

BMI Albyn Hospital, Aberdeen

Local Report ~ *January 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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Contents

1	Setting the scene	5
1.1	How the standards were developed	6
1.2	How the review process works	6
1.3	Reports	8
2	Summary of findings	10
2.1	Overview of local service provision	10
2.2	Summary of findings against the standards	11
3	Detailed findings against the standards	14
Appendix 1 – Glossary of abbreviations		47
Appendix 2 – Details of review visit		48
Appendix 3 – Timetable of review visits		49

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 **BMI Albyn Hospital, Aberdeen**. This review visit took place on **14 September 2006**, 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.

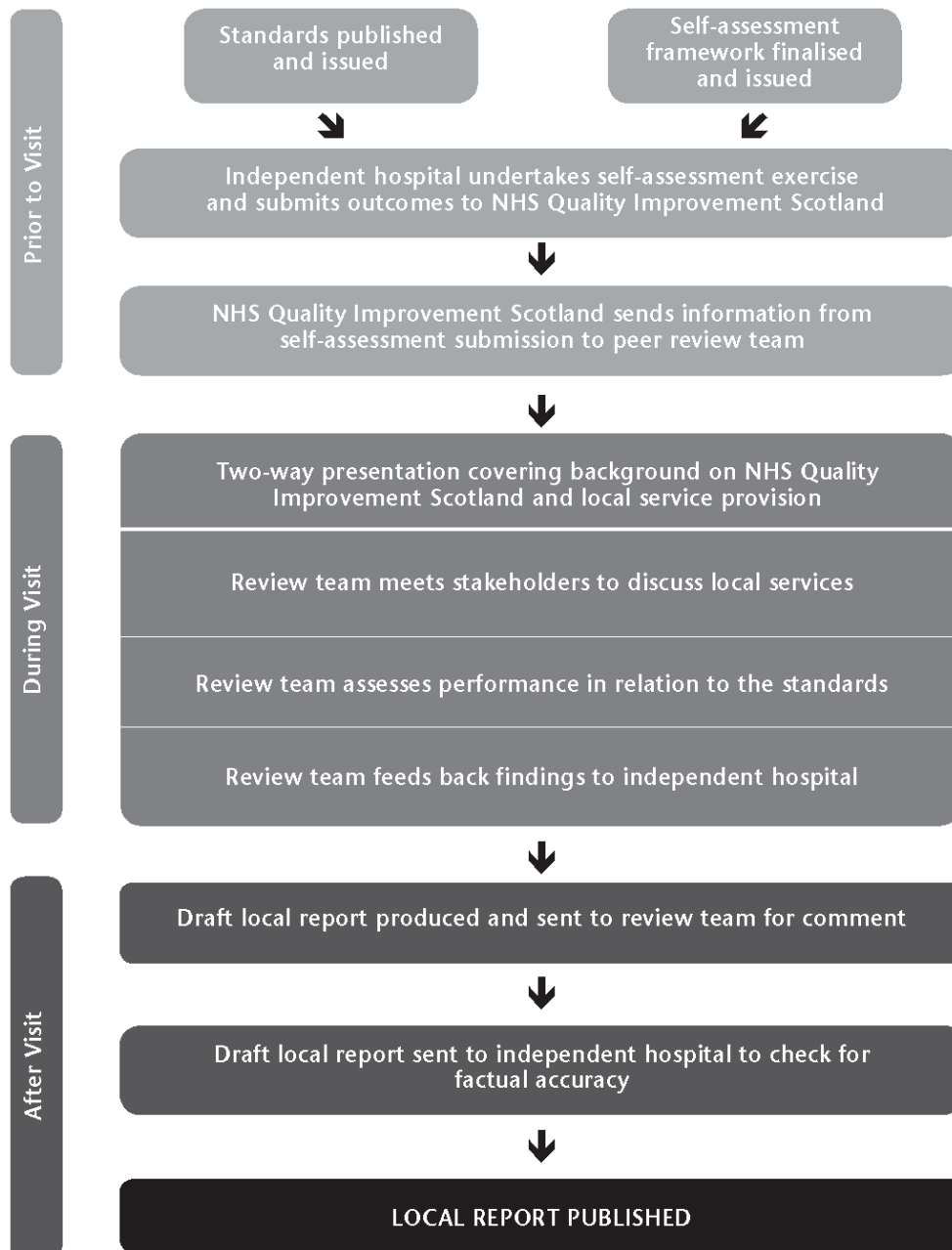
A final category ‘**not applicable**’ is used where a standard and/or criterion does not apply to the hospital under review.

