

Abbey Carrick Glen Hospital, Ayr

Local Report ~ *April 2007*

# **Anaesthesia – Care Before, During and After Anaesthesia**



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Anaesthetists are involved in the care of two out of every three patients admitted to hospital. The NHS Quality Improvement Scotland (NHS QIS) Anaesthesia Project Group concentrated on the provision of anaesthesia care for patients having operations or procedures, in particular focusing on key elements that have a direct impact on the quality of care a patient receives before, during and after anaesthesia. The Group developed four standards, covering the organisation of anaesthesia services, and preoperative, intraoperative and postoperative care. This report presents the findings from the peer review of performance against the standards.

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# 1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. NHS QIS does this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

## Reviewing the independent healthcare sector

The Care Commission, taking account of the national care standards developed and issued by Scottish Ministers, is responsible for regulating the independent healthcare sector. Standards set by NHS QIS will apply, where appropriate, in both the NHS and independent healthcare sectors. The national care standards for independent hospitals (revised September 2005) state under Standard 12.4 that ‘the care and treatment you receive from the hospital takes account of all relevant NHS Quality Improvement Scotland standards.’

NHSScotland contracts services from the independent sector where appropriate. In September 2005, a health department letter was issued – HDL(2005)41 – which outlined the role of NHS QIS in ensuring the quality of clinical services that NHSScotland contracts from the independent healthcare sector. It has been agreed that, where applicable, NHS QIS will include the independent healthcare sector in its review programmes. The timing of visits will be co-ordinated with Care Commission inspection visits and information will be shared. At this stage, these will be separate visits to reflect the distinct purpose of each exercise and the different statutory responsibilities involved.

## About this report

The Clinical Standards for Anaesthesia – Care Before, During and After Anaesthesia were published in July 2003. These standards have been used to assess the quality of services provided by NHSScotland and those independent hospitals from which NHSScotland contracts services.

This report presents the findings from the peer review of **Abbey Carrick Glen Hospital, Ayr**. This review visit took place on **11 January 2007**, and details of the visit, including membership of the review team, can be found in Appendix 2.

## **1.1 How the standards were developed**

In January 2002, an Anaesthesia Project Group was established under the chairmanship of Professor Gavin Kenny, Professor of Anaesthesia and Head of Department, University Department of Anaesthesia, Glasgow Royal Infirmary. Membership of the Group included both healthcare professionals and members of the public. This Group was responsible for developing the anaesthesia standards. A Scotland-wide consultation process was undertaken as part of the standards development process. The views of health service staff, patients, carers and the public were sought, and all the relevant evidence available at the time was taken into account.

## **1.2 How the review process works**

The anaesthesia standards have been used to review the performance of NHS boards across Scotland. The same review process is being used for the independent sector.

The review process has two key parts: local self-assessment followed by external peer review. First, each independent hospital assesses its own performance against the standards. Then an external peer review team further assesses performance, both by considering the self-assessment data and visiting the independent hospital to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 9).

### **Self-assessment**

On receiving the standards, each independent hospital assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg guidelines, audit reports) required to allow a proper assessment of performance against the standards to be made.

The independent hospital submits the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

### **External peer review**

An external peer review team then visits and speaks with local stakeholders (eg staff, carers) about the services provided. Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in their work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the independent hospital they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland and its contractors, and ensure that each review team assesses performance against the standards rather than make comparisons between one independent hospital and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise and the on-site visit.

The visit concludes with the team providing feedback on its findings to the independent hospital. This includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

### **Assessment categories**

Each review team assesses performance using the categories ‘met’, ‘not met’ and ‘not met (insufficient evidence)’, as detailed below:

- ‘**Met**’ applies where the evidence demonstrates the standard and/or criterion is being attained.
- ‘**Not met**’ applies where the evidence demonstrates the standard and/or criterion is not being attained.
- ‘**Not met (insufficient evidence)**’ applies where no evidence is available for the review team, or where the evidence available is insufficient to allow an assessment to be made.

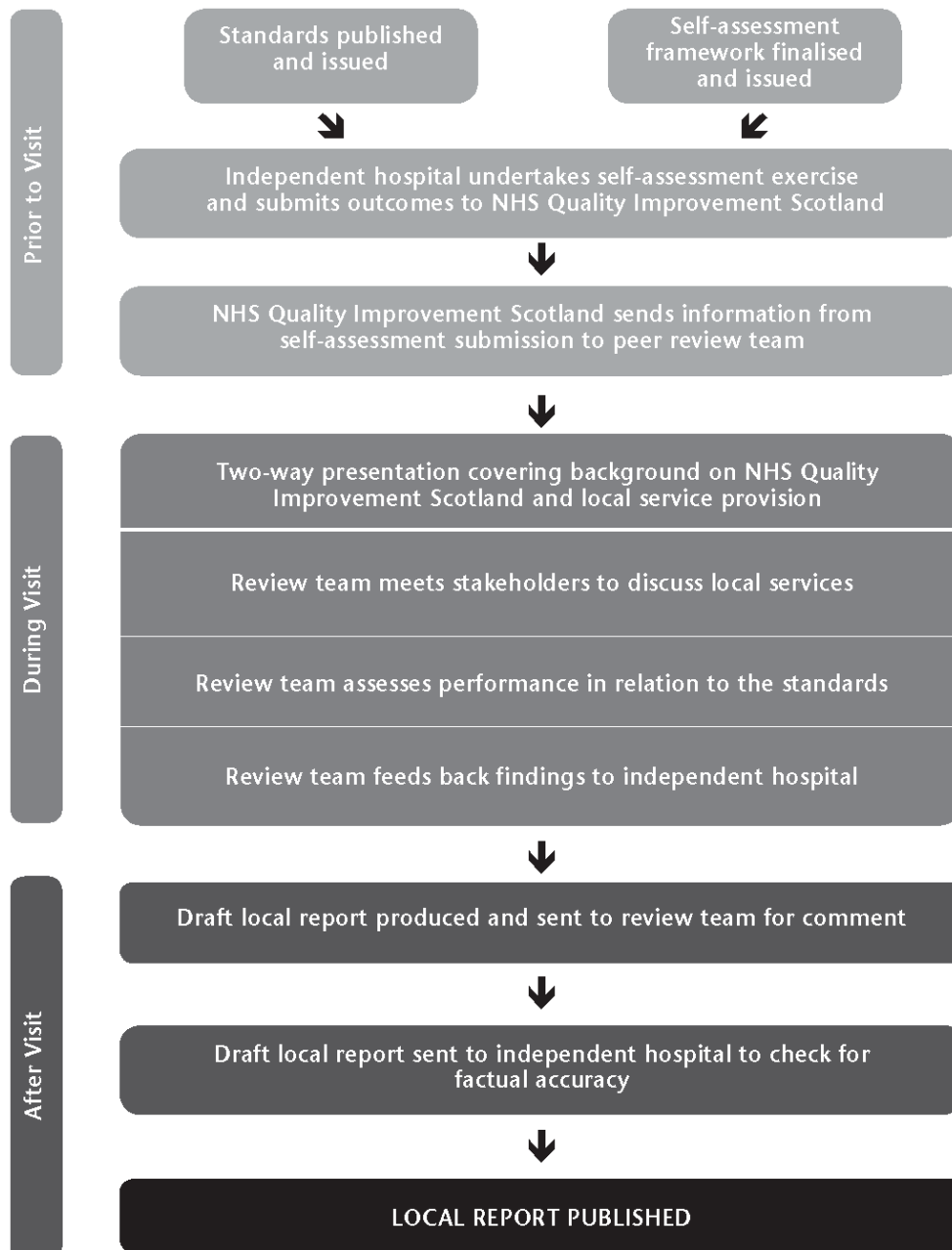
A final category ‘**not applicable**’ is used where a standard and/or criterion does not apply to the hospital under review.

