

Acute Bowel Obstruction Organisational Questionnaire

A. Introduction

What is this study about?

The aim of this study is to identify the remedial factors in process of care of patients with large or small intestinal obstruction.

Who should complete this questionnaire?

This questionnaire has been designed to collect data on the organisational structures surrounding the care provided to patients with an obstructed bowel. It should be completed for hospitals where patients with acute bowel obstruction might be cared for/ treated. One questionnaire should be completed for each hospital within a Trust/Health board

The questionnaire has been disseminated to our named local contact, who is primarily responsible for the data collection. However, others can be invited by the named local contact to complete sections as appropriate. This can be done by clicking on the envelope icon (on the right hand side of the front screen) and entering the details of those to be invited.

Many thanks for your help with our study

A list of definitions can be found here:-

<http://bit.ly/2qYWnOL>

If you have any queries about this study or this questionnaire, please contact: abo@ncepod.org.uk or telephone 020 7251 9060.

This study was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into medical and surgical care.

B. The Hospital

1a. Type of facility

Please select the one answer that best describes this hospital

- | | |
|--|---|
| <input type="checkbox"/> District general hospital <= 500 beds | <input type="checkbox"/> District general hospital > 500 beds |
| <input type="checkbox"/> University teaching hospital | <input type="checkbox"/> Single specialty hospital |
| <input type="checkbox"/> Independent hospital | |

Please specify any additional options here...

1b. How many in-patient beds are there in your hospital?

beds

Unknown

Value should be no more than 10,000

2. What is the catchment population for this hospital?

Value should be no more than 5,000,000

People

Value should be no more than 5,000,000

3a. Is there an Emergency Department (ED) at this hospital?

- Yes No Unknown

3b. If answered "Yes" to [3a] then:

What was the number of Emergency Department attendances during 2018?

1st of January 2018 to 31st December 2018

Attendances

Unknown

3c. If answered "Yes" to [3a] then:

Is there a protocol for the management of acute bowel obstruction (ABO) when diagnosed in the emergency department?

- Yes No Unknown

3d. If answered "Yes" to [3a] then:

Are Early Warning Scores (EWS) used within the Emergency Department?

- Yes No Unknown

3e. If answered "Yes" to [3a] and "Yes" to [3d] then:

What type of Early Warning Score?

- NEWS NEWS2 Modified EWS Unknown

Please specify any additional options here...

4. Does this hospital have any dedicated assessment units?

Please select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Yes - Surgical Assessment Unit | <input type="checkbox"/> Yes - Medical Assessment Unit |
| <input type="checkbox"/> Yes - Acute Admissions Unit | <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown | |

Please specify any additional options here...

C. Bowel Cancer Screening

1a. Does this hospital run a Bowel Cancer Screening Programme?

- Yes No Unknown

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

When was the Bowel Cancer Screening Programme initiated at this hospital?

- < 6 months ago 6 months - <1 year ago 1 year - <5 years ago
 =>5 years ago

Please specify any additional options here...

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

What is the catchment population for this hospital, aged 60-74 years?

 people

- Unknown

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

What percentage of this population are invited for screening?

Percentage of the population

 Percent

- Unknown

Value should be no more than 100

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

Which test is offered?

- Faecal occult blood (FOB) test Faecal immunochemical test (FIT)

Please specify any additional options here...

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

What is the percentage uptake of bowel cancer screening (FOB/FIT)?

Percentage of those invited

 Percent

- Unknown

Value should be no more than 100

2a. How many colon cancers does this hospital treat annually?

- Unknown

2b. How many of these are screen detected?

- Unknown

1a. Is there a protocol/pathway specifically for the investigation and management of patients with suspected (large or small) acute bowel obstruction (ABO) ?

- Yes No Unknown

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

Does it include specific guidance for small bowel obstruction?

- Yes No Unknown

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

Does it include specific guidance for large bowel obstruction?

- Yes No Unknown

2a. If answered "Yes" to [1a] then:

Does the protocol/pathway include guidance for the initial treatment and resuscitation measures?