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

Albyn Hospital, Aberdeen, is part of BMI Healthcare, one of Britain's providers of independent healthcare, and has a catchment area of east and north Scotland. There are eight independent private hospitals in Scotland, three of which come under BMI Healthcare. There are 44 beds in Albyn Hospital, a three-bedded recovery area, two theatres with anaesthetic rooms and a third theatre without an anaesthetic room. There are no high dependency beds in Albyn Hospital.

Anaesthesia services are provided by 28 consultant anaesthetists who all have consultation and admitting rights, and provide care on an individual patient basis.

During 2005, a total of 2,204 patients were anaesthetised at Albyn Hospital. Approximately 5–10% of admissions are NHS Grampian patients.

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

Anaesthesia is provided by consultant anaesthetists at Albyn Hospital who provide care on an individual patient basis. They are assisted by nursing staff who work flexibly across theatre, recovery and ward areas. There are good working relationships within Albyn Hospital and all staff interviewed were clearly informed about the remit of the hospital and the patient population for which care could be provided. Links with Aberdeen Royal Infirmary are maintained and anaesthesia equipment in Albyn Hospital has been selected to be the same as that at Aberdeen Royal Infirmary. This assists with staff induction, training and skill maintenance.

There is a formal and documented induction process for all new nursing staff. The induction process for new consultant anaesthetic staff is informal and not documented. There is no dedicated time for audit and education meetings.

There is a system for reporting, analysing and acting on critical incidents and the review team noted, as good practice, the staff debriefing session which is held following any major issues arising in theatre. The review team also noted, however, that there is no multidisciplinary audit.

Example of a local initiative...

Consultant anaesthetists each nominate another consultant anaesthetist 'buddy' to be available at all times when they know they will not be available themselves. This ensures advice can be easily accessed for individual patients on a 24-hour continuous basis.

Anaesthetic assistance is provided by nurses at Albyn Hospital. Not all nurses providing anaesthetic assistance have been trained to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice. The Scottish Medical and Scientific Advisory Committee (SMSAC) strategy document, Anaesthetic Assistance. A Strategy for Training, Recruitment and Retention and the Promulgation of Safe Practice published in 2003, states that a timeframe of 5 years should be allowed for all nurses intending to provide anaesthetic assistance in order to achieve this national standard.

There is regular documented maintenance of anaesthetic and monitoring equipment, with readily accessible manuals, and an annual review of equipment needs takes place which takes into account the lifespan of the equipment. Training on the use of anaesthetic equipment is documented for nursing staff but not for medical staff.

However, the review team commended the choice of equipment, which is identical to the equipment with which the consultant anaesthetists would be most familiar.

At the time of the review visit, there was no multidisciplinary acute pain service. Pain is managed on an individual practitioner basis. Staff training on pain management is undertaken on an ad hoc basis.

Preoperative care

Patient leaflets are provided on a corporate-wide (BMI Healthcare), procedure-specific basis once patients are admitted to hospital. There are no anaesthetic-specific patient information leaflets issued to patients undergoing elective procedures prior to admission.

Every patient is assessed by their consultant anaesthetist on the ward on the day of their operation. In addition, there is nurse-led preoperative screening for all patients who are deemed to be high risk by their consultant surgeon. These patients are assessed by the consultant anaesthetist in advance of the day of their operation if appropriate. There is documentation to record this screening, but there are no protocols in place to guide this process.

There is an administrative process for sending patients standard fasting instructions; however, these do not necessarily take account of the scheduled time of an operation.

Intraoperative care

All anaesthetic equipment is checked before use and following servicing, with records kept of these checks. All anaesthetic machines in Albyn Hospital have mechanisms to prevent the delivery of hypoxic gas mixtures.

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). Capnographs are available in all locations where anaesthesia is provided. A portable storage unit with equipment for advanced difficult airway management is available in the corridor outside the theatres.

