

# Pulmonary Embolism Organisational Questionnaire

## A. The Hospital

### 1. Type of facility

- District general hospital <= 500 beds       District general hospital > 500 beds  
 University teaching hospital       Independent hospital

If not listed above, please specify here...

### 2a. Does this hospital have an emergency department?

- Yes       No

### 2b. If answered "Yes" to [2a] then: Is the emergency department open

- 24 hours a day, 7 days/week  
 Normal working hours (8am - 6pm), 7 days/week  
 Normal working hours (8am - 6pm), Mon-Fri       Unknown

If not listed above, please specify here...

### 3. Please provide the number of patients (aged 16 or over) with a confirmed diagnosis of PE in 2017

Unknown

*Value should be no more than 1,000*

**1a. Does this hospital have a designated ambulatory care centre?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:**

**What are the ambulatory care centre opening hours?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri     Unknown

If not listed above, please specify here...

**1c. If answered "Yes" to [1a] then:**

**Please indicate how ambulatory care referrals are made**

- |   |  |
|---|--|
| <input type="checkbox"/> ED referrals                       | <input type="checkbox"/> GP referrals                  |
| <input type="checkbox"/> Patient received directly from GP  | <input type="checkbox"/> Medical/Surgical specialities |
| <input type="checkbox"/> All patients have to attend the ED | <input type="checkbox"/> Unknown                       |

Please specify any additional options here...

**1d. If answered "No" to [1a] then:**

**Does this hospital operate ambulatory care pathways/processes without a designated centre?**

- Yes                       No                       Unknown

**1e. If answered "Yes" to [1d] then:**

**Please indicate how ambulatory care referrals are made**

- |   |  |
|---|--|
| <input type="checkbox"/> ED referrals                       | <input type="checkbox"/> GP referrals                  |
| <input type="checkbox"/> Patient received directly from GP  | <input type="checkbox"/> Medical/Surgical specialities |
| <input type="checkbox"/> All patients have to attend the ED | <input type="checkbox"/> Unknown                       |

Please specify any additional options here...

---

**2a. Does the hospital have an ambulatory care pathway for PE?**

- Yes                       No                       Unknown

**2b. If answered "No" to [2a] then:**

**If No, are all referrals for PE admitted to hospital?**

- Yes                       No                       Unknown

**2c. If answered "No" to [2a] and "No" to [2b] then:**

**If No, please describe any alternative pathways used:**

**3. How are patients suspected of having PE identified as being suitable for ambulatory care?**

*If ambulatory care is not available at this hospital please mark not applicable*

- All patients sent to ambulatory care by default
- Patients screened by referring clinician
- NEWS or other early warning score
- AMB score
- Not applicable, no ambulatory care centre/pathways
- Unknown

Please specify any additional options here...

**4. Which teams provide ambulatory care for PE patients?**

*If ambulatory care is not available at this hospital please mark not applicable*

- Emergency medicine
- Acute medicine
- Respiratory medicine
- Haematology
- General medical clinic
- Speciality nurse led clinic
- Coordinated by MDT
- Oncology
- Unknown
- Not applicable, No ambulatory care centre/pathways

Please specify any additional options here...

**5a. If answered "Yes" to [2a] then:**

**Does the hospital have a programme of auditing their ambulatory care PE pathway?**

- Yes                       No                       Unknown

**5b. If answered "Yes" to [2a] and "Yes" to [5a] then:**

**Who is this done by?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Emergency medicine | <input type="checkbox"/> Respiratory medicine | <input type="checkbox"/> Acute medicine |
| <input type="checkbox"/> Haematology        | <input type="checkbox"/> Oncology             | <input type="checkbox"/> Unknown        |

Please specify any additional options here...

**5c. If answered "Yes" to [2a] and "Yes" to [5a] then:**

**How are audit results of the ambulatory care PE disseminated for learning/improvement?**

- |   |  |
|---|--|
| <input type="checkbox"/> Email alert                      | <input type="checkbox"/> Paper newsletter              |
| <input type="checkbox"/> Notice boards                    | <input type="checkbox"/> Multispecialty audit meetings |
| <input type="checkbox"/> Single speciality audit meetings | <input type="checkbox"/> Unknown                       |

Please specify any additional options here...