### **1.3 Reports**

After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the independent hospital to check for factual accuracy. The local report will then be published and made available on the NHS QIS website.

Part of the remit of NHS QIS is to report whether the services provided by either NHSScotland or by independent hospitals on behalf of NHSScotland meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

## The review process



## 2 Summary of findings

### 2.1 Overview of local service provision

Abbey Carrick Glen Hospital, Ayr, is part of Abbey Hospitals Limited, a member of the Covenant Healthcare Group of Companies providing independent healthcare in Britain. There are eight independent private hospitals in Scotland, two of which come under the management of Abbey Hospitals Limited.

There are 18 bedrooms in Abbey Carrick Glen Hospital, one general theatre with an anaesthetic room and a single-bay recovery area. There are no high dependency beds.

Anaesthesia services are provided by around 20 consultant anaesthetists who provide care on an individual patient basis. The anaesthetists are supported by two operating department practitioners (ODPs) and a team of permanent nurses, trained to provide anaesthesia assistance and care in theatre, recovery and ward areas. Twenty-four hour medical cover is provided by the anaesthetists and a resident medical officer (RMO).

During a recent 12-month period, a total of 1,616 patients were anaesthetised at Abbey Carrick Glen Hospital. Approximately 40% of anaesthesia services provided during that period were under contract to NHS Dumfries & Galloway and NHS Ayrshire & Arran.

As part of the NHS QIS anaesthesia peer review visit programme, an anaesthetic and monitoring equipment check was undertaken. This was to validate the evidence in the hospital equipment checklist which is included as part of the self-assessment return. The format of the equipment check was similar to that carried out by the Royal College of Anaesthetists (RCA). The RCA reviews anaesthetic service provision as part of the visits it carries out to hospitals to assess the quality of training in the NHS for doctors training to be anaesthetists.

## 2.2 Summary of findings against the standards

A summary of the findings from the review, including examples of local initiatives drawn to the attention of the review team, is presented in this section. A detailed description of performance against the standards/criteria is included in Section 3.

### Organisation of anaesthesia services

Consultant anaesthetists granted practising privileges at Abbey Carrick Glen Hospital provide anaesthesia on an individual patient basis. They undertake their continuing professional development at the NHSScotland hospital where they are employed. Anaesthetic assistance is provided by a well-established team of ODPs and nurses who work flexibly within Abbey Carrick Glen Hospital.

There is a formal documented induction process for all new nursing staff; however, documentation of the consultants' familiarisation tours does not take place.

Continuing education and quality improvement is encouraged by Abbey Carrick Glen Hospital. Regular time is set aside for discussing clinical practice, clinical incidents, patient attitudes and completeness of patient records. Consideration should be given to the introduction of a multidisciplinary audit programme.

The consultant anaesthetists are supported by a team of nurses and ODPs and a dedicated trained anaesthetic assistant is present for all procedures requiring the presence of an anaesthetist. Training is to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice. Flexibility of working and advance notice of planned absence ensures smooth running of the anaesthesia service with multiskilled nursing staff covering for each other for unplanned absences. Consultants also cover for each other's unplanned absence.

The anaesthetic record contains all the data listed in the minimum data set and there is space to record the explanation of anaesthesia techniques and material risks. The data recorded is according to the custom and practice of the individual consultants. Abbey Carrick Glen Hospital will adopt the revised version of the anaesthetic record which is being standardised between NHS Ayrshire & Arran and NHS Dumfries & Galloway. Standardisation will ensure all consultant anaesthetist are familiar with the record.

Abbey Carrick Glen Hospital only admits patients for elective surgery and would deal with an emergency return to theatre by rescheduling the theatre list. Out-of-hours, the surgical team is recalled. Patients unexpectedly requiring high dependency care would be transferred to the nearby Ayr Hospital. It was reported that there is a good working relationship between the two hospitals.

Regular maintenance of anaesthetic and monitoring equipment takes place with equipment suppliers who also provide formal training for nursing and ODP staff. Consultant staff do not receive formal training, though the equipment is chosen specifically to be similar to that in use in the NHSScotland hospitals where the consultants are employed.

At the time of the review visit there was not an acute pain service; however, the review team noted that, for a hospital of its size, a comprehensive pain control service was provided.

### **Preoperative care**

Procedure-specific patient information leaflets are provided, although these have very little information on anaesthesia and pain control. Abbey Hospitals Limited is considering purchasing software for up-to-date patient information production which is already in use in Ayr Hospital. In the interim, consideration could be given to using the patient information from the RCA.

Screening of NHS patients takes place locally in NHS Dumfries & Galloway and NHS Ayrshire & Arran with opportunity for assessment by an anaesthetist. On the day of the scheduled operation, the consultant anaesthetist who is to give the anaesthetic visits the patient. The patient is fasted according to a policy based on the American Society of Anaesthesiologists which takes account of the need for continuation of a patient's regular drug therapy. The anaesthetist has access to written information on this drug therapy.

### **Intraoperative care**

All anaesthetic equipment is checked before use and maintained in a way which ensures prevention of delivery of hypoxic gas. The patient identity and consent is checked at several points prior to administration of the anaesthetic by the consultant surgeon, consultant anaesthetist and nursing staff.

The consultant anaesthetist is present continuously during anaesthesia and patients are monitored during induction and maintenance of anaesthesia. A suitable range of equipment, including a capnograph, is available to secure and maintain a patient's airway and oxygen delivery with a portable storage unit equipped for advanced difficult airway management in the theatre suite.

#### **Example of a local initiative...**

The use of flow charts produced by the Difficult Airway Society was considered to be an example of good practice by the review team.

Guidelines for dealing with adverse reactions and uncommon conditions during anaesthesia are clearly displayed in the theatre, and the drugs and equipment required to follow these guidelines are available and checked regularly.