Guidelines and plans for adverse reactions and uncommon conditions are in place in Albyn Hospital, as are the drugs and equipment required to follow these plans. There is no ongoing training for the relevant members of the anaesthetic team on the management of anaesthetic emergencies.

There is no systematic hospital-wide implementation of the relevant Scottish Intercollegiate Guidelines Network (SIGN) guidelines relating to perioperative blood transfusion for elective surgery and prophylaxis of venous thromboembolism. Practice is determined by individual consultant practitioner preference. The review team recognised the difficulties surrounding the consistent implementation of national guidelines due to the large number of independent practitioners.

Postoperative care

All patients are cared for on a one-to-one basis by qualified and trained recovery staff until fully conscious and able to maintain a clear airway. Patients in recovery are monitored in line with the relevant guidelines. When children are cared for, suitable arrangements are in place during recovery, though the presence of parents cannot always be accommodated immediately after recovery from anaesthesia.

All patients have their pain assessed, recorded and treated. However, there are no protocols or standard procedures for the management of ongoing pain and pain medication. Similarly, there is no single protocol for the prompt management of postoperative nausea and vomiting, with treatment being determined by individual practitioner preference. Staff reported that a new corporate-wide recovery observation chart would be implemented, which would include prompts for standardised pain scoring, sedation scoring, postoperative nausea and vomiting recording and vital signs.

There are no high dependency beds at Albyn 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 Albyn Hospital. Some patients, however, assessed as requiring special care would be admitted with advance notice of their need to receive one-to-one nursing care. Clear escalation protocols are in place to ensure prompt transfer to Aberdeen Royal Infirmary 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.

BMI Albyn 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

Within BMI Albyn Hospital, Aberdeen, there is a formal documented 2-week core induction programme for all new nursing staff, which the review team considered to be comprehensive and well documented. This involves assignment of a mentor to each new member of staff and assessment of competencies over several months, which are also well documented.

New consultant anaesthetic staff who are granted practising privileges are shown around the hospital on an individual basis. The induction process for consultant anaesthetic staff is not formal, nor is it documented.

Standard 1.2: Organisation of Anaesthesia Services

Standard Statement

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

BMI Albyn Hospital

Essential Criteria

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

STATUS: Not met

There is no dedicated time for audit and education meetings for either consultant or nursing staff at Albyn Hospital.

All consultant anaesthetists who work at Albyn Hospital undertake their continuing education and professional development at the NHSScotland hospital where they are employed. Evidence of confirmation of annual appraisal within their base hospital is required annually by Albyn Hospital and practising privileges are reviewed every 2 years.

Nursing staff attend study days at Aberdeen Royal Infirmary in their own time for their continuing professional development. They also receive BMI-funded courses such as the M&K Update course on recovery care. Consultant surgeons and anaesthetists also occasionally provide lectures for staff in the evenings. Intermediate life support training is provided annually to nursing sisters and other senior staff by a life support trainer from BMI Ross Hall Hospital, Glasgow. Basic life support training is provided to all other staff.

1.2.2: There are regular anaesthesia morbidity and mortality reviews.

STATUS: Not met

There are no morbidity and mortality reviews undertaken at Albyn Hospital.

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

STATUS: Met

Critical clinical and non-clinical incidents are recorded on a standard BMI reporting form and the data from the form is then entered on to a database by a nursing assistant. Weekly reviews of these data are conducted by a multidisciplinary team, which includes a health and safety representative, and is led by the matron of Albyn Hospital. At the time of the review visit, the matron position was vacant and, as a result, the reviews were being conducted by a nursing assistant. In addition to

reviewing data, this team also considers patient complaints. Actions are agreed and followed up and the learning points are shared with staff.

Major issues occurring in theatre are immediately followed by a debriefing meeting with all staff involved in theatre at the time of the incident. The incident itself is documented on an IR1 incident reporting form and also entered into the BMI database, which is reviewed weekly. The process for staff debriefing following theatre incidents was commended by the review team.

Desirable Criteria

1.2.4: There is systematic multidisciplinary audit.

STATUS: Not met

There is no systematic multidisciplinary audit, although nursing staff do audit 10 sets of casenotes for completeness and accuracy each month, and use a checklist to document their findings. Any discrepancies found would be highlighted to the individuals responsible, and any appropriate change to practice suggested.