**6a. If answered "Yes" to [2a] then:**

**Is the decision to use ambulatory care for PE sometimes declined on the basis of inadequate ambulatory care capacity?**

- Yes                       No                       Unknown

**6b. If answered "Yes" to [6a] and "Yes" to [6a] then:  
Please approximate how frequently this occurs (as a percentage of requests)**

Unknown

*Value should be no more than 100*

**1a. Is Pulmonary Embolism Rule-Out Criteria (PERC) routinely used to identify patients WHO DO NOT require further investigation for PE?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:  
Who uses the PERC?**

- Acute medicine                       Respiratory medicine                       Unknown

Please specify any additional options here...

**1c. If answered "Yes" to [1a] then:  
Is the use of PERC restricted to:**

- Consultants                       ST4 and above                       Unrestricted                       Unknown

Please specify any additional options here...

---

**2a. Does this hospital have a guideline/protocol for the diagnosis and management of PE?**

- Yes                       No                       Unknown

**2b. If answered "Yes" to [2a] then:  
Is this protocol the same or a modified version of national guidelines?**

- Same                       Modified                       Unknown

**2c. If answered "Yes" to [2a] then:  
What does the guideline/protocol cover?**

- Emergency imaging  
 Policy regarding LMWH when imaging is delayed beyond 1 hour  
 Acute anticoagulation management after diagnosis is confirmed  
 Duration of anticoagulation  
 Discharge anticoagulation choice  
 Unknown

Please specify any additional options here...

---

**3a. Is there a policy/ guideline to assess the severity of PE?**

- Yes                       No                       Unknown

**3b. If answered "Yes" to [3a] then:  
If Yes which of the following are used?**

- Pulmonary Embolism Severity Index (PESI)                       Simplified PESI  
 Hestia                       Geneva  
 NEWS

Please specify any additional options here...

---

**4a. Does the hospital have a guideline/ protocol for the diagnosis and treatment of PE during pregnancy?**

- Yes                       No                       Unknown

**4b. If answered "Yes" to [4a] then:  
Which of the following does it include?**

- |  |  |
|--|--|
| <input type="checkbox"/> Ambulatory care                                   | <input type="checkbox"/> In-hospital management of PE                |
| <input type="checkbox"/> Clinical likelihood score                         |  |
| <input type="checkbox"/> Modified (radiation reduction) imaging strategies |  |
| <input type="checkbox"/> Treatment strategies                              | <input type="checkbox"/> Specify who manages PE in pregnant patients |

Please specify any additional options here...

---

**5a. Does the hospital have a guideline/protocol for the diagnosis and management of massive PE?**

- Yes                       No                       Unknown

**5b. If answered "Yes" to [5a] then:  
Does this include guidance on**

- |   |   |
|---|---|
| <input type="checkbox"/> Assessment by bedside echocardiography | <input type="checkbox"/> Biomarkers of heart strain |
| <input type="checkbox"/> Assessment of RV strain on CTPA        | <input type="checkbox"/> Escalation of treatment    |
| <input type="checkbox"/> Transfer to higher care area           |   |

Please specify any additional options here...

---

**6. Does the hospital have a guideline/protocol for the diagnosis and management of submassive PE?**

- Yes                       No                       Unknown

D. Imaging

**1a. Does this hospital have formal (cardiology) trans thoracic echocardiography available?**

- On-site       Off-site       Unavailable       Unknown

**1b. If answered "On-site" or "Off-site" to [1a] then:  
What hours is this service available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri     Unknown

If not listed above, please specify here...

**2a. Does this hospital have Point of Care US echo (non cardiology service) available?**

- On-site       Off-site       Unavailable       Unknown

**2b. If answered "On-site" or "Off-site" to [2a] then:  
What hours is this service available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri     Unknown

If not listed above, please specify here...

**3a. Does this hospital have Trans Oesophageal echocardiography available?**

- On-site       Off-site       Unavailable       Unknown

**3b. If answered "On-site" or "Off-site" to [3a] then:  
What hours is this service available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri     Unknown

If not listed above, please specify here...

**4a. Does this hospital have CT Pulmonary angiography available?**

- On-site       Off-site       Unavailable       Unknown

**4b. If answered "On-site" or "Off-site" to [4a] then:  
What hours is this service available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri     Unknown

If not listed above, please specify here...

**4c. If answered "On-site" or "Off-site" to [4a] then:  
What hours is reporting available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri    Unknown

If not listed above, please specify here...

---

**5a. Does this hospital have Ventilation perfusion (VQ) scanning available?**

- On-site                       Off-site                       Unavailable                       Unknown

**5b. If answered "On-site" or "Off-site" to [5a] then:  
What hours is this service available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri    Unknown

If not listed above, please specify here...