- Yes No Unknown

2b. If answered "Yes" to [1a] and "Yes" to [2a] then:

If YES, please state what is covered:

*Please select all that apply, *please see definitions*

- | | |
|---|--|
| <input type="checkbox"/> Oxygen administration | <input type="checkbox"/> Urine output measurement |
| <input type="checkbox"/> IV fluid administration | <input type="checkbox"/> Antibiotic administration |
| <input type="checkbox"/> Nasogastric tube insertion | <input type="checkbox"/> Frequency of observations |
| <input type="checkbox"/> Escalation criteria | <input type="checkbox"/> Transfer criteria to higher level care* |
| <input type="checkbox"/> None of these | |

Please specify any additional options here...

**2c. If answered "Yes" to [1a] and "Yes" to [2a] and "IV fluid administration" to [2b] then:
Type of fluid specified**

**2d. If answered "Yes" to [1a] and "Yes" to [2a] and "IV fluid administration" to [2b] then:
Rate of fluids specified**

**2e. If answered "Yes" to [1a] and "Yes" to [2a] and "Nasogastric tube insertion" to [2b] then:
Is there a timeframe for insertion of NG tube ?**

- Yes No Not applicable Unknown

2f. If answered "Yes" to [1a] and "Yes" to [2a] and "Nasogastric tube insertion" to [2b] and "Yes" to [2e] then:

Timeframe specified for insertion of NG tube:

hours Unknown

**2g. If answered "Yes" to [1a] and "Yes" to [2a] and "Nasogastric tube insertion" to [2b] then:
Size of NG tube specified?**

- Yes No Unknown

3a. If answered "Yes" to [1a] then:

Does the protocol/pathway specify the necessary timeframe for a CT scan for patients presenting with suspected bowel obstruction?

- Yes No Unknown

**3b. If answered "Yes" to [1a] and "Yes" to [3a] then:
What is the timeframe specified?**

- Immediate <4 hours <12 hours <24 hours

Please specify any additional options here...

4a. If answered "Yes" to [1a] then:

Is it part of the protocol/pathway to undertake a frailty assessment on all patients who are admitted as an emergency?

- Yes No Unknown

4b. If answered "Yes" to [1a] then:

Is it part of the protocol/pathway to undertake a dementia assessment on all elderly patients with ABO?

- Yes No Unknown

4c. If answered "Yes" to [1a] then:

Does the protocol/pathway include guidance for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?)

- Yes No
 Unknown
 Not Applicable (No Care of the Elderly Medicine)

4d. If answered "Yes" to [1a] and "Yes" to [4c] then:

What are the criteria for referral to Care of the Elderly medicine (or equivalent)?

- Age (please state in box below) Frailty score (please state in box below)
 Dementia score

Please specify any additional options here...

4e. If answered "Yes" to [1a] and "Yes" to [4c] and "Age (please state in box below)" to [4d] then:

Please give further details of age limit that triggers referral:

4f. If answered "Yes" to [1a] and "Yes" to [4c] and "Frailty score (please state in box below)" to [4d] then:

Please give further details of Frailty Score that triggers referral:

5a. If answered "Yes" to [1a] then:

Does the protocol/pathway include guidance for the nutritional management of patients with acute bowel obstruction?

- Yes No Unknown

5b. If answered "Yes" to [1a] and "Yes" to [5a] then:

Does this include the following?

Please select all that apply

- Guidelines regarding interventions following a given length of starvation
- Written guidelines/ information sheet for patients/carers
- Guidelines for recording a MUST score
- Criteria for referral to a dietician/ the nutrition team

Please specify any additional options here...

6a. If answered "Yes" to [1a] then:

Does the protocol/pathway include guidance on the use of Gastrografin?

- Yes No Unknown

6b. If answered "Yes" to [1a] and "Yes" to [6a] then:

Does this include guidance on the following?

- When to use Gastrografin (which patients) The timing of Gastrografin use

Please specify any additional options here...