There is a local blood transfusion protocol which includes transfusion thresholds in keeping with the relevant Scottish Intercollegiate Guidelines Network (SIGN) guideline and ensures blood and blood products to be given to a patient are checked before administration. A local protocol for the management of massive blood loss is also available. Audit of blood transfusion and transfusion does not take place as numbers of transfusions are low.

The local protocol for deep vein thrombosis prophylaxis is based on the relevant SIGN guideline and includes timing of anticoagulant administration to ensure safe spinal and epidural anaesthesia. All patients undergoing surgery have appropriate measures implemented to prevent hypothermia. Deep body temperature is measured in the recovery area, although these data are not audited.

### **Postoperative care**

One-to-one patient care is provided in the single-bay recovery area until the patient is fully conscious and able to maintain a clear airway. There is ongoing monitoring and management of pain and nausea and vomiting in the recovery area until the discharge criteria are met and the recovery nurse accompanies the patient to the ward.

The review team considered that there was a consistent approach to the management of pain; however, consideration should be given to the standardisation of scoring systems used in theatre, the recovery area and on the ward. Sedation and postoperative nausea and vomiting scoring is used in all areas, although the scoring systems differ in the three areas.

There are no high dependency beds at Abbey Carrick Glen Hospital. All patients are screened to determine their risk status and any patient assessed as likely to require high dependency care would not be accepted for treatment at Abbey Carrick Glen Hospital. Escalation protocols are in place to ensure prompt transfer to Ayr Hospital if indicated.

## 3 Detailed Findings Against the Standards

### Standard 1.1: Organisation of Anaesthesia Services

#### Standard Statement

*Induction of Staff: All new members of the anaesthesia team undergo an induction process.*

#### Abbey Carrick Glen Hospital

#### Essential Criterion

*1.1.1: A formal and documented induction process is compulsory for all members of the anaesthesia team, which covers the information recommended in the Association of Anaesthetists of Great Britain and Ireland Risk Management and Clinical Negligence and Other Risks Indemnity Scheme Human Resources, Initial/Continuing Staff Competence documents.*

#### STATUS: Not met

There is a formal and documented induction process and mentored department orientation for all nursing staff and operating department practitioners (ODPs) joining Abbey Carrick Glen Hospital, Ayr. Ongoing assessment of skills required in the theatre is recorded on a form by the staff member's department manager. Staff informed the review team that a more formal competency-based set of records had recently been introduced in some other Abbey hospitals, but had not yet been implemented in Abbey Carrick Glen Hospital. The review team encouraged all the nursing staff to use the guidance on competencies available from NHS Education for Scotland. Agency staff are not employed in the theatre.

Consultant anaesthetists who are granted practising privileges by the medical advisory committee (MAC) are invited to meet the hospital general manager, receive a tour of the facilities, including the theatre, and are introduced to staff. This induction process for consultants is not formally documented or signed-off. Consideration should be given to formalising this process.

## Standard 1.2: Organisation of Anaesthesia Services

### Standard Statement

*Audit and Education: There is a programme of audit and educational activity.*

#### Abbey Carrick Glen Hospital

#### Essential Criteria

*1.2.1: There is dedicated time for audit and education meetings.*

#### STATUS: Met

All nursing staff are required to review one set of patient notes for completeness each month.

All clinical staff are invited to attend a clinical meeting which is held every 6–8 weeks. The theatre list is suspended for the time of the meeting and staff are paid for attendance, with bank staff rostered onto the ward to provide cover. This meeting is a forum for discussion of incidents, casenote completeness reviews and introduction of changes in clinical practice. Changes in practice would also be introduced to staff at their regular department meetings and a communication book is used in theatre to record changes for following shifts. Clinical issues identified at the clinical meeting can be presented to the MAC which meets every 2 months.

A 'quality meeting', open to all staff, is held monthly. Topics discussed include patient comments and complaints, policies and procedures, health and safety matters, and staff suggestions.

Consultant staff undertake their continuing professional development at the NHSScotland hospital where they are employed and are asked to provide evidence of annual appraisal to Abbey Carrick Glen Hospital. Any changes to clinical protocols within Abbey Carrick Glen Hospital are communicated to the consultants individually by mail.

*1.2.2: There are regular anaesthesia morbidity and mortality reviews.*

#### STATUS: Met

The MAC reviews anaesthesia morbidity and mortality should they arise. These would also be discussed at the clinical meeting.

*1.2.3: There is a system for reporting, analysing and acting on critical incidents.*

**STATUS: Met**

Adverse incidents are recorded on a reporting form which is circulated to the head of the relevant department, the clinical manager, the consultant surgeon and the general manager. Any serious incidents would be immediately communicated to the chair of the MAC who would discuss them with the relevant consultant specialty.

All adverse reporting forms are reviewed at the MAC and the clinical meeting, and lessons learned are cascaded to relevant staff at department meetings.

**Desirable Criteria**

*1.2.4: There is systematic multidisciplinary audit.*

**STATUS: Not met**

There is no systematic multidisciplinary audit of clinical practice conducted in Abbey Carrick Glen Hospital. The review team encouraged the hospital to introduce this.

*1.2.5: Patients' attitudes and comments about the anaesthetic service are included in the audit process.*

**STATUS: Not met**

All day case patients receive a satisfaction questionnaire which asks them to rate their treatment and the facilities of the hospital. There are no specific questions relating to the anaesthetic service, though there is a prompt about consultants. Any comments received would be passed back to the individuals concerned.

## Standard 1.3: Organisation of Anaesthesia Services

### Standard Statement

*Matching Anaesthetists' Skills to Patient Needs: Each patient receives care from an anaesthetist of the appropriate training and grade for the intended procedure.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*1.3.1: There is a local protocol to define when non-consultant anaesthetists should request consultant advice and help.*

#### STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Abbey Carrick Glen Hospital. There are no non-consultant career grade anaesthetists or trainee anaesthetists employed at the hospital.

*1.3.2: There is an explicit mechanism to identify and contact the supervising consultant for each patient.*

#### STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Abbey Carrick Glen Hospital. There are no non-consultant career grade anaesthetists or trainee anaesthetists employed at the hospital.

Staff reported that they would not hesitate to contact the consultant anaesthetist at all times in the event of a problem.

## Standard 1.4: Organisation of Anaesthesia Services

### Standard Statement

*Anaesthetic Assistance: The presence of a trained and dedicated anaesthetic assistant for the anaesthetist is available at all times.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*1.4.1: All nurses and operating department practitioners assisting the anaesthetist are trained to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice.*

#### STATUS: Met

Two staff are trained as ODPs and a third is in training as an ODP funded by Abbey Carrick Glen Hospital. All nurses and ODPs assisting the anaesthetist are trained to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice.

There is a degree of multiskilling and all theatre and anaesthesia nurses are encouraged to maintain their relevant skills in each area. There is a training budget available with additional support received from NHS Ayrshire & Arran.