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

STATUS: Not met

There is a comprehensive, multidisciplinary, corporate (BMI Healthcare) patient feedback questionnaire that is used to collate patients' attitudes and comments about their care at Albyn Hospital. However, the survey does not contain specific questions about the anaesthetic service. Staff reported that individuals are informed of any comments that relate to them personally.

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.

BMI Albyn 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 Albyn Hospital. There are no non-consultant career grade 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 Albyn Hospital. There are no non-consultant career grade anaesthetists or trainee anaesthetists employed at the hospital.

The review team noted that a robust system exists for the continuity of anaesthetic care. Each consultant anaesthetist provides details of their routine timetable, whereabouts and out-of-hours contact numbers. When the consultant anaesthetists know they are going to be unavailable, they must nominate another consultant anaesthetist to provide cover at all times. Staff reported that this system works well and a consultant anaesthetist was always readily contactable. The review team commended this approach.

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.

BMI Albyn 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: Not met

Anaesthetic assistance is provided by nurses at Albyn Hospital. Not all nurses providing anaesthetic assistance have been trained to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice; four nurses have been trained to this level. It was reported that there are plans for a further two nurses to achieve this level of training.

The review team noted the Scottish Medical and Scientific Advisory Committee (SMSAC) strategy document, Anaesthetic Assistance. A Strategy for Training, Recruitment and Retention and the Promulgation of Safe Practice, published in 2003, states that a timeframe of 5 years should be allowed for all nurses intending to provide anaesthetic assistance in order to achieve this national standard.

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

STATUS: Not met

There is a dedicated anaesthetic assistant for all procedures requiring the presence of an anaesthetist, however, not all anaesthetic assistants are trained to a level equivalent to the Scottish Vocational Qualification Level III.

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.

BMI Albyn Hospital

Essential Criteria

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

STATUS: Met

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

Due to national changes in anaesthetic practice, the review team considered that it might be beneficial to provide specific prompts on the anaesthetic record to ensure capture of all appropriate information for the minimum data set.

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

STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Albyn 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 in use in Albyn Hospital contains space to record the explanation of anaesthesia techniques and material risks associated with the procedure. Staff reported that each individual consultant completes this form in their own way. Due to recent changes in anaesthetic practice, the review team considered that it might be beneficial to amend the anaesthetic record to include specific prompts to record the explanation of anaesthetic techniques and material risks.

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.

BMI Albyn 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

There are two theatres with adjoining anaesthetic rooms where elective surgery is routinely carried out. At the time of the review visit, a third theatre had recently been commissioned for occasional use. There is no requirement for a separate dedicated theatre to cater for the hospital's emergency and urgent workload, as such cases are rare. There is an agreed process to respond to an emergency. Good working relationships allow for rapid contact of an emergency theatre team and rescheduling of elective lists to free up a booked theatre if a patient requires to return to theatre unexpectedly. Staff reported that this process works well.

Standard 1.7: Organisation of Anaesthesia Services

Standard Statement

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

BMI Albyn 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.

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

STATUS: Met

There is a clear system in place for recording advance notice of planned staff absence, which allows theatre sessions to be covered. Nursing staff are allocated by off-duty rotas which take account of the skill mix required.

Consultant anaesthetists only arrange for theatre sessions when they know they are available.

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

STATUS: Not applicable

In Albyn 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 Albyn Hospital.

Standard 1.8: Organisation of Anaesthesia Services

Standard Statement

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

BMI Albyn Hospital

Essential Criterion

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

STATUS: Met

Theatre staff ensure that regular maintenance of anaesthetic and monitoring equipment takes place every 6 months and is documented. Maintenance contracts are in place and staff reported that the main local service agent provides a timely service. There is no medical physics expertise on site. Spare equipment is available in the third theatre which, at the time of the review visit, was reported as not fully utilised.

Desirable Criterion

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

STATUS: Met

Equipment reviews are conducted as part of the annual budgetary asset register check. This identifies equipment which is coming to the end of its defined lifespan and should be replaced. Staff reported that capital expenditure is agreed centrally at corporate level.

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.