7a. If answered "Yes" to [1a] then:

Does the Acute Bowel Obstruction protocol/ pathway include guidance on the following?

Please select all that apply

- The timing of first review by senior decision maker
- A time limit on when a treatment decision should be made
- Guidance on which patients to refer for surgery
- Guidance on who (grade of clinician) should refer for surgical opinion
- Guidance on the timing of surgery
- Specific guidance on colonic stenting
- Guidance on when to refer to the Acute Pain Team
- Guidance on when to use laparoscopy

Please specify any additional options here...

7b. If answered "Yes" to [1a] and "A time limit on when a treatment decision should be made" to [7a] then:

Time limit on treatment decision?

- hours Unknown

7c. If answered "Yes" to [1a] and "The timing of first review by senior decision maker" to [7a] then:

Timeframe for first review by senior decision maker:

- hours Unknown

8a. Other than a dedicated ABO pathway/protocol, does this hospital have any pathways/protocols which would include the care of patients with ABO (eg. emergency laparotomy / acute abdomen pathway)?

Please select the one answer that best fits the scenario at your hospital

- Yes - But all necessary aspects of care are covered by dedicated ABO pathway/protocol
- Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others
- Yes - There is no dedicated ABO protocol/pathway at this hospital.
- No - There is no dedicated ABO protocol/pathway at this hospital and no other protocols/ pathways for
- No - There is only the dedicated pathway/protocol for ABO

8b. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Please list any other protocols/ pathways/ guidelines that cover the management of patients with acute bowel obstruction (other than a protocol specifically dedicated to patients with ABO)?

Please select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Acute abdomen pathway | <input type="checkbox"/> Laparotomy pathway |
| <input type="checkbox"/> Acutely ill patients pathway | <input type="checkbox"/> High risk patients pathway |
| <input type="checkbox"/> Acute surgical pathway | <input type="checkbox"/> None |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (please state in box below) |

Please specify any additional options here...

8c. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Does the hospital have any specific guidance for the management of suspected small bowel obstruction?

- Yes No Unknown

8d. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Does the hospital have any specific guidance for the management of suspected large bowel obstruction?

- Yes No Unknown

8e. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Is there a protocol/pathway that includes guidance for the initial treatment and resuscitation measures for patients with Acute Bowel Obstruction?

- Yes No Unknown

8f. If answered "Yes" to [8e] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

If YES, please state what is covered:

- | | | |
|--|---|--|
| <input type="checkbox"/> Oxygen administration | <input type="checkbox"/> Urine output measurement | <input type="checkbox"/> IV fluid administration |
| <input type="checkbox"/> Antibiotic administration | <input type="checkbox"/> Nasogastric tube insertion | <input type="checkbox"/> Frequency of observations |
| <input type="checkbox"/> Escalation criteria | <input type="checkbox"/> Transfer criteria to CCU | |

Please specify any additional options here...

8g. If answered "Yes" to [8e] and "IV fluid administration" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:

Type of fluid specified

**8h. If answered "Yes" to [8e] and "IV fluid administration" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Rate of fluids specified**

**8i. If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Is there a timeframe for insertion of NG tube ?**

Yes No Unknown

**8j. If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes" to [8i] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Timeframe for NG tube insertion**

hours Unknown

**8k. If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Size of NG tube specified?**

Yes No Unknown

**9a. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does any pathway/ protocol specify the necessary timeframe for a CT scan for patients presenting with bowel obstruction?**

Yes No Not applicable Unknown

**9b. If answered "Yes" to [9a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Please state the timeframe specified?**

Immediately < 4 hours <12 hours < 24 hours

Please specify any additional options here...

**10a. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does the hospital have any specific guidelines which include undertaking a frailty assessment on all patients who are admitted as an emergency?**

Yes No Not applicable Unknown

**10b. If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?)**

Yes No Not applicable Unknown

**10c. If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
What are the criteria for referral to Care of the Elderly medicine?**

Age Frailty score

Please specify any additional options here...

