

National Survey of Critical Care Services in Wales 2011

Endorsed by:



NORTH WALES CRITICAL CARE NETWORK



Section A: General Information About Your Hospital

We are interested in finding out about the delivery of services in your hospital.

1. Hospital Name:

2. Does your hospital have any of the following? *(Please tick all boxes that apply)*

A general Intensive Care Unit (ICU).....

A general High Dependency Unit (HDU)

A combined HDU/ICU

3. Please indicate whether or not each of the following operates in your hospital:

(Please encircle yes or no in all of the boxes provided)

	Operates?
Acute Pain Team (i.e. a multi-disciplinary team whose role is the management of acute pain)	Yes / No
Nutrition Team	Yes / No
Non-invasive ventilation service on the general wards	Yes / No
Tracheostomy care on the general wards	Yes / No
Overnight ventilation facility in theatre or recovery	Yes / No
Resuscitation policy or Not for Resuscitation (NFR)/Do Not Attempt Resuscitation (DNAR) orders	Yes / No
Hospital At Night programme (i.e. a multi-disciplinary team whose role is the management of patients out-of-hours)	Yes / No
Sepsis Nurse	Yes / No
ALERT or similar course for ward staff	Yes / No

4. Please confirm the number of adult critical care beds in your hospital:

	Number of Beds
The total number of specialist critical care beds (Levels 2, 3 and 3T)	
The total number of general critical care beds (Levels 2, 3 and 3T)	
Number of specialist Level 2 beds	
Number of general Level 2 beds	
Number of specialist Level 3 beds	
Number of general Level 3 beds	
Number of specialist Level 3T beds	
Number of general Level 3T beds	

5. Are any of the bed allocations referred to in question 4 flexible? (e.g. Can a Specialist Level 3 bed be used for patients with General Level 3 needs?)

Yes

No

Section B: Activities Delivered In Your Hospital

We are interested in whether any of the following activities are currently delivered in your hospital.

6. For each activity please indicate if this is currently provided in your hospital:

(Please encircle yes or no in all of the boxes provided)

Activity	Currently Provided?
Medical Emergency Team/ Rapid Response Team/ Patient At Risk Team response to an "Early Warning System", Track & Trigger, or any similar system	Yes / No
Telephone 'hotline' advice from critical care staff for adult (Level 1) wards	Yes / No
Direct bedside clinical support from critical care staff on adult wards	Yes / No
Informal bedside teaching by critical care staff on adult wards	Yes / No
Formal educational courses delivered by critical care staff outside of critical care	Yes / No
Follow-up of patients discharged from Level 2/3/3T facilities to adult wards supporting the continuing recovery of patients	Yes / No
Post hospital discharge follow-up in dedicated outpatient clinics	Yes / No

Section C: Identifying & Responding To Established Or Impending Critical Illness

7. In your hospital is a scoring/track and trigger system or 'calling criteria' used to identify patients with established or impending critical illness?

Yes

No → If No, skip to question 12

If yes, which one(s) do you use? (Please tick all boxes that apply)

Original Early Warning System (EWS).....

Modified Early Warning System (MEWS)

VitalPAC Early Warning Score (ViEWs)

National Early Warning Score (NEWS).....

Patient at Risk Score (PARS)

Medical Emergency Team (MET) or PERT calling criteria

Other (please specify below)

8. Which elements does the scoring/trigger system include? (Please tick all boxes that apply)

Temperature

Respiration rate

Heart rate

Blood pressure

Urine output

Consciousness Level (e.g. AVPU)

O₂ Saturations

Pain score

Cause for concern

Other (Please specify below)

9. Which specialties are using a scoring/trigger system in your hospital? (Please tick one box only)

All adult wards

Adult medical wards only

Adult surgical wards only

Other (Please specify below)

10. In the wards where the scoring/trigger system is used, which patients is it used on? (Please tick one box only)

All patients

Selected patients only (Please specify below)

11. How often is the scoring/trigger system completed (approximately)? (Please tick one box only)

Hourly

Two hourly

Four hourly

Twelve hourly

Whenever routine observations are performed on individual patients

Other (please specify below)

12. Do you have a specified initial response pattern or algorithm for patients identified as being 'at risk' of impending critical illness?

Yes

No ➔ If No, skip to question 16

If yes, please state the year that it was first introduced Year Don't Know

13. According to your algorithm, which member of staff should be notified initially when a trigger occurs? (Please tick all boxes that apply)

House Officer/Foundation Year 1

Senior House Officer/Foundation Year 2

Parent Team Registrar (SpR)

Parent Team Consultant

ICU SpR

Nurse in charge of the ward

Senior Nurse/Modern matron

Member of Critical Care Outreach Service

14. Please give an approximate number of patients on adult wards identified as 'at risk' last month:

Number last month Don't Know

15. Is there an agreed initial target response time for patients on adult wards identified as 'at risk'?

Yes

No

If yes, please specify the time in minutes..... Minutes

Section D: Critical Care Outreach Service Considerations

We are interested in whether your hospital has considered establishing Critical Care Outreach Services.

16. Has there been Critical Care Outreach Service cover in the past in your hospital?

Yes

No

If yes, what year was the service discontinued?

If yes, why is the service no longer operating? (Please specify below)

17. Does your hospital have any plans to introduce a Critical Care Outreach Service in the next 6 months?

Yes

No

Don't Know

If yes, please indicate the reasons why a service has been planned (please tick all boxes that apply)

Timely identification of patients with impending critical illness.....

To avert admissions to critical care or to ensure timely admissions to critical care...

To avoid readmissions to critical care.....

To enable discharges from critical care.....

To share critical care skills with staff on the wards and/or in the community.....

To support ward-based care through education at the bedside

To support ward-based staff through formal teaching

Other (please specify below).....

If no, please indicate if you believe any of the following might explain why your hospital is not planning to introduce a Critical Care Outreach Services

(please tick all boxes that apply)

- Lack of resource
- Local medical opposition
- Local nursing opposition
- Management opposition
- No perceived need
- Other *(please specify below)*

Please add any comments you wish to make:

We hope to share survey data with the National Outreach Forum and the Critical Care Networks in Wales. Please tick the following box if you are willing for us to share the information you have provided:

Many thanks for taking the time to complete this questionnaire.

Please return the questionnaire, with a copy of your scoring system and algorithm if possible in the pre-paid envelope enclosed.

No individual hospital will be identified in published reports of this study.