*1.4.2: There is a dedicated trained anaesthetic assistant present for all procedures requiring the presence of an anaesthetist.*

#### STATUS: Met

A dedicated trained anaesthetic assistant is present for all procedures requiring the presence of an anaesthetist.

## Standard 1.5: Organisation of Anaesthesia Services

### Standard Statement

*Anaesthetic Record Sheet: The hospital anaesthetic record contains the data listed in the minimum anaesthesia data set.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*1.5.1: The anaesthetic record provides space to record the data listed in the minimum data set.*

#### STATUS: Met

Space is provided on the anaesthetic record for recording the data listed in the minimum data set. Staff reported that work is ongoing to standardise the anaesthetic record used in NHS Ayrshire & Arran and NHS Dumfries & Galloway. When the record is agreed, it will be adopted in Abbey Carrick Glen Hospital. The review team noted this intention for standardisation as an example of good practice.

*1.5.2: The supervising consultant anaesthetist is recorded on the anaesthetic record sheet.*

#### STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Abbey Carrick Glen Hospital. There are no non-consultant career grade anaesthetists or trainee anaesthetists employed at the hospital.

*1.5.3: The anaesthetic record contains space to record the explanation of anaesthesia techniques and material risks as laid out in the Consent to Anaesthesia standard (2.2).*

#### STATUS: Met

The anaesthetic record contains space to record the explanation of anaesthesia techniques and material risks. Staff reported that each individual consultant completes the form in their own way. The review team considered that the inclusion of specific prompts might be beneficial.

## Standard 1.6: Organisation of Anaesthesia Services

### Standard Statement

*Access to Emergency Theatre: There is adequate daytime emergency theatre resource to accommodate the hospital's emergency and urgent workload.*

### Abbey Carrick Glen Hospital

### Essential Criterion

*1.6.1: There is dedicated provision of adequate daytime theatre resource to accommodate the hospital's emergency and urgent workload.*

### STATUS: Met

Abbey Carrick Glen Hospital only admits patients for elective surgery and there is, therefore, no requirement for daytime emergency theatre resource. For patients requiring to return to theatre, the elective list would be rescheduled. If this occurred out-of-hours, the surgical team would be re-called.

## Standard 1.7: Organisation of Anaesthesia Services

### Standard Statement

*Efficient Use of Anaesthetic Resources: There is efficient use of anaesthetic staff and theatre resources.*

#### Abbey Carrick Glen Hospital

#### Essential Criteria

*1.7.1: The anaesthesia service has a strategy to keep session cancellations to a minimum.*

#### STATUS: Not applicable

The anaesthesia service in the independent sector is organised in a different way to that in NHSScotland hospitals. No consultant anaesthetists are employed directly by independent private hospitals on a contracted sessional basis. Care by consultant anaesthetists is arranged on an individual patient basis. If a consultant anaesthetist was unexpectedly absent, cover would be provided by another consultant with practising privileges in Abbey Carrick Glen Hospital.

*1.7.2: Advance notice of planned staff absences is provided, allowing theatre sessions to be covered or rescheduled.*

#### STATUS: Met

There is a policy for advance notice of planned staff absence which allows for theatre sessions to be covered at all times. The review team noted that staff flexibility provided for an efficient anaesthetic service.

*1.7.3: Where appropriate, anaesthesia staff from unused surgical sessions are reallocated to sessions lacking an anaesthetist.*

#### STATUS: Not applicable

In Abbey Carrick Glen Hospital, theatre time is not allocated to surgeons on a contracted sessional basis. Theatre time is booked for a consultant surgeon on an individual patient basis.

## Desirable Criterion

*1.7.4: A proportion of career-grade anaesthetists are contracted to provide some fixed flexible sessions, to cover for absences.*

### **STATUS: Not applicable**

All consultant anaesthetists provide anaesthesia on an independent practitioner basis. There are no consultant anaesthetists employed directly by Abbey Carrick Glen Hospital.

## Standard 1.8: Organisation of Anaesthesia Services

### Standard Statement

*Maintenance of Anaesthetic Equipment: Anaesthetic and monitoring equipment undergo regular maintenance and replacement.*

### Abbey Carrick Glen Hospital

#### Essential Criterion

*1.8.1: There is regular maintenance of anaesthetic and monitoring equipment.*

#### STATUS: Met

Maintenance contracts are held for all anaesthetic and monitoring equipment and the suppliers will provide temporary replacements if necessary. Staff reported that there is close collaboration between Abbey Carrick Glen Hospital's maintenance department and the medical physics department of the nearby Ayr Hospital.

#### Desirable Criterion

*1.8.2: There is a planned equipment replacement programme that defines equipment lifespan and disposal procedures.*

#### STATUS: Not met

There is no single programme for forward planning of anaesthetic and monitoring equipment replacement. Individual consultants may propose equipment replacement to the MAC which will review and request funding if appropriate. The anaesthetic equipment is selected to match that in use at the local NHSScotland hospitals.

## Standard 1.9: Organisation of Anaesthesia Services

### Standard Statement

*Use of Anaesthetic Equipment: All anaesthetic staff receive formal and documented instruction in the use of anaesthetic and monitoring equipment.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*1.9.1: All anaesthetic staff receive formal and documented instruction on the use of equipment.*

#### STATUS: Not met

Nursing staff and ODPs receive formal documented induction training on the use of equipment. When any new equipment is introduced, training is provided by the supplier and documented in the individuals' training records.

Consultant anaesthetists do not receive any formal training on the use of equipment within Abbey Carrick Glen Hospital. Consideration should be given to formalising this in a manner appropriate to the independent sector way of working.

Staff reported that equipment is chosen specifically to be similar to that in use in the NHSScotland hospitals where the consultants are employed.

*1.9.2: Instruction manuals for equipment are easily accessible and read by users.*

#### STATUS: Met

Instruction manuals for all anaesthetic and monitoring equipment are held together and readily accessible in the anaesthetic room.

## Standard 1.10: Organisation of Anaesthesia Services

### Standard Statement

*The Acute Pain Service: Each hospital has a multidisciplinary acute pain service.*

#### Abbey Carrick Glen Hospital

#### Essential Criteria

*1.10.1: There is a multidisciplinary acute pain service.*

#### STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service; however, the review team noted that, for a hospital of its size, a comprehensive pain control service was provided.

*1.10.2: There is a named consultant, with a designated sessional commitment, responsible for management of the acute pain service.*

#### STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service nor a named consultant responsible for the management of such a service. Due to the nature of the independent hospital sector, there are no consultants with contracted sessional commitments. Individual consultant anaesthetists are responsible for the pain control of their patients.

*1.10.3: The acute pain service provides continuing education of hospital staff and patients.*

#### STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service. An external training programme in pain management for ward nursing staff is ongoing.

