

Appendix 14

Questionnaire



The
University
Of
Sheffield.

This survey has been designed as part of a research project assessing the use of pre-operative testing in NHS hospitals across the UK. The information that you provide will be held as confidential.

1. Your Name _____

2. Job Title _____

A. Your Hospital

3. Name of the hospital in which you work

4. Name of the trust in which you work

5. Does your hospital have a written protocol for pre-operative testing?

Yes No

If **yes**, we would be very grateful if you could send a copy of your protocol s to:

B. Your Role

7. Does your role involve ordering pre-operative tests indicated in the guideline for patients undergoing elective surgery?

Yes No

8. Has the NICE guideline No 3: Pre-Operative Tests (2003) been implemented?

Yes No

C. Clinical Practice

9. Do pre-operative testing protocols differ by surgical speciality at your hospital?

Yes No

If **yes**, Please indicate why in the space below.

10. Based on the protocol for your trust, please circle yes or no for each of the tests that is indicated.

ASA Grade 1

Surgery Grade	Age	CXR	ECG	Haemostasis	FBC	U+E+Creat	Random Glucose	Urine
One	16-40	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
One	41-60	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
One	61-80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
One	>80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Two	16-40	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Two	41-60	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Two	61-80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Two	>80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Three	16-40	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Three	41-60	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Three	61-80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Three	>80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Four	16-40	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Four	41-60	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Four	61-80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Four	>80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

11. Please do the same for **ASA Grade 2.**

Surgery Grade	Comorbidity	CXR	ECG	FBC	U+E+Creat	Blood Gases	Lung Function	INR / APTT	Liver Function	Random Glucose	Urine
One	Cardiovascular	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
One	Respiratory	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
One	Renal	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Two	Cardiovascular	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Two	Respiratory	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Two	Renal	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

D. Your Hospital P.A.S system

12. Does your P.A.S system automatically record tests ordered pre-operatively?

Yes No

13. Does it record the source from which the test was ordered, i.e. which clinic?

Yes No

14. Does it differentiate between types of pre-operative tests?

Yes No

15. How easily accessible is this information?

Easy to access Not easy to access Don't know

16. Please fill out the following as fully as you can:

a. Number of surgical beds at your hospital _____

b. Number of surgical consultants at your hospital _____

c. Number of surgical patients annually _____

d. What proportion of patients are:

ASA 1 _____

ASA 2 _____

ASA 3 _____

ASA 4 _____

Thank you for your assistance with this questionnaire. If you would like any more information, please contact