

BMI Fernbrae Hospital, Dundee

Local Report ~ *February 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 **BMI Fernbrae Hospital, Dundee**. This review visit took place on **19 October 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.

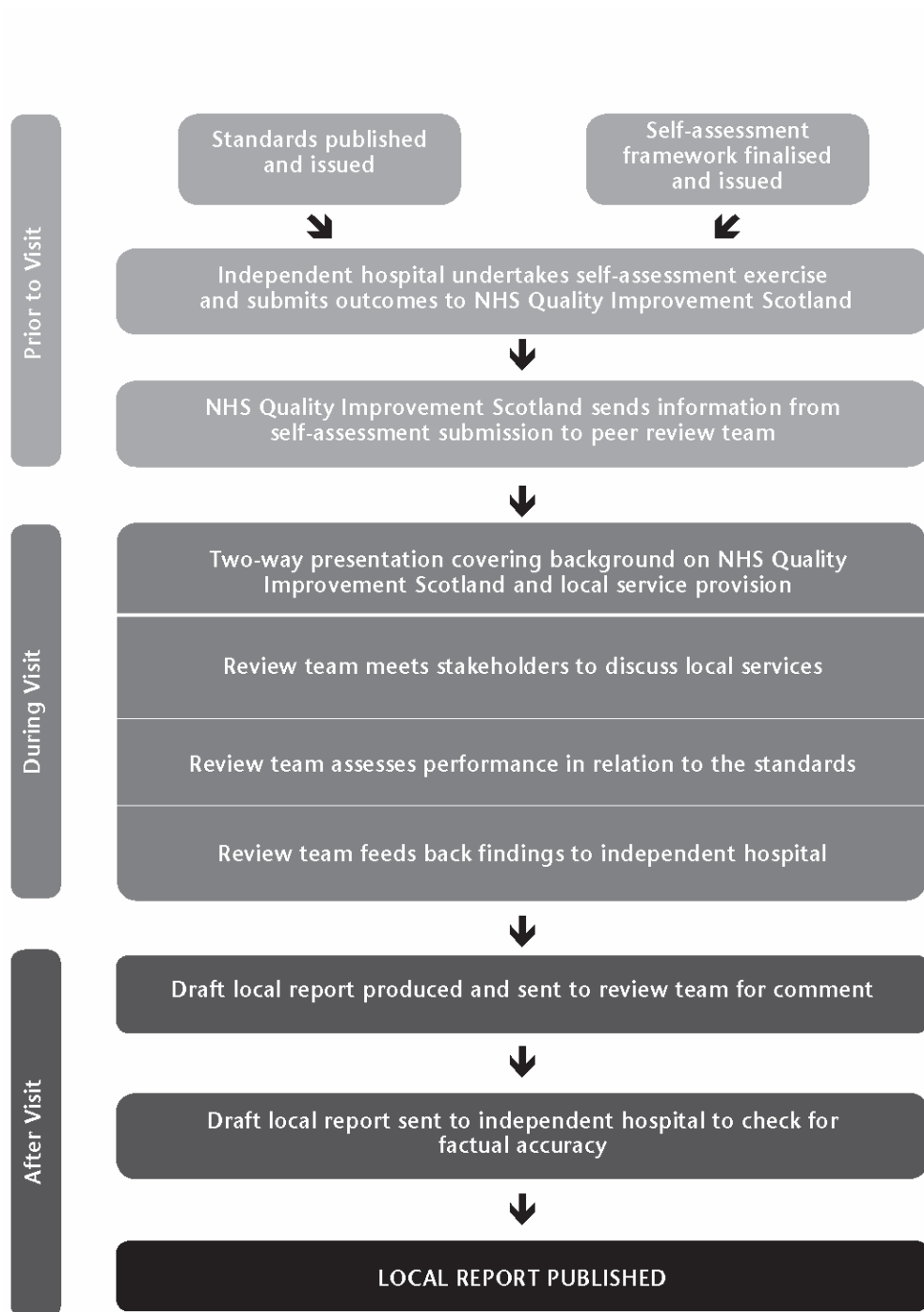
A final category '**not applicable**' is used where a standard and/or criterion does not apply to the hospital under review.

### **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

Fernbrae Hospital, Dundee, is part of BMI Healthcare, one of Britain's providers of independent healthcare, and has a catchment area of the east of Scotland. There are eight independent hospitals in Scotland, three of which come under BMI Healthcare. There are 16 beds in Fernbrae Hospital, one of which is a high-dependency bed. There is also a general theatre, one anaesthetic room and a recovery area.

Anaesthesia services are provided by 18 consultant anaesthetists who work on a named patient basis supported by permanent anaesthesia assistants and recovery, theatre and ward staff. Twenty-four hour medical cover is provided by resident medical officers who, at the time of the review visit, were being recruited on a rotational basis from an agency.