*1.10.4: There is cover for the acute pain service on a 24-hour basis.*

#### STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service. Individual consultants are responsible for the pain management of their own patients. Nursing staff reported that, if they had a query about pain management

during theatre hours, they would contact the resident medical officer (RMO) in the first instance who would confer with the consultant anaesthetist who was present in the hospital. Out-of-hours, the RMO would contact the patient's own consultant anaesthetist.

### **Desirable Criteria**

*1.10.5: There is liaison between the acute and chronic pain services.*

#### **STATUS: Not met**

At the time of the review visit, there was no multidisciplinary acute pain service. No chronic pain service is provided at Abbey Carrick Glen Hospital, although one consultant does run a few outpatient sessions for chronic pain.

*1.10.6: There is audit of the safety and efficacy of analgesic therapies to promote continuous quality improvement.*

#### **STATUS: Not met**

At the time of the review visit, there was no multidisciplinary acute pain service. Staff reported that any changes in the safety or efficacy of analgesic therapies would be identified by the MAC. The review team encouraged the nursing staff to promote audit of the analgesia therapies in order to better inform the MAC.

## Standard 2.1: Preoperative Care

### Standard Statement

*Preoperative Information: All patients are provided with easily understood information on anaesthesia and perioperative care before admission to hospital.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*2.1.1: All patients undergoing elective procedures are provided with jargon-free, easily understood information materials (covering anaesthesia and postoperative pain relief) before admission to hospital.*

#### STATUS: Not met

Procedure-specific patient information leaflets are provided to patients prior to their admission to hospital. However, the review team noted that these are very limited in their content relating to anaesthesia and postoperative pain relief. Consideration should be given to providing patients with more detailed information. It was noted that this is readily available from sources such as the Royal College of Anaesthetists (RCA).

Staff reported that Covenant Healthcare (Abbey Hospitals' parent company) is currently considering a subscription to commercially available patient information software which is already in use in Ayr Hospital. It was not known at the time of the review whether this would provide detailed anaesthesia and pain management information.

*2.1.2: Patients undergoing urgent or emergency surgery receive verbal information.*

#### STATUS: Met

Abbey Carrick Glen Hospital only admits patients for elective surgery; however, any emergency returns to theatre would receive a verbal explanation of procedures involved from their consultant.

#### Desirable Criterion

*2.1.3: There is audit of the effectiveness of preoperative information provided to patients.*

#### STATUS: Not met

All day case patients receive a patient questionnaire which asks them whether they considered they were given enough information before admission. It also asks them to rate the explanation of treatment given by the consultant (on a 5-point scale, from

unacceptable [1] to excellent [5]). Any question with a score of 3 or less is followed up with a telephone call and the responses are discussed at the quality meetings. There is no specific audit of the questionnaire responses to demonstrate that any changes to patient information may have improved its effectiveness.

## Standard 2.2: Preoperative Care

### Standard Statement

*Consent to Anaesthesia: All patients have an entitlement to receive information regarding medical treatment, and a right to give or withhold consent to treatment.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*2.2.1: The anaesthetic techniques to be used and material risks associated with the procedure are discussed with the patient and recorded on the anaesthetic record.*

#### STATUS: Not met

It was reported that the anaesthetic techniques to be used and the material risks associated with the procedure are discussed with patients; however, recording of these discussions on the anaesthetic record is not always routinely undertaken or consistently documented.

The review team highlighted the importance of this documentation. Consideration should be given to providing dedicated space or prompts on the anaesthetic record to ensure capture of all appropriate information.

*2.2.2: When a patient lacks the capacity to make some or all decisions for themselves because of mental disorder or inability to communicate because of physical disability, the principles outlined in the Adults with Incapacity (Scotland) Act 2000 are followed.*

#### STATUS: Met

The Abbey Carrick Glen Hospital policy on consent contains reference to the Adults with Incapacity (Scotland) Act 2000 and all staff are aware of the procedures to be followed should patients with an incapacity require treatment.

#### Desirable Criterion

*2.2.3: There is audit of documentation in the anaesthetic record of anaesthetic techniques and material risks which have been discussed with the patient.*

#### STATUS: Not met

Each member of clinical staff is assigned one set of patient notes to review each month for the presence of relevant forms. This review does not, however, audit the specific documentation of anaesthetic techniques and material risks which have been discussed with the patient.

## Standard 2.3: Preoperative Care

### Standard Statement

*Preoperative Anaesthetic Assessment: All patients are assessed by an anaesthetist before an operation requiring the services of an anaesthetist.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*2.3.1: All patients are assessed by an anaesthetist preoperatively.*

#### STATUS: Met

All patients at Abbey Carrick Glen Hospital are assessed by an anaesthetist preoperatively, on the ward, on the day of their operation.

*2.3.2: Opportunity for preoperative assessment by the anaesthetist is provided in the patient care pathway.*

#### STATUS: Met

Patients referred from NHS Dumfries & Galloway are screened within Dumfries & Galloway according to local protocols which provide for referral to an anaesthetist. The results of this screening and the patient notes transfer with the patient to Abbey Carrick Glen Hospital. The purpose of this is to select the patients who are suitable for treatment at Abbey Carrick Glen Hospital and to avoid unnecessary journeys for those who might not be suitable for treatment there.

Patients referred from NHS Ayrshire & Arran are screened within their local hospital and assessed by the consultant anaesthetist scheduled for the procedure at Abbey Carrick Glen Hospital. The consultant anaesthetist would then confirm whether the patient was suitable for treatment at Abbey Carrick Glen Hospital.

For NHS patients scheduled for treatment at Abbey Carrick Glen Hospital at short notice, their screening is conducted at Abbey Carrick Glen Hospital by the RMO. Referral would be made to an Abbey Carrick Glen Hospital consultant anaesthetist, if appropriate, to confirm suitability for treatment there.

*2.3.3: Where there is nurse-led preoperative screening, this is guided by local protocol.*

#### STATUS: Met

All patients are required to complete a profile and medical history questionnaire which is reviewed by the RMO as guided by local protocol.

*2.3.4: Where patients attend a dedicated preoperative anaesthetic assessment clinic, an anaesthetist is present.*

**STATUS: Not applicable**

There are no dedicated, separate preoperative anaesthetic assessment clinics held at Abbey Carrick Glen Hospital.

### **Desirable Criteria**

*2.3.5: The anaesthetist who is to give the anaesthetic visits the patient before the operation.*

**STATUS: Met**

It is standard practice at Abbey Carrick Glen Hospital for the anaesthetist who is to give the anaesthetic to visit the patient before the operation.

*2.3.6: Prior to undergoing a procedure that includes anaesthesia, the patient or the GP provides the anaesthetist with a written record of the patient's current medication.*

**STATUS: Met**

The patient provides written information on their current medication when they complete their patient profile prior to admission. Patients are also instructed to bring their regular medication with them. Occasionally, if in doubt, staff will call the patient's GP to clarify what regular medication is prescribed.