**10d.If answered "Yes" to [10b] and "Age" to [10c] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Please give further details of age limit that triggers referral:**

**10e.If answered "Yes" to [10b] and "Frailty score" to [10c] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Please give further details of Frailty Score that triggers referral:**

**11a.If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does the hospital have any specific guidance for the nutritional management of patients with acute bowel obstruction?**

- Yes No Not applicable Unknown

**11b.If answered "Yes" to [11a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does this include the following?**

- Written guidelines/ information sheet for patients/carers
- Guidelines regarding interventions following a given length of starvation
- Guidelines for recording a MUST score
- Criteria for referral to a dietician/ the nutrition team

Please specify any additional options here...

**12a.If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does this hospital have any guidance on the use of Gastrografin for suspected bowel obstruction?**

- Yes No Not applicable Unknown

**12b.If answered "Yes" to [12a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does this include guidance on the following?**

- When to use Gastrografin (which patients) The timing of Gastrografin use

Please specify any additional options here...

**13a.If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Does the hospital provide any specific guidance on the following?**

- Timing of first review by a senior decision maker
 A time limit on when a treatment decision should be made
 Guidance on which patients to refer for surgery
 Guidance on who (grade of clinician) should refer for surgical opinion
 The timing of surgery
 Specific guidance on colonic stenting
 Guidance on when to refer to the Acute Pain Team
 Guidance on when to use Laparoscopy

Please specify any additional options here...

**13b.If answered "A time limit on when a treatment decision should be made" to [13a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Time limit on treatment decision?**

 hours

- Unknown

**13c.If answered "Timing of first review by a senior decision maker" to [13a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:
Timeframe for first review by senior decision maker:**

 hours

E. Imaging

1a. What imaging is available at this hospital 24/7?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Abdominal X Ray | <input type="checkbox"/> CT scan |
| <input type="checkbox"/> Abdominal ultrasound | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Gastrografin follow through (WSCS) | <input type="checkbox"/> Unknown |

Please specify any additional options here...

1b. Does this hospital have at least 1 CT scanner on site*?

**NB onsite refers to the location of the hospital, which may be one of many in the Trust*

- Yes No Unknown

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

How many CT scanners are there on site at this hospital?

<input type="text" value="CT scanners"/>	<input type="checkbox"/> Unknown
--	----------------------------------

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

In which department(s) is/are the CT scanner(s) located?

- Emergency Department Assessment Unit Imaging suite

Please specify any additional options here...

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

Please state the hours of accessibility of the CT scanner?

If multiple scanners at this hospital, please state the most widely accessible

- 24/7
 Normal working hours (8am-6pm), Monday to Friday
 Normal working hours (8am-6pm), 7 days/ week
 Extended hours, Monday-Friday Extended hours, 7 days/ week
 Other (please state in box below)

Please specify any additional options here...

**1f. If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then:
If not available 24/7, what arrangements are in place when the CT scanner is not available?**

2a. Are there restrictions on who can request CT scans?

- Yes No Not applicable Unknown

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

If YES, which grade of clinician can request a CT?

Please select all that apply

- Consultant or equivalent
- Senior Trainee (ST3+/CT3+)
- Junior Trainee (Foundation year doctor (F1/2))

Please specify any additional options here...

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

Please state which specialty clinicians can request CT scans?

Please select all that apply

- Colorectal surgery
- General Surgery
- General Medicine
- Other Surgery (including all sub-specialties)
- Emergency medicine
- No restriction on specialty

Please specify any additional options here...

3a. In general, who reports on/ interprets CT scans IN HOURS*?

*Please select all that apply, *please see definitions*

- Consultant (or equivalent)
- ST3+/CT3+
- Outsourced
- Not specified
- Unknown

Please specify any additional options here...

3b. In general, who reports on/ interprets CT scans OUT OF HOURS*?

*Please select all that apply, *please see definitions*

- Consultant (or equivalent)
- ST3+/CT3+
- Outsourced
- Not specified
- Unknown

4a. Does the hospital have guidelines for the time taken from imaging to reporting?

