient (severity of illness or urgency of condition)? Yes No

31. Did this assessment lead to a working diagnosis? Yes No

32. If YES, please provide details of the diagnosis below:

33. In your opinion, was the diagnosis correct? Yes No

34. Was the patient reviewed by the surgical consultant prior to surgery? Yes No

35. Did the diagnosis change after consultant review? Yes No

36. If YES, what was the new diagnosis?

37. Did the management plan change after consultant review? Yes No

38. What investigations were performed to help pre-operative assessment?

U&E FBC blood gases other bloods (specify)

CXR ECG echocardiography

other assessment of cardiac function (specify)

lung function tests cardiopulmonary exercise testing

other assessment of physiological reserve (specify)

nutritional assessment

39. In your opinion did the patient have comorbidities? Yes No

40. If YES, were all comorbidities recognised? Yes No

41. Was there a documented plan to optimise comorbidities prior to surgery? Yes No

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42. In your opinion was this patient a high risk case? Yes No
43. If YES, was this due to: patient factors Yes No operative factors Yes No
44. Was the decision regarding surgical intervention made in a timely fashion? Yes No ID ID
45. If NO, was this due to (answers can be multiple):
46. Lack of availability of investigations Yes No
47. Lack of availability of appropriate staff Yes No
48. Other - please state:
49. How would you grade the quality of pre-operative assessment (i.e. all assessments prior to surgery)?
- Good Adequate Poor Unacceptable
- Please state the reasons for assigning this grade

E - CONSENT

50. What grade of doctor obtained consent?
51. Did the consent form (or medical notes) contain an estimate of mortality risk? Yes No
52. In your opinion was the patient competent to give consent? Yes No
53. If not was a proper consent pathway followed? Yes No

F - PRE-OPERATIVE ASSESSMENT

54. In your opinion did the patient have any comorbidities? Yes No
55. If Yes were all comorbidities recognised? Yes No
56. If No please expand on this
57. Was there a plan to optimise comorbidities prior to surgery? Yes No
58. Based on the casenote extracts, what type of ward was the patient in immediately preoperatively?
- Level 0 Level 1 Level 2 Level 3
59. Is there evidence of pre-operative hypovolaemia i.e. decreased urine output, hypotension? Yes No
60. Were preoperative intravenous fluids administered? Yes No
61. In your opinion, was the pre-operative fluid management: Adequate Inadequate Excessive

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G - Surgery

62. From the time the decision was made did the patient get to surgery in a timely fashion? Yes No
63. If No was this due to lack of: access to theatre appropriate surgical personnel appropriate anaesthetic personnel
64. Did this have a negative impact on the the patient? Yes No
65. What grade of surgeon performed the procedure?
66. In your opinion, was the grade of surgeon appropriate for the surgical complexity and condition of the patient? Yes No
67. Is there any evidence of intra-operative complications? Yes No
68. In your opinion did the patient have adequate physiological monitoring? Yes No
69. Was cardiac output/stroke volume monitoring used during anaesthesia? Yes No
70. If NO, in your opinion should it have been used? Yes No
71. In your opinion, was the pre-operative fluid management: Adequate Inadequate Excessive
72. Was intra-operative fluid therapy in keeping with GIFTASUP guidelines? Yes No
73. If NO, please state the major variance:
74. How would you grade the quality of intra operative care?
 Good Adequate Poor Unacceptable
Please state the reasons for assigning this grade

H - POST OPERATIVE CARE

75. Did the patient spend time in a theatre recovery area? Yes No
76. In your opinion, was the patient stable and fit for discharge from recovery? Yes No NA
77. What type of ward did the patient go to post operatively (immediately after theatre/recovery)?
 Level 0 Level 1 Level 2 Level 3
78. In your opinion, was the patient in the correct location to receive appropriate post operative care Yes No
79. If No, where should they have been?
 Level 0 Level 1 Level 2 Level 3

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80. If the patient did NOT go to a critical care unit (level 2 or level 3 care):

80.1 Was an early warning scoring system/track and trigger system used? Yes No

80.2 Did a critical care outreach team provide support by reviewing the patient? Yes No

81 Excluding direct admission to critical care immediately post operatively, was the patient admitted/readmitted to a critical care unit in the postoperative period (i.e. after a period of ward care)? Yes No

82. Was the patient referred to critical care for possible escalation of care? Yes No

83. In your opinion, should the patient have been referred to critical care for possible escalation of care? Yes No

84. In your opinion did the patient develop any complications in the postoperative period? Yes No

84.1 If Yes please specify?

84.2 Were complications recognised promptly? Yes No

84.3 If No please expand on this?

84.4 Were complications managed appropriately? Yes No

84.5 If No please expand on this?

Notes/comments on this case