## Standard 2.4: Preoperative Care

### Standard Statement

*Preoperative Fasting: All patients are fasted from solids and fluids immediately prior to anaesthesia, according to a locally agreed protocol.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*2.4.1: There is a locally agreed hospital policy based on the American Society of Anesthesiologists' Practice Guideline for Preoperative Fasting.*

#### STATUS: Met

The preoperative fasting guidelines in use are based on the American Society of Anesthesiologists' Practice Guideline for Preoperative Fasting. Patients are given fasting instructions in their admission letter according to whether they are on a morning or afternoon theatre list. All patients are instructed to continue to drink clear fluids until the time of their admission.

It was noted that the anaesthetic record had a check box for fasting times which differed from the local protocol; however, staff confirmed that the fasting protocol was being followed. It was reported that consideration was being given to standardising the anaesthetic record across NHS Ayrshire & Arran. This record will be adopted in Abbey Carrick Glen Hospital when it becomes available.

*2.4.2: The locally agreed policy takes account of the need for continuation of regular drug therapy, as appropriate.*

#### STATUS: Met

Local protocol dictates that patients are advised in their admission letter to continue to take their regular medication. On admission, the regular medication is reviewed by the RMO and continued prescribing is considered. There is a policy for patients to check with the hospital about specific medications including insulin, warfarin and clopidogrel.

## Standard 3.1: Intraoperative Care

### Standard Statement

*Preparation for Anaesthesia: All patients receive care in a safe environment. The patient's identity and all anaesthetic equipment are checked before the procedure commences.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*3.1.1: All anaesthetic equipment is checked before use according to the Checklist for Anaesthetic Apparatus recommendations of the Association of Anaesthetists of Great Britain and Ireland.*

#### STATUS: Met

The anaesthetic assistant will check the anaesthetic equipment at the start of each scheduled list and then sign and date the relevant machine log book. The consultant anaesthetist will also check the anaesthetic equipment and countersign the log book.

*3.1.2: There is a record kept that anaesthetic machines are checked following servicing.*

#### STATUS: Met

The anaesthetic machines are routinely serviced on a Sunday when the theatre is not operational. The routine check is conducted and documented in the relevant machine log book on Monday morning.

*3.1.3: All anaesthetic machines have mechanisms to prevent delivery of hypoxic gas mixtures.*

#### STATUS: Met

All anaesthetic machines within Abbey Carrick Glen Hospital are fitted with anti-hypoxic links to prevent delivery of hypoxic gas mixtures.

*3.1.4: The anaesthetist confirms the identity of the patient and the consent to anaesthesia and surgery before inducing anaesthesia.*

#### STATUS: Met

The surgeon and anaesthetist confirm the identity of the patient and the consent to anaesthesia and surgery on the ward. Patient identity and documented consent are also checked by ward nursing staff prior to them entering theatre. The scrub nurse

checks patient identity and consent again prior to the start of the operation; the review team noted this as good practice.

*3.1.5: Where children are cared for, a system is in place to allow the presence of parents at induction of anaesthesia.*

**STATUS: Not applicable**

There is no paediatric surgery undertaken at Abbey Carrick Glen Hospital, therefore, this criterion is not applicable.

## Standard 3.2: Intraoperative Care

### Standard Statement

*Perioperative Monitoring: All patients are monitored appropriately during anaesthesia.*

#### Abbey Carrick Glen Hospital

#### Essential Criteria

*3.2.1: An appropriately trained and experienced anaesthetist is present continuously during anaesthesia.*

#### STATUS: Met

The consultant anaesthetist is present continuously during anaesthesia. Staff reported that there had been no cases where an anaesthetist had required to leave the theatre during anaesthesia.

*3.2.2: Patients are monitored during induction and maintenance of anaesthesia to the level described by the Royal College of Anaesthetists and Association of Anaesthetists of Great Britain and Ireland.*

#### STATUS: Met

Patients are monitored during induction and maintenance of anaesthesia to the level described by the RCA and Association of Anaesthetists of Great Britain and Ireland (AAGBI).

*3.2.3: There is a capnograph available in all locations where anaesthesia is provided.*

#### STATUS: Met

A capnograph is available in the Abbey Carrick Glen Hospital theatre and in the anaesthetic room.

*3.2.4: When tracheal intubation is performed, a capnograph is used.*

#### STATUS: Met

A capnograph is used when tracheal intubation is performed.

## Standard 3.3: Intraoperative Care

### Standard Statement

*Management of the Airway: All locations where anaesthesia is provided have equipment to aid management of the patient's airway.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*3.3.1: Preoperative assessment routinely includes assessment of the airway.*

#### STATUS: Met

The consultant anaesthetist assesses the airway when visiting the patient on the ward prior to surgery. Staff reported that this assessment is not consistently documented and the review team encouraged all consultants to document this assessment.

*3.3.2: In all locations where anaesthesia is provided, a suitable range of equipment, including a capnograph, is available to secure and maintain a patient's airway and oxygen delivery.*

#### STATUS: Met

A suitable range of equipment, including a capnograph, is available to secure and maintain a patient's airway and oxygen delivery in Abbey Carrick Glen Hospital's theatre.

*3.3.3: There is at least one portable storage unit with equipment for advanced difficult airway management within each theatre suite.*

#### STATUS: Met

There is one portable storage unit within the anaesthetic room which is equipped for advanced difficult airway management.

## Standard 3.4: Intraoperative Care

### Standard Statement

*Anaesthetic Emergencies: Adverse reactions and uncommon conditions occurring during anaesthesia are managed appropriately.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*3.4.1: Guidelines or 'Anaesthesia Action Plans' for adverse reactions and uncommon conditions are displayed prominently in areas where they may need to be consulted.*

#### STATUS: Met

The review team noted that the guidelines and algorithms for dealing with adverse reactions and uncommon conditions were clearly displayed and readily accessible within the theatre. The use of flow charts produced by the Difficult Airway Society was considered to be an example of good practice by the review team.

*3.4.2: The drugs and equipment required to follow these guidelines or 'Anaesthesia Action Plans' are available and checked regularly.*

#### STATUS: Met

The review team was satisfied that the drugs and equipment required to follow the anaesthesia guidelines and action plans are available in the theatre area and checked regularly. A pharmacist from Ayr Hospital checks the drugs on the arrest trolley in the theatre. In an emergency, additional drugs would be requested from Ayr Hospital pharmacy.

#### Desirable Criterion

*3.4.3: Training sessions for management of anaesthetic emergencies are undertaken by relevant members of the anaesthesia team.*

#### STATUS: Not met

Emergency resuscitation scenarios are staged at various locations in the hospital every few months and response times are discussed at the clinical meeting. There are, however, no specific training sessions for the management of anaesthetic emergencies. Staff reported that this had been discussed, as one of the consultant anaesthetists had recently retired and could provide such training. Consideration could also be given to attending the anaesthetic simulator training provided at the Scottish Clinical Simulator Centre in Stirling.