- Yes
- No
- Unknown

4b. If answered "Yes" to [4a] then:

If YES, does this cover:

- All Bowel Obstruction patients?
- High risk patients only

Please specify any additional options here...

4c. If answered "Yes" to [4a] then:

What is the maximum time for the reporting of imaging IN HOURS* for patients with acute bowel obstruction?

**IN HOURS, as defined at your hospital*

 hours Unknown

4d. If answered "Yes" to [4a] then:

What is the maximum time for the reporting of imaging OUT OF HOURS* for patients with acute bowel obstruction?

**OUT OF HOURS, as defined at your hospital*

 hours Unknown

5a. Do you audit the report times for CT scans in abdominal emergencies?

- Yes
- No
- Unknown

**5b. If answered "Yes" to [5a] then:
If YES, how are these reviewed?**

- For surgical M&M Other M&M

Please specify any additional options here...

**5c. If answered "Yes" to [5a] then:
How often are these reviewed?**

times per year Unknown

6a. Is there a protocol for "CT for Bowel Obstruction" at this hospital?

- Yes No Unknown

**6b. If answered "Yes" to [6a] then:
In standard practice for CT do you use?**

- i) iv contrast ii) oral contrast Not applicable Unknown

Please specify any additional options here...

**6c. If answered "Yes" to [6a] then:
If CT with contrast is covered by the protocol, does it include:**

- Detail of oral administration
 Detail of IV administration
 Use of an eGFR cut-off to avoid administration of IV contrast
 Detail of who should decide on the use of IV contrast: Radiologist
 Detail of who should decide on the use of IV contrast: Surgeon

Please specify any additional options here...

7. How are CT reports in patients with confirmed bowel obstruction communicated to the team in this hospital?

Please mark all that apply

- Telephone to ward Telephone to required clinician
 Telephone to responsible consultant/ on-call Electronic reporting
 Unknown

Please specify any additional options here...

F. Staffing

1a. Is there a Care of Elderly Medicine (or equivalent) service on site at this hospital?

- Yes No Unknown

**1b. If answered "Yes" to [1a] then:
How many whole time equivalent Care of the Elderly Medicine consultants are employed at this hospital?**

WTE Unknown

**1c. If answered "Yes" to [1a] then:
How many whole time equivalent Care of the Elderly Medicine Nurses are employed at this hospital?**

WTE Unknown

2. Is there a nutrition team on site?

- Yes No Unknown
-

3a. Is there an acute pain team on site?

- Yes No Unknown

3b. Is there a guideline/protocol for pain scoring in the Emergency Department?

- Yes No Unknown

3c. Is there a guideline/protocol for pain scoring once admitted to hospital?

- Yes No Unknown

3d. Is there an escalation process for the management of a patient's pain if it is not controlled with initial measures once admitted to hospital?

- Yes No Unknown
-

4. Is there a palliative care team on site at this hospital?

- Yes No Unknown
-

5. Do patients with bowel obstruction have in patient access to the following services:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Social care | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Critical Care Outreach | <input type="checkbox"/> Pharmacy (24/7) |

Please specify any additional options here...

6a. What types of surgeon are on the general surgical emergency on-call rota?

Please mark all that apply

- | | |
|---|--|
| <input type="checkbox"/> Upper gastrointestinal surgery | <input type="checkbox"/> Lower gastrointestinal/ colo-rectal surgery |
| <input type="checkbox"/> General surgery | <input type="checkbox"/> Hepatobiliary and pancreatic surgery |
| <input type="checkbox"/> Breast Surgery | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Unknown | |

Please specify any additional options here...

6b. Please describe the structure of the surgical consultant on-call system at your hospital?

Please select all that apply if a combination is used

- 24 hours a day- one week on-call
- 24 hours a day- week split into 2-3 days on -call (eg 48-72 hours at a time, or Mon-Thurs, Fri-Sun)
- 24 hour single day on-call
- Different consultants covering day and night on-call
- Rolling day on-call
- Surgeon of the week (with colleagues covering overnight)
- Surgeon of the week (with surgeon also covering overnight)
- Unknown

Please specify any additional options here...