BMI Albyn Hospital

Essential Criteria

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

STATUS: Not met

There is formal and documented instruction on the use of equipment for anaesthetic nursing staff. However, there is no formal and documented instruction on the use of equipment for medical staff. Staff reported that the equipment has been selected to be identical to that in use at Aberdeen Royal Infirmary (where the consultants are employed) to ensure familiarity with its use. Provision of similar equipment in the two hospitals and the close working relationship between them was recognised by the review team as a strength of the anaesthesia service at Albyn Hospital.

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

STATUS: Met

Instruction manuals for equipment are kept in the theatre office at the entrance to the department and staff have access to them at all times.

Standard 1.10: Organisation of Anaesthesia Services

Standard Statement

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

BMI Albyn 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.

A multidisciplinary committee met earlier in 2006 to consider standardising pain management regimes. However, staff reported that this committee did not become established due to a lack of interest.

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. In addition, there is no named consultant responsible for the management of such a service at Albyn Hospital.

Due to the nature of the private 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.

Patients receive procedure-specific BMI leaflets at the time of their booking, although these do not specifically address anaesthesia. On discharge, they also receive, from the pharmacist, the relevant product information leaflets for any prescribed drugs.

Nursing staff undertake training in patient controlled analgesia and drug administration at Aberdeen Royal Infirmary as well as off-site courses (eg Managing Acute Pain Society study days and an M&K Update 3-day training course on recovery care). One of the senior ward sisters also has an interest in paediatrics and

attends monthly courses at Aberdeen Royal Infirmary. Course attendance is well documented in the nurses' training records.

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.

The consultant anaesthetists are responsible for the pain management of their individual patients and they are obliged to nominate a deputy when they know they are going to be unavailable. Staff reported that they would not hesitate to contact the relevant consultant anaesthetist on a 24-hour basis when they have a query related to an individual's pain management.

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 Albyn Hospital.

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.

Audit of the safety and efficacy of analgesic therapies is not routinely conducted at Albyn Hospital.

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.

BMI Albyn 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 leaflets are generated on a corporate-wide basis (eg total hip replacement). Patients receive these leaflets when they are admitted to hospital. Patients who are having patient controlled analgesia have access to a copy of a handbook which they can read whilst in hospital.

There are no specific leaflets in use which cover anaesthesia or analgesia, although, at the time of the review visit, a pain management leaflet was in draft form.

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

STATUS: Met

It is standard practice for patients undergoing urgent or emergency surgery to receive verbal information.

Desirable Criterion

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

STATUS: Not met

There has been no audit of the effectiveness of preoperative information provided to patients. Feedback on the patient information provided is monitored using the patient feedback questionnaire; however, the review team noted that this does not include specific questions about the anaesthetic service.

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.

BMI Albyn 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 (insufficient evidence)

The anaesthetic techniques to be used and material risks associated with the procedure are discussed with the patient. However, staff reported that consultant practice varies and, as a result, they could not confirm whether this discussion is recorded for all cases. Consideration could be given to including a prompt on the anaesthetic record sheet to assist with compliance with this criterion.

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

There is a consent policy which covers the principles outlined in the Adults with Incapacity (Scotland) Act 2000. Staff reported that the consent policy would be covered during induction. It was noted that consultant anaesthetists should also have had information relating to the Act disseminated at their NHSScotland hospital. Copies of 'It's your decision', a patient information leaflet prepared by the Scottish Executive, are available in the ward areas.

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

There is no specific audit of documentation in the anaesthetic record of anaesthetic techniques and material risks which have been discussed with the patient. Inclusion of a prompt on the anaesthesia record would facilitate discussions with patients.

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.

BMI Albyn Hospital

Essential Criteria

2.3.1: All patients are assessed by an anaesthetist preoperatively.

STATUS: Met

All patients are assessed preoperatively on the ward by a consultant anaesthetist. It was reported that nursing staff do not allow patients to leave the ward until seen by the anaesthetist. In addition, patients identified as high risk are seen in advance of their day of surgery and assessed by a consultant anaesthetist.

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

STATUS: Met

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

Patients who are deemed to be high risk by the consultant surgeon are assessed in advance of their day of surgery by a consultant anaesthetist. In addition, all patients are assessed on the ward on the day of their operation by a consultant anaesthetist.