## Standard 3.5: Intraoperative Care

### Standard Statement

*Perioperative Blood Transfusion: Anaesthetists are responsible for intraoperative blood transfusion. Blood transfusion is sometimes required for the safe performance of surgical procedures. The decision to give a patient a blood transfusion balances the risks of transfusing against not transfusing.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*3.5.1: There is a local transfusion protocol, including transfusion thresholds, in keeping with the SIGN Guideline Perioperative Blood Transfusion for Elective Surgery.*

#### STATUS: Met

The Abbey Carrick Glen Hospital protocol for blood and blood products transfusion refers directly to the Scottish Intercollegiate Guidelines Network (SIGN) Guideline 54: Perioperative Blood Transfusion for Elective Surgery which includes the transfusion thresholds. It was reported that, in individual postoperative cases, nurses would also refer to the consultant surgeon and anaesthetist in the hospital at the time a transfusion might be indicated. Out-of-hours, the nurses would contact the patient's own consultant surgeon for advice.

*3.5.2: The local protocol includes the recommendations from the British Committee for Standards in Haematology Guideline The Administration of Blood and Blood Components and the Management of Transfused Patients, to ensure blood and blood products to be given to a patient are checked before administration.*

#### STATUS: Met

There is a protocol for checking and giving blood based on the British Committee for Standards in Haematology Guideline The Administration of Blood and Blood Components and the Management of Transfused Patients, to ensure blood and blood products to be given to a patient are checked before administration. Training in the Scottish National Blood Transfusion Service's better blood transfusion programme was expected to be completed by the end of January 2007.

*3.5.3: There is a local protocol to guide the management of massive blood loss.*

#### STATUS: Met

A protocol for management of acute massive blood loss is on display in the anaesthetic room, recovery room and on the ward.

## **Desirable Criterion**

*3.5.4: There is audit of perioperative blood transfusion and transfusion thresholds used.*

### **STATUS: Not met**

As it is extremely rare for perioperative transfusion to take place, staff reported that audit of transfusion and thresholds used does not take place.

## Standard 3.6: Intraoperative Care

### Standard Statement

*Thromboembolism Prophylaxis and Spinal and Epidural Anaesthesia: All patients receive appropriate deep vein thrombosis prophylaxis according to a local protocol. All patients also receiving spinal or epidural anaesthesia have dose and timing of the drug prophylaxis adjusted as appropriate.*

### Abbey Carrick Glen Hospital

### Essential Criteria

*3.6.1: There is a local protocol for deep vein thrombosis prophylaxis in the perioperative period in keeping with the SIGN Guideline Prophylaxis of Venous Thromboembolism.*

### STATUS: Met

The local protocol for prophylaxis of venous thromboembolism is based on SIGN Guideline 62. This includes routine use of graduated elastic compression stockings, sequential compression sleeves and mechanical foot pumps. Anticoagulant drugs are prescribed according to the custom and practice of the individual consultant surgeon.

*3.6.2: Local protocols for deep vein thrombosis prophylaxis include timing of anticoagulant administration, to ensure safe spinal and epidural anaesthesia including insertion and removal of epidural catheters.*

### STATUS: Met

Individual consultant anaesthetists would prescribe anticoagulant therapy and the local protocol for epidural analgesia includes timing of administration to ensure safe spinal and epidural anaesthesia, including removal of the epidural catheter.

## Standard 3.7: Intraoperative Care

### Standard Statement

*Prevention of Hypothermia: All patients undergoing surgery have appropriate measures implemented to prevent hypothermia.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*3.7.1: Appropriate equipment is available to minimise heat loss and provide active warming of the patient.*

#### STATUS: Met

A forced air warming device, fluid warmer and warming blanket are available in the theatre. Patients requiring active warming will be treated in theatre then transferred to the recovery area and may be transferred to the ward while still being actively warmed. As one-to-one care is provided on the ward, staff reported that the time spent in the recovery area, prior to safe discharge to the ward, may be shorter than the average time spent in the recovery area in an NHSScotland hospital. Staff reported that, occasionally, it would be useful to have a second forced air warming device to be kept for use exclusively in the recovery area.

*3.7.2: Patient temperature is routinely recorded in the recovery room.*

#### STATUS: Met

Patient temperature is routinely recorded in the recovery room using a tympanic membrane thermometer.

#### Desirable Criterion

*3.7.3: There is audit of patient deep body temperature on arrival in the recovery room.*

#### STATUS: Not met

Audit of patient deep body temperature on arrival in the recovery room does not take place. Recovery nursing staff reported that very few patients had low body temperature on arrival in the recovery area.

## Standard 4.1: Postoperative Care

### Standard Statement

*Recovery Area: There is provision of an appropriate recovery area for immediate postoperative care.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*4.1.1: Whenever elective or emergency procedures are undertaken there is a staffed recovery facility available.*

#### STATUS: Met

There is a single recovery bay next to the theatre in Abbey Carrick Glen Hospital which is adequately staffed at all times when elective or emergency procedures are undertaken.

It is routine practice for the recovery nurse and another ward nurse to accompany the patient to the ward.

*4.1.2: All patients are cared for on a one-to-one basis by qualified and trained staff until fully conscious and able to maintain a clear airway.*

#### STATUS: Met

All patients are cared for on a one-to-one basis by qualified and trained staff until fully conscious and able to maintain a clear airway.

*4.1.3: There is documentation of competencies of individual recovery staff following appropriate training.*

#### STATUS: Met

All new staff who are to work in the recovery area receive mentored training according to a list of competencies defined and documented in their training record. These competencies are reviewed annually.

*4.1.4: The area is equipped with patient monitoring to the level described by the Royal College of Anaesthetists and Association of Anaesthetists of Great Britain and Ireland.*

**STATUS: Met**

The review team confirmed that the single bed space in the recovery area is equipped with patient monitoring to the level described by the RCA and AAGBI.

*4.1.5: Where children are cared for, the recovery area for children is separate or screened from those used by adults.*

**STATUS: Not applicable**

There is no paediatric surgery undertaken at Abbey Carrick Glen Hospital, therefore, this criterion is not applicable.

*4.1.6: Where children are cared for, a system is in place to allow the presence of parents immediately after recovery from anaesthesia.*

**STATUS: Not applicable**

There is no paediatric surgery undertaken at Abbey Carrick Glen Hospital, therefore, this criterion is not applicable.

*4.1.7: There are local protocols for the management of pain, and postoperative nausea and vomiting.*

**STATUS: Met**

The local protocols for the management of pain, and postoperative nausea and vomiting at Abbey Carrick Glen Hospital are copies of those protocols developed by the acute pain service at Crosshouse Hospital, Kilmarnock.