During 2005, a total of 1,678 patients were anaesthetised at Fernbrae Hospital.

Approximately 35% of anaesthesia services provided by Fernbrae Hospital in 2005 were under contract to NHS boards which included NHS Tayside, NHS Grampian, NHS Fife and NHS Borders.

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 Fernbrae Hospital, who, once granted practising privileges by the executive director, can provide patient care on an individual patient basis within Fernbrae Hospital. The consultant anaesthetists working at Fernbrae Hospital are all employed by NHS Tayside (and are principally working within Ninewells Hospital, Dundee).

There is a comprehensive induction programme for all new staff joining Fernbrae Hospital as well as an informal 'shadowing' system in place for consultant anaesthesia staff joining the Fernbrae Hospital anaesthesia team. Consultant staff are required to maintain and provide documentation of their professional development at the NHSScotland hospital where they are employed. Nursing staff receive support from Fernbrae Hospital for their individual continuing professional development. Consideration should be given to the sign-off of induction and training documentation for consultant staff.

A clinical audit programme is followed at Fernbrae Hospital. Due to the elective nature of the surgery conducted, audit activity can be planned ahead for quiet times. Audit data and clinical incident data are reviewed by multidisciplinary groups within Fernbrae Hospital and evidence of practice improvements as a result of audit activity was noted by the review team.

All staff providing anaesthetic assistance are trained to the level required by the NHS QIS standards and a dedicated anaesthetic assistant is present for all procedures requiring the presence of an anaesthetist.

A multidisciplinary acute pain service is not available within Fernbrae Hospital, although the review team noted that a comprehensive pain control service is provided. Consideration could be given to standardising pain control guidelines, particularly for the guidance of new staff.

### **Preoperative care**

At the time of the review visit, patient information leaflets on pain management and anaesthesia had been recently introduced. Staff reported that feedback on the anaesthesia service and the content of these new leaflets would be determined once 100 leaflets had been distributed. These leaflets were being distributed to patients attending a preoperative assessment clinic, although only those patients who were booked for specific types of operation were scheduled for nurse-led preoperative screening. Consideration could be given to offering all patients attendance at a preoperative screening clinic. All patients are assessed by a consultant anaesthetist preoperatively.

Prior to undergoing a procedure that includes anaesthesia, all patients are required to complete a pre-admission questionnaire, which includes a section for the patient to provide a written record of their current medication. In addition, patients are requested to bring their medication with them when they are admitted to hospital in order for these details to be checked. GPs whose practices have computerised systems will also send a referral letter detailing the patient's past medical history and current medications.

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

Fernbrae Hospital advises all patients of specific fasting instructions which take account of the time of the scheduled operation session. Patients are advised that they should continue to drink clear fluids right up until the time that is indicated. Encouraging fluid intake (rather than prohibiting intake) was noted as good practice.

### **Intraoperative care**

Appropriate anaesthetic equipment is available in Fernbrae Hospital. It is checked before use and after regular servicing, and records are kept of these checks. Capnographs are available in the theatre and anaesthetic room, and a portable unit with equipment for advanced difficult airway management is in the theatre suite.

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

A modified version of the existing anaesthesia record has been presented to the medical advisory committee and, at the time of the review visit, was awaiting approval. It was noted that the modified version includes specific check boxes for recording consent and preoperative assessment of the airway.

Guidelines for dealing with anaesthetic emergencies are readily available with appropriate drugs and equipment. There is, however, no emergency scenario team training, though staff informed the review team that there is a formal process for reviewing any adverse incident.

There is a local transfusion protocol which includes transfusion thresholds, and the review team noted the close working relationship between Fernbrae Hospital and the East of Scotland Blood Transfusion Service which is based at Ninewells Hospital. Consideration should be given to finalising the protocol for management of massive blood loss which was available in draft form.

### **Postoperative care**

All patients are cared for in the recovery area on a one-to-one basis by qualified and trained staff until fully conscious and able to maintain a clear airway. The recovery area is equipped with patient monitoring and all patients are monitored in line with the relevant guidelines, which include sedation scoring.

Local protocols are followed for the management of pain and postoperative nausea and vomiting. Consideration could be given to the standardisation of pain scoring scales. Staff reported that the introduction of patient care pathways and a unified observation chart would assist with the continuity of patients' analgesia care and the documentation of the assessments during the postoperative period.

## 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 Fernbrae 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 Fernbrae Hospital there is a comprehensive, formal, documented induction programme for all new nursing staff which includes a list of basic theatre and recovery competencies. During induction, each new member of staff is assigned a mentor. There is also a formal, documented induction programme for resident medical officers and agency medical staff who work on a regular rota basis.

