

# Emergency (non-elective) procedures in children and young people: On the day survey

## A. Introduction

**This survey forms part of a study commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Child Health.**

### **What is the study about?**

The aim of this study is to identify good practice and remediable factors in the delivery of care provided to children and young people (CYP) undergoing emergency (non-elective) procedures under anaesthetic or sedation.

### **What is the 'on the day' survey?**

This survey is one of the data collection tools being used to collect information for the study. It is optional and is an opportunity for people to share their experiences if they wish to.

The survey is designed to collect information on any delay(s) that may have occurred, that might not necessarily be available later in the case notes. The survey should be completed as close to the time of the procedure as possible, but it does not have to be completed during/immediately following the procedure.

### **Inclusions**

Please complete this survey on CYP

- aged 0 to 18th birthday
- undergoing an emergency (non-elective) procedure under anaesthetic or sedation
- between Monday 17th June 00:00 – Sunday 30th June 23:59 2024.

### **Who should complete this survey?**

The survey can be completed by any member of the theatre team providing care to the patient.

**Please submit the survey as soon as it has been completed. If the page is reloaded, previous answers will be lost.**

If viewing on a mobile device this survey displays best in a landscape view (although it does also work in portrait).

### **National data opt-out (England only)**

National data opt-out applies for this survey. Please do not submit a survey for anyone flagged on the Electronic Patient Record (EPR) as having opted-out of sharing their confidential information.

### **Questions or help**

If you have any queries about this study or this questionnaire, please contact: [paediatricsurgery@ncepod.org.uk](mailto:paediatricsurgery@ncepod.org.uk) or telephone 020 7251 9060.

## B. Patient details

### 1. Hospital number

### C. Booking details

#### 1. Grade of staff member who booked the procedure

☐ ST3+ or equivalent and above ☐ CT2- or equivalent and below ☐ Unknown

If not listed above, please specify here...

#### 2a. What was the booking urgency?

*Please see definitions below*

☐ Immediate ☐ Urgent ☐ Expedited ☐ Unknown

If not listed above, please specify here...

##### **Immediate**

Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate.

##### **Urgent**

Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.

##### **Expedited**

Patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

#### 2b. What was the proposed time frame for procedure commencement from the time of booking?

☐ <1 hr ☐ < 6 hours ☐ <24 hours ☐ >24 hours  
☐ Unknown

#### 2c. In your opinion, do you think the booking urgency was appropriate?

☐ Yes ☐ No ☐ Unknown

#### 3. Was an emergency surgery coordinator involved in the care of this patient?

☐ Yes ☐ No ☐ Unknown

**1. What procedure was undertaken?**

**2. Date of commencement of anaesthetic**

*Between 17/06/2024 - 30/06/2024*

☐ Unknown
**3a. Was there a delay in undertaking the procedure?**

☐ Yes ☐ No ☐ Unknown

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

**If YES, were there any patient-related delays?**

*Please see list below. If there was a patient-related delay that is not listed below, please tick yes and indicate the reason for delay in other.*

☐ Yes ☐ No ☐ Unknown

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

**If YES, what were the patient-related causes of delay? (Please tick all that apply)**

- ☐ Blood products required
- ☐ Other treatment required prior to surgery (i.e. dialysis)
- ☐ Patient not fasted
- ☐ Patient not on the ward
- ☐ Patient not in hospital
- ☐ Patient unfit/required resuscitation
- ☐ Patient deterioration (i.e. cardiac arrest)
- ☐ Patient or parent carer refusal

Please specify any additional options here...