However, it was reported that the time available for this ward assessment, for day case patients and same day admission patients, was restricted and that it would be beneficial to admit patients earlier to ensure that the preoperative assessment could take place.

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

STATUS: Not met

Nurse-led preoperative screening takes place. All NHS patients undergoing hip replacement surgery are preoperatively screened by nursing staff. Otherwise, it was reported that preoperative screening takes place on an individual patient basis if the consultant surgeon considers the patient to be high risk. The review team noted that there was no clear definition of high risk.

There is documentation to record this assessment, but no protocols to guide ordering of preoperative testing or when the consultant anaesthetist should be contacted.

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

STATUS: Not applicable

There are no dedicated preoperative anaesthetic assessment clinics held at Albyn Hospital.

Desirable Criteria

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

STATUS: Met

The review team commended the personalised practice of always ensuring the patient is seen, identified and consent obtained by a consultant anaesthetist and consultant surgeon on the ward prior to any 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: Not met

Some patients bring their medication or prescription with them on admission and for others there may be documentation from their GP. The review team noted that there appears to be no consistent approach to obtaining this information. Consideration could be given to standardising this process.

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.

BMI Albyn 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: Not met

There is no locally agreed protocol for preoperative fasting in use in Albyn Hospital. Patients receive standard fasting instructions in their operation appointment letter which may be sent by the surgeon's secretary or the Albyn Hospital booking office. These instructions do not take into account the scheduled time of their operation, nor the fact that this time could be brought forward in some cases.

For paediatric patients, there is a clearer process to ensure that fasting instructions can be tailored to comply with the American Society of Anesthesiologists' Practice Guideline for Preoperative Fasting.

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

STATUS: Not met

There is no locally agreed policy for advising patients about continuation of regular drug therapy. Staff reported that this is on an individual ad hoc basis, with patients following consultant advice, and that there is inconsistency of advice between consultants. It was reported that this issue had been discussed at the medical advisory committee.

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.

BMI Albyn 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 nurses check the anaesthetic equipment daily before use according to the Checklist for Anaesthetic Apparatus recommendations of the Association of Anaesthetists of Great Britain and Ireland (AAGBI). Proforma charts are available in each theatre for documentation of this daily check. These charts are held in a single folder in each theatre.

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

STATUS: Met

All anaesthetic machines are checked according to the guidelines attached to the machines in the anaesthetic rooms. This check is made by the anaesthesia nurses who stick the servicing labels in a theatre diary.

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

STATUS: Met

The review team confirmed that all anaesthetic machines at Albyn Hospital have mechanisms 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 anaesthetist confirms the identity of the patient and the consent to anaesthesia and surgery while the patient is still on the ward. Further identification and consent checks take place in the anaesthetic room prior to anaesthesia and are documented.

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

STATUS: Met

There is a system in place to allow the presence of parents at induction of anaesthesia in the anaesthetic room. Parents would be accompanied by a paediatric ward nurse. Paediatric cases are scheduled on specific days and staff qualified in paediatrics are in attendance, though cannot always be available in the recovery area. The review team commended the planning undertaken for paediatric patients.

Standard 3.2: Intraoperative Care

Standard Statement

Perioperative Monitoring: All patients are monitored appropriately during anaesthesia.

BMI Albyn Hospital

Essential Criteria

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

STATUS: Not met

Consultant anaesthetists are planned to be present continuously during anaesthesia at Albyn Hospital. However, staff reported that on very rare occasions, when another anaesthetist is not able to cover a short comfort break, an anaesthetic assistant will monitor the patient.

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

The review team confirmed that there is patient monitoring equipment present to permit monitoring during induction and maintenance of anaesthesia to the level described by the RCA and AAGBI.

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

STATUS: Met

Capnographs are available in all locations where anaesthesia is provided in Albyn Hospital.

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

STATUS: Met

A capnograph is used when tracheal intubation is performed in Albyn Hospital.

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.

BMI Albyn Hospital

Essential Criteria

3.3.1: Preoperative assessment routinely includes assessment of the airway.

STATUS: Met

Preoperative assessment by the anaesthetist routinely includes assessment of the airway. It was noted, however, that there is not a dedicated space on the anaesthetic record to record this, and that documentation of this assessment may not be consistently undertaken by the various consultants.