*4.1.8: There is an agreed protocol describing discharge criteria from the recovery area.*

**STATUS: Met**

There is an agreed protocol describing discharge criteria from the recovery area to the ward. These criteria are printed on the reverse of the recovery care chart. The nurse responsible for a patient's care in the recovery area accompanies the patient to the ward with a ward nurse who then signs the recovery chart to accept the patient into their care.

## Standard 4.2: Postoperative Care

### Standard Statement

*Management of Acute Pain: All patients receive effective acute pain management.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*4.2.1: All patients have their pain assessed, recorded and treated. Where possible, patients actively participate in this process.*

#### STATUS: Met

Patients receiving pain relief by epidural or patient controlled analgesia are asked to score their pain at regular intervals, usually when vital signs are being recorded and this is recorded on their infusion chart. This scoring occurs in the recovery area and on the ward. Staff reported that the new infusion chart being developed at Ayr Hospital would be adopted as soon as it became available.

Other patients are also asked to score their pain at regular intervals and this is recorded on their recovery care sheet while they are in the recovery area. When they are transferred to the ward their pain score is recorded on a chart which includes a modified early warning scoring system (MEWS).

Whilst it was clear to the review team that there is consistent management of pain, staff interviewed by the review team were not aware that the pain assessment tools were different on each of the three recording charts. Consideration should be given to standardising these tools. The review team suggested modifying the existing document control policy to ensure standardisation of document content across all services and particularly the anaesthetic services.

*4.2.2: There are local guidelines, which are in routine use, on drug therapy of acute pain.*

#### STATUS: Not met

The review team noted good implementation of analgesic ladders (stepped approach to pain relief according to a patient's individual pain intensity). These ladders are in use on the ward and are derived from those developed at Crosshouse Hospital.

Intramuscular analgesia is administered, but there is no local guideline for this.

*4.2.3: There is a local protocol, which is in routine use, to ensure appropriate monitoring of the patient, including sedation scoring.*

**STATUS: Met**

For those patients receiving pain relief by epidural or patient controlled analgesia, sedation scoring is recorded on their infusion chart using a 5-point scale. The infusion chart is used in the recovery area and on the ward. The recovery chart (for non-infused patients) also includes a rating of conscious level using a 4-point scale. The MEWS chart includes an assessment of conscious level on a different 4-point scale. The MEWS chart is used on the ward. The review team encouraged standardisation of the scoring scales.

**Desirable Criterion**

*4.2.4: There is a vital signs chart in use which includes a record of pain score.*

**STATUS: Met**

The MEWS chart is used for recording vital signs and pain score.

## Standard 4.3: Postoperative Care

### Standard Statement

*Postoperative Nausea and Vomiting: All patients are assessed for postoperative nausea and vomiting, and these are treated promptly.*

### Abbey Carrick Glen Hospital

#### Essential Criteria

*4.3.1: All patients are assessed for postoperative nausea and vomiting.*

#### STATUS: Met

All patients are assessed for postoperative nausea and vomiting. This assessment is not recorded in the recovery area, but is recorded on the ward. The assessment scale for postoperative nausea and vomiting on the MEWS chart differs from that used on the infusion chart. The review team encouraged the hospital to consider standardisation of this assessment tool and including it on the recovery room chart which was being updated at the time of the review visit.

*4.3.2: There is a local protocol, which is in routine use, for the prompt management of postoperative nausea and vomiting.*

#### STATUS: Met

Postoperative nausea and vomiting occurring in the theatre or recovery area would be treated by the consultant anaesthetist in attendance. The consultant anaesthetist does not leave the hospital until the patient is transferred to the ward.

The local protocol, which is in routine use on the ward, for the prompt management of postoperative nausea and vomiting was developed by the acute pain service at Crosshouse Hospital.

## Standard 4.4: Postoperative Care

### Standard Statement

*High Dependency Unit Care: All patients requiring high dependency care after a procedure are admitted to a high dependency unit (HDU).*

### Abbey Carrick Glen Hospital

### Essential Criterion

*4.4.1: A needs assessment has been undertaken, which has demonstrated that there are sufficient staffed and equipped surgical high dependency beds for the clinical activity of the hospital.*

### STATUS: Not applicable

There are no high dependency beds available within Abbey Carrick Glen Hospital, therefore, this criterion is not applicable. Preoperative assessment ensures that patients who are likely to require high dependency care would not be accepted for treatment at Abbey Carrick Glen Hospital.

If a patient deteriorates on the ward, there is an algorithm in place which is triggered by the score on the MEWS chart. The RMO is contacted to assess the patient. If transfer to Ayr Hospital high dependency unit is indicated the consultant anaesthetist would be telephoned to arrange the referral and a call made to the ambulance service. Staff reported that there is a good working relationship with the high dependency staff at Ayr Hospital.

## Appendix 1 – Glossary of abbreviations

### Abbreviation

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<b>AAGBI</b>	Association of Anaesthetists of Great Britain and Ireland
<b>CNORIS</b>	Clinical Negligence and Other Risks Indemnity Scheme
<b>GP</b>	general practitioner
<b>HDU</b>	high dependency unit
<b>MAC</b>	medical advisory committee
<b>MEWS</b>	modified early warning scoring system
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>ODP</b>	operating department practitioner
<b>RCA</b>	Royal College of Anaesthetists
<b>RMO</b>	resident medical officer
<b>SIGN</b>	Scottish Intercollegiate Guidelines Network
<b>SMSAC</b>	Scottish Medical and Scientific Advisory Committee
<b>SVQ</b>	Scottish Vocational Qualification

## Appendix 2 – Details of review visit

The review visit to Abbey Carrick Glen Hospital was conducted on 11 January 2007.

### Review team members

#### **Dr Fiona Knox (Team Leader)**

Consultant Anaesthetist, Aberdeen Maternity Hospital, NHS Grampian

#### **Mr Robert Bell**

Public Partner, Fife

#### **Mr Steve McIntosh**

Lead Nurse, Anaesthesia, NHS Tayside

### NHS Quality Improvement Scotland Personnel

#### **Dr Avril MacLennan**

Project Officer

#### **Mr Steven Wilson**

Team Manager

During the visit, members of the review team met with consultant and nursing staff, including theatre, surgical and recovery room staff and clinical audit and administrative staff.

## Appendix 3 – Timetable of review visits

<b>Organisation reviewed</b>	<b>Visit date(s)</b>
Abbey Carrick Glen Hospital, Ayr	11 January 2007
Abbey King's Park Hospital, Stirling	22 November 2006
BMI Albyn Hospital, Aberdeen	14 September 2006
BMI Fernbrae Hospital, Dundee	19 October 2006
BUPA Murrayfield Hospital, Edinburgh	14 February 2007
Glasgow Nuffield Hospital	22 March 2007
Stracathro Hospital	to be confirmed



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