



BARIATRIC SURGERY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

Name of Trust: _____

Name of Hospital: _____

Who completed this questionnaire?

Name: _____

Position: _____

What is this study about?

To describe variability and identify remediable factors in the process of care (from referral to follow up) for patients undergoing a bariatric procedure for weight loss.

How to complete the form:

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.

Do staff receive any specialist training for the care (e.g. moving) of morbidly obese patients?

Yes

No

Inclusions

All individual hospitals within a Trust where bariatric procedures for weight loss are carried out and/or patients are admitted as emergencies.

This form should be completed by the Chair of the Medical Audit Committee, the Medical Director, the Clinical Lead or Clinical Governance Lead, the NCEPOD Ambassador or someone nominated by them who would have the knowledge to complete it or be able to seek help in order to do so.

A separate questionnaire should be completed for each hospital within a Trust meeting the study inclusion criteria.

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2012.

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

Yes

No

Unless indicated, please mark only one box per question.

A list of definitions is provided on the back page of the questionnaire. Free space is also provided for your comments.

Please return the completed questionnaire to NCEPOD in the SAE provided.

Questions or help?

If you have any queries about the study or this questionnaire, please contact NCEPOD at:

bariatricsurgery@ncepod.org.uk

Telephone: 020 7600 1893

FOR NCEPOD USE ONLY

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A THE HOSPITAL

1a. Type of facility

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

1b. Does this hospital admit patients as an emergency? Yes No

2. Is Bariatric Surgery for weight loss performed at this hospital? Yes No

If No please go to section D on page 5

B BARIATRIC SURGERY

Please complete this section if Bariatric Surgery for weight loss is performed at this hospital

3a. Types of patient operated on (please tick all that apply) NHS Privately funded

3b. Are patients operated on who are outside of NICE guidance? Yes No

4. Which of the following procedures and how many, were performed at this hospital during the 2010/2011 financial year (1st April 2010 to 31st March 2011)?

- Gastric band
- Roux-en-Y gastric bypass
- Sleeve gastrectomy
- Duodenal switch
- Duodenal switch with sleeve
- Bilio-pancreatic diversion
- Revisional gastric band
- Gastric balloon placement/retrieval

5. Does this hospital run pre-assessment clinics for BS patients onsite? Yes No

If Yes who runs them?

6. If pre-assessment clinics are run onsite, which of the following does this hospital have access to (please tick all that apply)?

- Sleep clinics Diabetic clinics Psychiatric services Psychology services
- Dietitian Exercise physiologist Specialist nurse Echocardiography
- Other please specify

7. Does this hospital hold MDT meetings for bariatric surgery patients onsite? Yes No





7b. If yes who of the following routinely attends (please tick all that apply)

- Bariatric surgeon Anaesthetist Specialist Nurse Bariatric Physician
 Dietitian Psychologist/iatrist Physiotherapist Respiratory Physician
 Administrator Other (please specify)

8. Which of the following staff are available for the management of BS patients during their inpatient stay (please tick all that apply)?

- Bariatric surgeon Anaesthetist Specialist Nurse Bariatric Physician
 Dietitian Psychologist/iatrist Physiotherapist Respiratory Physician
 Other (please specify)

9. Is specialist training in bariatric surgical procedures provided at your hospital for (please tick all that apply):

- Trainee surgeons Theatre nurses Surgical assistants

10. Which of the following does the hospital have (see definitions)?

- Level 0 beds Level 1 beds Level 2 beds Level 3 beds

11. If the hospital does not have Level 3 beds is there an escalation in care transfer policy? Yes No

12. In the event of a peri-operative event/complication is there a standard procedure for transfer to: -

- Emergency department on-site
 ICU/ITU (level 3) on-site
 Nearby acute hospital
 Other please specify
 No standard procedure

13a. Is there an emergency re-admission policy for patients who have received bariatric surgery? Yes No

13b. If Yes are patients readmitted to? This hospital Another hospital





C PATIENT INFORMATION

14. How are patients informed about the procedure(s) that they will undergo, including risks of surgery, possible complications (please tick all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Patient information leaflet | <input type="checkbox"/> Verbal explanation by Nurse |
| <input type="checkbox"/> Patient information CD/DVD | <input type="checkbox"/> Non-clinical advisor led information |
| <input type="checkbox"/> Patient seminars | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Verbal explanation in clinic by Doctor | please specify |