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

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.

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 a portable storage unit with equipment for advanced difficult airway management in the main theatre corridor.

Standard 3.4: Intraoperative Care

Standard Statement

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

BMI Albyn 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

Current anaesthesia guidelines, life support algorithms, and guidelines for uncommon conditions are readily available to all staff in a single folder in each anaesthetic room.

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

STATUS: Met

The drugs and equipment required to follow the anaesthesia guidelines and action plans are available in the anaesthetic rooms and checked daily. Records of the checks are held in the anaesthesia folders. The review team commended the comprehensive format of the guidelines and record folders available.

Desirable Criterion

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

STATUS: Not met

There is no ongoing training for the relevant members of the anaesthetic team on the management of anaesthetic emergencies and no multidisciplinary team scenario training on the management of such emergencies. There is organised resuscitation training for all nursing staff on an annual basis, which is delivered by a trainer from BMI Ross Hall Hospital.

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.

BMI Albyn 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: Not met

There is a local transfusion protocol which is largely in keeping with Scottish Intercollegiate Guidelines Network (SIGN) Guideline 54: Perioperative Blood Transfusion for Elective Surgery. However, the protocol does not define transfusion thresholds. The review team was unable to determine whether consistent thresholds are used, and staff reported that this is determined by individual practitioner preference. Consideration could be given by Albyn Hospital to develop transfusion thresholds in keeping with SIGN guideline recommendations.

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 local protocol which 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. The review team found this to be robust good practice, with prompts available in relevant areas regarding patient identification checks.

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

STATUS: Met

There is a local protocol to guide the management of massive blood loss and all staff interviewed were fully aware of the protocol and the location of relevant blood units. Staff reported a good working relationship with the Aberdeen and North East Scotland Blood Transfusion Centre.

Desirable Criterion

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

STATUS: Not met

Individual consultant surgeons were reported as ordering blood units on an individual patient basis. There is a monthly report prepared on blood usage by specialty which is reviewed by a multidisciplinary blood transfusion committee every 3 months. However, there has been no specific audit of perioperative blood transfusion and transfusion thresholds used.

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.

BMI Albyn 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: Not met

There is no agreed single local protocol for deep vein thrombosis prophylaxis in keeping with the SIGN Guideline 62: Prophylaxis of Venous Thromboembolism. Practice is determined by individual consultant surgeon and can also vary within surgical specialty. Not all staff are aware of SIGN Guideline 62. Consideration could be given to standardising the implementation of recommendations contained within SIGN guidelines

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: Not met

The review team noted that the majority of patients are admitted on the day of their operation and that epidural anaesthesia is not available within Albyn Hospital. It was also noted that the local protocols for deep vein thrombosis prophylaxis do not include a specified time for anticoagulant administration.

Standard 3.7: Intraoperative Care

Standard Statement

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

BMI Albyn Hospital

Essential Criteria

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

STATUS: Met

The review team confirmed that appropriate equipment is available to minimise heat loss and provide active warming of the patient. This includes fluid warmers, heated blankets and forced air warming devices in each of the theatres and the recovery room.

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

STATUS: Met

All patients routinely have their temperature taken 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

There is no audit of deep body temperature on arrival in the recovery room. Staff noted that this could be conducted if there was a computer point in the recovery room to assist with local data entry.

Standard 4.1: Postoperative Care

Standard Statement

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

BMI Albyn Hospital

Essential Criteria

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

STATUS: Met

There are two theatres in regular use for surgery which are always staffed with one recovery nurse per theatre and another recovery nurse on-call out-of-hours. Patients then transfer to a three-bedded recovery area.

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 at Albyn Hospital are cared for on a one-to-one basis by qualified and trained recovery staff until fully conscious and able to maintain a clear airway. This care is provided on a 24-hour basis as needed.

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

STATUS: Met

The review team commended the level of documentation of recovery competencies for nursing staff. The NHS Grampian recovery and anaesthetic competencies for registered nurses are used in Albyn Hospital and training is in line with these.

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

Each 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: Met

Paediatric sessions are organised at times when the paediatric staff can be scheduled together. The recovery area for children would be screened off from the area in use by adults. Staff reported that paediatric patients are cared for on a two-to-one basis in recovery.