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

**If YES, were there any operator-related delays?**

*Please see list below. If there was an operator-related delay that is not listed below, please still tick yes and indicate the reason for delay in other.*

☐ Yes ☐ No ☐ Unknown

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

**If YES, what were the operator-related causes of delay? (Please tick all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Investigations not done           | <input type="checkbox"/> Team briefing not done                   |
| <input type="checkbox"/> Patient not consented             | <input type="checkbox"/> Discussion needed with other specialties |
| <input type="checkbox"/> Surgeon uncontactable             | <input type="checkbox"/> Surgeon not available                    |
| <input type="checkbox"/> Surgeon not happy to proceed      | <input type="checkbox"/> Surgical supervision not available       |
| <input type="checkbox"/> Anaesthetist uncontactable        | <input type="checkbox"/> Anaesthetist not available               |
| <input type="checkbox"/> Anaesthetist not happy to proceed | <input type="checkbox"/> Anaesthetic supervision not available    |
| <input type="checkbox"/> Radiologist uncontactable         | <input type="checkbox"/> Radiographer uncontactable               |
| <input type="checkbox"/> Radiologist not available         | <input type="checkbox"/> Radiographer not available               |
| <input type="checkbox"/> Radiologist not happy to proceed  | <input type="checkbox"/> Other theatre staff not available        |

Please specify any additional options here...

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

**If YES, were there any facility-related delays?**

*Please see list below. If there was a facility-related delay that is not listed below, please still tick yes and indicate the reason for delay in other.*

☐ Yes ☐ No ☐ Unknown

**3g. If answered "Yes" to [3a] and "Yes" to [3f] then:**

**If YES, what were the facility-related causes of delay? (Please tick all that apply)**

- ☐ Lack of porter to take patient to theatre/procedure area
- ☐ Transfer to the operating hospital related delay
- ☐ Pre-operative imaging not available
- ☐ Theatre occupied
- ☐ More urgent case taking priority
- ☐ Changeover between the child and adult equipment/kit
- ☐ Equipment not available intraoperatively
- ☐ Blood not available intraoperatively
- ☐ C arm not available intraoperatively
- ☐ Safety checks not done
- ☐ No bed available in recovery post operatively
- ☐ No bed available in critical care post operatively
- ☐ No bed available in the discharging ward post operatively

Please specify any additional options here...

**3h. If answered "Yes" to [3a] and "Theatre occupied" to [3g] then:**

**If delayed due to another procedure (theatre occupied), what was the procedure being undertaken?**

**3i. If answered "Yes" to [3a] and "Theatre occupied" to [3g] then:**

**If delayed due to another procedure (theatre occupied), what was the age of patient being operated on?**

 Years

☐ Unknown

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

**What was the approximate duration of the delay to procedure (in minutes) for this patient?**

 minutes

☐ Unknown

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**5a. Did this emergency (non-elective) case displace any elective work?**

☐ Yes

☐ No

☐ Unknown

**5b. Did this emergency (non-elective) case displace any other emergency work?**

☐ Yes

☐ No

☐ Unknown

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**6. Please use this space should you wish to provide further details on any of the answers you have provided (please include the question number)**

**1a. Please state your job role:**

- ☐ Consultant
- ☐ Specialty and associate specialist (SAS)
- ☐ Trainee with CCT
- ☐ Senior specialist trainee (ST3+ or equivalent)
- ☐ Junior specialist trainee (ST1& ST2 or CT equivalent)
- ☐ Advanced nurse practitioner
- ☐ Advanced clinical practitioner
- ☐ Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- ☐ Senior staff nurse
- ☐ Physicians assistant or equivalent
- ☐ Operating department practitioner
- ☐ Trauma/emergency coordinator

If not listed above, please specify here...

**1b. Please state your specialty:**

- |  |  |   |
|--|--|---|
| <input type="radio"/> General surgery  | <input type="radio"/> Specialist surgery         | <input type="radio"/> Paediatric surgery  |
| <input type="radio"/> General medicine | <input type="radio"/> Specialist medicine        | <input type="radio"/> Paediatric medicine |
| <input type="radio"/> Anaesthetics     | <input type="radio"/> Interventional radiologist | <input type="radio"/> Not applicable      |
| <input type="radio"/> Unknown          |  |   |

If not listed above, please specify here...

**1c. If answered "Specialist surgery" to [1b] then:**

**If SPECIALIST SURGERY please specify**

**1d. If answered "Specialist medicine" to [1b] then:**

**If SPECIALIST MEDICINE please specify**

**2a. Please state the name of the Trust/Health Board where the procedure was undertaken:**

**2b. Please state the name of the hospital where the procedure was undertaken:**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**

By doing so you have contributed to the dataset that will form the report and recommendations due for release in early 2026