15. Prior to surgery are patients given a card or other document carrying contact details and other essential information regarding pre-op support? Yes No

16a. Are patients routinely followed up by telephone after surgery? Yes No

16b. If Yes by Whom

16c. If Yes how long after surgery

17. Is it routine to contact the patient's GP surgery to inform them that bariatric surgery has taken place Yes No

18a. Are follow up clinics for Bariatric Surgery patients held at this hospital? Yes No

18b. Do these follow up clinics include patients operated on elsewhere? Yes No

18c. What type of follow up clinics are run (please tick all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Bariatric surgeon | <input type="checkbox"/> Specialist nurse |
| <input type="checkbox"/> Bariatric physician | <input type="checkbox"/> Psychiatric/ologist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Other <input type="text"/> |
| | please specify |

19. If follow-up clinics are not run at this hospital, who is responsible for the patients' follow-up (please tick all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Individual surgeon | <input type="checkbox"/> Third party <input type="text"/> |
| | please specify |
| <input type="checkbox"/> Other | <input type="text"/> |

20. Which of the following are kept centrally at the hospital (please tick all that apply)?

- Outpatient annotations including referral and pre-assessment clinics
- Referral letters and other relevant correspondence
- Notes from MDT meetings
- Inpatient notes for this surgical episode
- Surgeon's operation notes
- Outpatient notes for follow-up clinics





D FACILITIES AND EQUIPMENT

Please complete this section if Bariatric Surgery for weight loss is performed at this hospital and/or the hospital admits patients as an emergency

21a. Does this hospital have the ability to weigh patients >200 Kg Yes No

21b. What is the maximum patient weight that can be measured at this hospital? Kg

22. Does this hospital have specialist transfer equipment for morbidly obese patients? eg. sliding sheets, hover mattresses, mechanical or electrical hoists Yes No

If Yes please give details of these:

23. Do staff receive any specialist training for the care (e.g. moving) of morbidly obese patients? Yes No

24a. Does this hospital have appropriate surgical equipment for morbidly obese patients (e.g. extra long laparoscopic instruments)? Yes No

24b. Does this hospital have appropriate anaesthetic equipment for morbidly obese patients (e.g. video/fibreoptic laryngoscope)? Yes No

24c. Does this hospital have appropriate monitoring equipment for morbidly obese patients (e.g. extra large blood pressure cuff or facility for invasive arterial pressure monitoring)? Yes No

25. Does this hospital have appropriate elasticated stockings for morbidly obese patients? Yes No

26a. Which of the following imaging modalities does this hospital have?

CT scanner Yes No MRI scanner Yes No Fluoroscopy Yes No

26b. Please provide details of these:

	Maximum patient weight	Maximum aperture diameter
CT scanner	<input type="text"/> <input type="text"/> <input type="text"/> Kg	<input type="text"/> <input type="text"/> <input type="text"/> cm
MRI scanner	<input type="text"/> <input type="text"/> <input type="text"/> Kg	<input type="text"/> <input type="text"/> <input type="text"/> cm
Fluoroscopy	<input type="text"/> <input type="text"/> <input type="text"/> Kg	<input type="text"/> <input type="text"/> <input type="text"/> cm

27. If the hospital does not have imaging modalities adequate for morbidly obese patients, is there a policy to arrange imaging at another hospital? Yes No

28a. Which of the following does the hospital have (see definitions)?

Level 0 beds Level 1 beds Level 2 beds Level 3 beds

28b. What is the maximum patient weight that a hospital bed can take? Kg

29a. Does this hospital use a track and trigger system (see definitions)? Yes No

29b. If Yes, is this linked to escalation protocols? Yes No

Thank you for completing this questionnaire



Please use the space below for any other information you feel is relevant to this study



DEFINITIONS

LEVEL OF CARE:

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).

TRACK & TRIGGER:

The periodic observation of selected basic physiological signs ('tracking') with predetermined calling or response criteria ('trigger') for requesting the attendance of staff who have specific competencies in the management of acute illness and/or critical care. (National Institute for Health and Clinical Excellence, 2007)



**NCEPOD
5th Floor
125 Wood Street
London
EC2V 7AN**