6c. Are there formal arrangements for checking in patients over the weekend?

- Yes No Not applicable Unknown
-

7a. Does this hospital have a separate colo-rectal surgical rota?

- Yes No Unknown

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

If YES, does this cover:

Please select all that apply

- Elective admissions Emergency admissions Unknown

Please specify any additional options here...

8a. Does this hospital have a critical care outreach team?

- Yes No Not applicable Unknown

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

If YES, is this available:

- 8am-6pm, Monday - Friday 8am-6pm, Monday - Sunday
 Extended working hours, Monday - Friday Extended working hours, Monday - Sunday
 24 hours/day, Monday - Friday 24 hours/day, Monday - Sunday

Please specify any additional options here...

9a. Does the hospital have a coordinated discharge planning team

- Yes No Unknown

9b. If answered "Yes" to [9a] then:

If YES, does it include:

Please select all that apply

- Social care Physiotherapy Occupational therapy
 Dietetics Nutrition team Unknown

Please specify any additional options here...

G. Colonic Stenting

1a. Is there onsite access to colonic stenting at this hospital?

- Yes No Unknown

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

If YES, please indicate the days when this is available:

Please select all that apply

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

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

Please indicate the times that this is available

- Working hours, 8am-6pm Extended working hours 24 hours / day

Please specify any additional options here...

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

If stenting is not available 24/7, are patients referred elsewhere for colonic stenting when not available?

- Yes No Unknown Not applicable

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

If no onsite access, are patients referred elsewhere for colonic stenting?

- Yes No Unknown

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

Please indicate who undertakes this:

Please select all that apply

- Interventional radiologists Endoscopists Endoscopist physician
 Endoscopist surgeon Unknown

Please specify any additional options here...

2a. Is this hospital a member of a network of care* for colonic stenting?

**Please see definitions*

- Yes No Unknown

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

If YES, is the colonic stenting network*:

**Please see definitions*

- Formal* Informal* Unknown

3. Has an audit of access to colonic stenting for large bowel obstruction been undertaken within this hospital?

- Yes No Not applicable Unknown

1a. Is there the possibility of carrying out sigmoid volvulus decompression on-site at this hospital?

- Yes No Unknown

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

If YES, is this undertaken using rigid sigmoidoscopy/ flatus tube?

- Yes No Unknown

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

Is this available 24 hours, 7 days/ week?

- Yes No Unknown

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

Is this undertaken using flexible sigmoidoscopy?

- Yes No Unknown

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

If YES, is this available 24 hours/ day, 7 days/ week

- Yes No Unknown

2a. Is there the possibility of carrying out percutaneous endoscopic colostomy (PEC) on-site at this hospital?

- Yes No Unknown

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

Is this available 24 hours/ day, 7 days/ week?

- Yes No Unknown

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

If not 24/7, please indicate when this is available:

- 8am-6pm, Monday -Friday 8am-6pm, Monday -Sunday
 Extended hours, Monday-Friday Extended hours, Monday-Sunday
 24 hours/ day, Monday-Friday

Please specify any additional options here...

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

Who undertakes this procedure at this hospital?

Please select all that apply

- Interventional radiologists Endoscopists Surgeon
 Unknown

Please specify any additional options here...

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

If no onsite access to PEC, are patients referred elsewhere for PEC?

- Yes No Not applicable Unknown

2f. Is this hospital part of a network of care* for PEC?

Please see definitions

- Yes No Not applicable Unknown

2g. If answered "Yes" to [2f] then:

If YES, is the network*:

Please see definitions

- Formal Informal Unknown

I. Surgery

1a. Does the hospital have a scheduled emergency theatre for urgent surgical cases (excluding trauma and orthopaedics), Monday- Friday, 08:00 - 17:59?