**5c. If answered "On-site" or "Off-site" to [5a] then:  
What hours is reporting available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri    Unknown

If not listed above, please specify here...

---

**6a. Does this hospital have VQ SPECT scanning available?**

- On-site                       Off-site                       Unavailable                       Unknown

**6b. If answered "On-site" or "Off-site" to [6a] then:  
What hours is this service available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri    Unknown

If not listed above, please specify here...

**6c. If answered "On-site" or "Off-site" to [6a] then:  
What hours is reporting available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri    Unknown

If not listed above, please specify here...

---

**7. Is there a system to alert the clinical team of changes made to the final radiology report after a provisional report is provided out-of-hours?**

- Yes                               No                               Unknown



**8a. Is there a proforma/ standardised report for reporting CTPA?**

Yes

No

Unknown

**8b. If answered "Yes" to [8a] then:**

**If Yes, which of the following does it include reporting on?**

The size of the thrombus

The site of the thrombus

Evidence of right heart strain

Assessment of IVC thrombus

Assessment of iliac veins

Assessment of femoral veins

Please specify any additional options here...

**1. Is there a lead clinician for the PE service?**

- Yes  No  Unknown

**2a. Is there an MDT for the management of PE patients?**

- Yes  No  Unknown

**2b. If answered "Yes" to [2a] then:**

**Who of the following are regularly included in this team?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pharmacist             | <input type="checkbox"/> Haematology        | <input type="checkbox"/> Anti-coagulation nurse   |
| <input type="checkbox"/> Respiratory medicine   | <input type="checkbox"/> Radiology          | <input type="checkbox"/> Interventional radiology |
| <input type="checkbox"/> Acute medicine         | <input type="checkbox"/> Emergency medicine | <input type="checkbox"/> Cardiology               |
| <input type="checkbox"/> Cardiothoracic surgery |   |   |

Please specify any additional options here...

**2c. If answered "Yes" to [2a] then:**

**Are there specific criteria for patients to be selected for PE MDT review?**

- Yes  No  Unknown

**2d. If answered "Yes" to [2c] and "Yes" to [2a] then:**

**If Yes what criteria?**

- |  |  |
|--|--|
| <input type="checkbox"/> Pro-coagulant conditions                      | <input type="checkbox"/> Post-operative PE       |
| <input type="checkbox"/> Post-stroke PE                                | <input type="checkbox"/> Post-trauma PE          |
| <input type="checkbox"/> Patient with significant bleed/risk of bleed  | <input type="checkbox"/> PE with planned surgery |
| <input type="checkbox"/> Recurrent PE                                  |  |
| <input type="checkbox"/> Chronic symptomatic PE/pulmonary hypertension |  |
| <input type="checkbox"/> Women of child-bearing age                    |  |

Please specify any additional options here...

**3a. Does this hospital have access to IV Thrombolysis?**

- On-site  Off-site  Unavailable  Unknown

**3b. If answered "On-site" or "Off-site" to [3a] then:**

**What hours is this service available?**

- 24 hours a day, 7 days/week  
 Normal working hours (08:00-18:00) 7 days/week  
 Normal working hours (08:00-18:00) Mon-Fri  Unknown

If not listed above, please specify here...

**3c. If answered "On-site" to [3a] then:**

**Is there a hospital protocol for IV thrombolysis?**

- Yes  No  Unknown

**3d. If answered "On-site" to [3a] then:**

**Who delivers the treatment?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency department | <input type="checkbox"/> Cardiology    | <input type="checkbox"/> Acute medicine |
| <input type="checkbox"/> Respiratory medicine | <input type="checkbox"/> Critical care |   |

Please specify any additional options here...

**3e. If answered "On-site" to [3a] then:  
Where is this performed?**

- |   |                              |                                  |
|---|------------------------------|----------------------------------|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> MAU | <input type="checkbox"/> HDU     |
| <input type="checkbox"/> ICU                  | <input type="checkbox"/> CCU | <input type="checkbox"/> Unknown |

Please specify any additional options here...

---

**4a. Does this hospital have access to catheter directed thrombolysis?**

- On-site       Off-site       Unavailable       Unknown

**4b. If answered "Off-site" to [4a] then:**

**Does this hospital have a formal service agreement/network for catheter directed thrombolysis?**

- Yes  
 No but informal service agreement/network in place  
 No  
 Unknown

If not listed above, please specify here...