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 met

There is no system in place to allow parents to be present immediately after their child's recovery from anaesthesia.

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

STATUS: Not met

There are no local protocols for the management of pain, and postoperative nausea and vomiting. Prescription is determined by individual consultant anaesthetist preferences.

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

STATUS: Met

There is an agreed protocol describing the discharge criteria clearly displayed on the wall of the recovery room. The discharge criteria are applied consistently throughout the 24-hour period.

Standard 4.2: Postoperative Care

Standard Statement

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

BMI Albyn 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

All patients have their pain assessed, recorded and treated. At the time of the review visit, different pain assessment scales were in use on admission, in recovery and during patient controlled analgesia. Staff reported that this will be standardised when a newly drafted observation chart is introduced in the near future.

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

STATUS: Not met

There are no local guidelines on drug therapy of acute pain in adults. Each individual consultant prescribes on an individual patient basis. If nursing staff have any concerns about a patient's pain management, they would initially discuss this with the resident medical officer and contact the consultant anaesthetist if appropriate.

A structured analgesic ladder, detailing standard procedures for management of pain and pain medication in children, is available.

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

STATUS: Not met

There is no routine sedation scoring apart from during patient controlled analgesia. A new observation chart, which includes sedation scoring, has been drafted for use for all patients.

Desirable Criterion

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

STATUS: Not met

The vital signs chart in use at the time of the review visit did not include a section to record the pain score. A draft vital sign chart, which is yet to be piloted, includes a section for recording pain scores.

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.

BMI Albyn Hospital

Essential Criteria

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

STATUS: Not met

Staff reported that nurses assess patients for postoperative nausea and vomiting in the recovery room; however, this is not formally recorded or scored. The assessment does not take place again on return to the ward. It was noted that when the new observation chart is introduced, this will prompt this reassessment.

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

STATUS: Not met

There is no local agreed protocol for the prompt management of postoperative nausea and vomiting. Practice is determined by individual consultant practitioner preference; however, it was noted that almost all patients are routinely prescribed antiemetics by the consultant anaesthetist prior to the patient leaving theatre. Staff reported that, if they were at all concerned about a patient, they would not hesitate to contact the patient's consultant anaesthetist at any time.

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).

BMI Albyn 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

As high dependency beds are not available within Albyn Hospital, all patients scheduled to be treated are assessed preoperatively to ensure appropriate care will be available within the hospital. Staff reported that individual consultant surgeons would not accept patients who are likely to require high dependency care, but do notify the nurses in advance of any patients likely to require special one-to-one nursing care on the ward with the relevant monitoring.

There are no high dependency trained nurses; however, staff reported that their skills are maintained in order to be able to identify patients who might require transfer. Clear escalation policies are in place to ensure that the consultant anaesthetist would be promptly contacted should transfer to the high dependency unit at Aberdeen Royal Infirmary be indicated. The review team encouraged Albyn Hospital to consider the introduction of early warning system indicators to assist with recognition of patients requiring transfer to a high dependency unit and suggested this could be incorporated into the new observation chart.

Appendix 1 – Glossary of abbreviations

Abbreviation

AAGBI	Association of Anaesthetists of Great Britain and Ireland
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
GP	general practitioner
HDU	high dependency unit
NHS QIS	NHS Quality Improvement Scotland
ODP	operating department practitioner
RCA	Royal College of Anaesthetists
SIGN	Scottish Intercollegiate Guidelines Network
SMSAC	Scottish Medical and Scientific Advisory Committee
SVQ	Scottish Vocational Qualification

Appendix 2 – Details of review visit

The review visit to Albyn Hospital was conducted on 14 September 2006.

Review team members

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Dr Avril MacLennan

Project Officer

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Senior Project Officer

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

Organisation reviewed	Visit date(s)
Abbey Carrick Glen Hospital, Ayr	11 January 2007
Abbey Kings Park Hospital, Stirling	22 November 2006
BMI Albyn Hospital, Aberdeen	14 September 2006
BMI Fernbrae Hospital, Dundee	18 October 2006
BUPA Murrayfield Hospital, Edinburgh	14 February 2007
Glasgow Nuffield Hospital	22 March 2007
Stracathro Hospital	week commencing 23 April 2007

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