- Yes No Unknown

**1b. If answered "Yes" to [1a] then:
If YES, please state how many?**

theatres Unknown

1c. Does the hospital have scheduled out of hours emergency surgery sessions (excluding trauma and orthopaedics), Monday to Friday, 18:00- 07:59, and all day weekends?

- Yes No Unknown

**1d. If answered "Yes" to [1c] then:
If YES, please state how many?**

Sessions Unknown

1e. Is there a clinical priority grading system for determining clinical priority in emergency surgery?

- Yes No Unknown

**1f. If answered "Yes" to [1e] then:
If YES, please describe which one?**

1g. For the general emergency theatres, is there a coordinator for confirming that the relevant investigations and resuscitation have been completed and the patient is 'fit' for theatre?

- Yes No Unknown

**1h. If answered "No" to [1g] then:
If NO, please describe how this is done:**

1i. Is there a Laparoscopy service at this hospital?

- Yes No Unknown

1j. If answered "Yes" to [1i] then:

If YES please describe the hours of availability:

- 8am-6pm, Monday - Friday
- 8am-6pm, Monday - Sunday
- 24 hours/day, 7 days/ week
- Unknown
- Extended hours, Monday - Friday
- Extended hours, Monday - Sunday
- 24 hours/day, Monday - Friday

Please specify any additional options here...

1a. Does this hospital have a critical care* unit/ any critical care* beds?

Please see definitions

- Yes No Unknown

**1b. If answered "Yes" to [1a] then:
What level of critical care* is provided?**

Please see definitions

- Level 3 (ICU) Level 2 (HDU) Unknown

Please specify any additional options here...

**1c. If answered "Yes" to [1a] then:
Has this hospital undertaken an audit of patients admitted/ not admitted to critical care with acute bowel obstruction?**

- Yes No Unknown

**1d. If answered "Yes" to [1a] and "Yes" to [1c] then:
If YES, please provide details:**

1e. Is this hospital part of a critical care network?

- Yes No Unknown

2a. Is there a record held of the numbers of patients refused a critical care bed due to unavailability?

- Yes No Unknown

**2b. If answered "Yes" to [2a] and "Yes" to [1a] then:
If YES, How many times did this happen in 2018 (01 January-31 December 2018)?**

 Unknown

1a. Are delays to surgery audited at this hospital?

Yes No Unknown

1b. If answered "Yes" to [1a] then:**If YES, please indicate what is audited?***Please select all that apply*

All delays to surgery Delays in referral to surgery Delays following referral

Please specify any additional options here...

2a. Are all deaths within 30 days of surgery discussed at Mortality & Morbidity (M&M) meetings?

Yes No Unknown

2b. If answered "No" to [2a] then:**If NO, which deaths are discussed at M&M meetings?***Please select all that apply*

Patients admitted as an emergency Patients admitted electively
 Unexpected deaths Death of child/ young person

Please specify any additional options here...

2c. If answered "Yes" to [2a] then:**Would all deaths following colorectal surgery be discussed in a meeting of all the surgeons providing Emergency General Surgery (eg colorectal MDT)?**

Yes No Unknown

Please specify any additional options here...

3. Did this hospital contribute to the last cycle of the National Audit of Small Bowel Obstruction (NASBO)?

Yes No Unknown Not applicable

4. Does this hospital contribute to the National Emergency Laparotomy Audit (NELA)?

Yes No Unknown Not applicable

5. Does this hospital contribute to Emergency Laparotomy and Laparoscopic Scottish Audit (ELLSA)?

Yes No Unknown Not applicable

6. Does this hospital contribute to the National Bowel Cancer Audit (NBOCA)?

Yes No Not applicable Unknown

7. Please give details of any other audits or quality improvement work relating to patients with bowel obstruction, being carried out at this hospital?

8a. Are there any identified gaps in the service currently provided to patients with Bowel Obstruction at this hospital?

- Yes No Unknown

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

Are there any plans to develop services in order to fill these gaps?

- Yes No Unknown

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

Please outline the plans in place to develop services

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

Thank you for completing this questionnaire