---

**5a. Does this hospital have access to mechanical thrombectomy?**

- On-site       Off-site       Unavailable       Unknown

**5b. If answered "Off-site" to [5a] then:**

**Does this hospital have a formal service agreement/network for mechanical thrombectomy?**

- Yes  
 No but informal service agreement/network in place  
 No  
 Unknown

If not listed above, please specify here...

---

**6a. Does this hospital have access to surgical thrombectomy?**

- On-site       Off-site       Unavailable       Unknown

**6b. If answered "Off-site" to [6a] then:**

**Does this hospital have a formal service agreement/network for surgical thrombectomy?**

- Yes  
 No but informal service agreement/network in place  
 No  
 Unknown

---

**7a. Does this hospital have an interventional radiology department?**

- Yes       No       Unknown

**7b. If answered "No" to [7a] then:**

**Does the hospital have a formal service agreement/network for IVC filter placement and retrieval?**

- Yes
- No but informal service agreement/network in place
- No
- Unknown

If not listed above, please specify here...

**7c. If answered "Yes" to [7a] then:**

**How many permanent IVC filters were inserted in 2017?**

Unknown

**7d. If answered "Yes" to [7a] then:**

**How many temporary IVC filters were inserted in 2017**

Unknown

**7e. If answered "Yes" to [7a] then:**

**Is there a hospital guideline on the use and management of IVC filters?**

- Yes
- No
- Unknown

**7f. If answered "Yes" to [7e] then:**

**Which of the following does this include?**

- List of indications
- Imaging follow up for permanent filters
- Plan for retrieval if temporary IVC filter
- Fail safe system to ensure retrieval occurs

Please specify any additional options here...

**1a. Are patients provided with specific information/education regarding PE?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:  
What does it include?**

- Need to assess risk factors
- Complications of PE
- Anti-coagulation plan tailored to each patient
- Written self management plan
- Management of anti-coagulation related risks (eg alcohol, missed dose)
- When to seek help
- Impact of life
- Future travel
- Future surgery
- Contraception
- Future pregnancy

Please specify any additional options here...

**1c. If answered "Yes" to [1a] then:  
When is patient education/information provided?**

- Before discharge from hospital                       First clinic appointment

Please specify any additional options here...

---

**2. Following a diagnosis of PE what services are patients routinely referred to/provided with?**

- Enhanced self care                       Telephone follow-up                       Primary care follow-up  
 Anticoagulation clinic                       VTE clinic

Please specify any additional options here...

---

**3a. Is follow up routinely arranged for patients diagnosed with PE?**

- Yes                       No                       Unknown

**3b. If answered "Yes" to [3a] then:  
What does follow up routinely include?**

- Assessment of provoked or unprovoked VTE
- Duration of anticoagulation
- Unknown
- Screen for pro-thrombotic conditions
- Plan for further follow up at 3 months

Please specify any additional options here...

**1a. Do you have a radiology new diagnosis of PE tracking or alert system?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:****Please provide the number of patients recorded in 2017**
 patients
 Unknown*Value should be no more than 10,000***1c. If answered "Yes" to [1a] then:****Is this audited for missed alerts (i.e. PE diagnosed but alert system not used)**

- Yes                       No                       Unknown

**1d. If answered "Yes" to [1c] and "Yes" to [1a] then:****How many alerts were missed in 2017?**

 Unknown*Value should be no more than 10,000***2a. Is there a system of investigating preventable thrombo-embolic events?**

- Yes                       No                       Unknown

**2b. If answered "Yes" to [2a] then:****Which type of patients does this include?**

- PE in an inpatient admitted for another condition  
 Inpatient within the last 3 months  
 PE in patients receiving chemotherapy as an outpatient or day case  
 PE in patients receiving radiotherapy as an outpatient or day case  
 Unknown

Please specify any additional options here...

**2c. If answered "Yes" to [2a] then:****Which of the following are investigated?**

- Missed VTE assessment  
 Prescription of anti-embolism stocking  
 Missed VTE prescription  
 Application of anti-embolism stocking  
 Missed VTE administration  
 Use of Flotrons (or equivalent mechanical intermittent compression devices)

Please specify any additional options here...

**3a. Are there any identified gaps in your current PE service?**

- Yes                       No                       Unknown

**3b. If answered "Yes" to [3a] then:  
What are these gaps?**

**3c. If answered "Yes" to [3a] then:  
Are there any plans to develop the service to fill these gaps?**

Yes                       No                       Unknown

**3d. If answered "Yes" to [3c] then:  
Please outline these plans**

**1. If you wish to make us aware of anything relating to the answers supplied please let us know below. Otherwise, you can leave this section empty**