The induction process for consultant anaesthetic staff is well established, although there is no formal documentation to demonstrate that it has taken place. New consultant anaesthetic staff are shown around the hospital on an individual basis and shadow another consultant anaesthetist for a full day prior to applying for practising privileges. When practising privileges are granted, the consultant anaesthetist will spend another full day working with their designated 'buddy' to familiarise themselves with the Fernbrae Hospital protocols and equipment. Consideration should be given to the sign-off of induction and training documentation for consultant staff.

## Standard 1.2: Organisation of Anaesthesia Services

### Standard Statement

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

### BMI Fernbrae Hospital

#### Essential Criteria

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

#### STATUS: Not met

A clinical audit programme is being followed, which is overseen by senior nursing staff. Audit is planned ahead for quiet times when the theatre is not in use. Staff reported that it has historically not been necessary to dedicate time for audit for nursing staff at Fernbrae Hospital as there is adequate time due to the elective nature of the surgery conducted there.

Results from the clinical audits are presented to a multidisciplinary clinical audit group which meets quarterly. Summaries of the audits are prepared for the clinical governance and medical advisory committees which also meet quarterly.

All consultant anaesthetists who work at Fernbrae 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 Fernbrae Hospital and practising privileges are reviewed every 2 years.

Continuing education for nursing staff is organised by the Fernbrae Hospital training co-ordinator on an individual basis and all sessions attended are documented in a BMI personnel training database. Staff reported that it had been recognised that training needs are not formally documented and this will be addressed by the training co-ordinator who is currently a senior staff nurse.

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

#### STATUS: Met

Morbidity and mortality reviews are a standing item on Fernbrae Hospital's medical advisory committee agenda.

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

**STATUS: Met**

Staff document all critical incidents at Fernbrae Hospital on an incident reporting (IR1) form. The data recorded are then entered into the Sentinel computer database which is used to produce reports for review by the medical advisory committee, the clinical governance committee and the health and safety committee. The committees identify trends from these reports which are published in a quarterly newsletter for consultants; this then informs quality improvements within Fernbrae Hospital. The review team noted this system as an example of good practice within Fernbrae Hospital.

Staff receive individual feedback, where appropriate, and are informed of changes to protocol via regular staff meetings.

**Desirable Criteria**

*1.2.4: There is systematic multidisciplinary audit.*

**STATUS: Met**

Each month, 10 sets of patient notes are audited for completeness and the results of the audit are reviewed by the multidisciplinary clinical audit group.

During 2005 there was an audit of patients' postoperative pain which resulted in a positive change of practice; nursing staff were trained to provide intravenous drug administration.

*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 patient feedback questionnaire that is used to collate patients' attitudes and comments about their care at Fernbrae Hospital. However, the survey does not contain specific questions about the anaesthetic service.

Staff reported that they recognised there was no specific patient feedback on the anaesthesia service. Another local patient feedback questionnaire will be introduced after at least 100 of Fernbrae Hospital's new patient information leaflets on pain management have been issued.

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

The patient's consultant anaesthetist is named on the patient's notes. A record of 24-hour contact details for all consultant anaesthetists is held on the ward, and staff are aware of nominated deputies. Staff reported that this mechanism works well in practice.

## 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 Fernbrae 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

All nurses and the operating department practitioner assisting the anaesthetists are trained to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice.

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

#### STATUS: Met

There is a rota in use at Fernbrae Hospital which ensures that 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.*

### BMI Fernbrae 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 in use at Fernbrae Hospital provides space to record the data listed in the minimum data set.

The review team noted that the anaesthetic record had recently been modified to include various check box prompts and that the new version was awaiting approval by the medical advisory committee. The review team encouraged Fernbrae Hospital staff to implement a revised record including specific prompts.

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

#### STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Fernbrae 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 techniques to be used and the material risks associated with the procedure are discussed with the patient. The discussion is recorded as free text on the anaesthetic record. The review team noted that the proposed new anaesthetic record includes a specific section for recording the anaesthetic plan and techniques discussed.

## 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 Fernbrae 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

Fernbrae Hospital only admits patients for elective surgery and there is, therefore, no requirement for a separate dedicated theatre to cater for emergency and urgent workload, as such cases are rare. For patients requiring to return to theatre, the elective list would be rescheduled to free up the booked theatre. An out-of-hours team is always on call.

## 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 Fernbrae 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 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. Only one staff nurse and one anaesthetic assistant are allowed to be on leave at any one time.

Consultant anaesthetists only arrange for theatre sessions when they know they are going to be available and each consultant anaesthetist nominates a deputy to cover for any unplanned absence. These details are recorded in the ward contact file.

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

#### STATUS: Not applicable

In Fernbrae 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 Fernbrae Hospital.

## Standard 1.8: Organisation of Anaesthesia Services

### Standard Statement

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

### BMI Fernbrae Hospital

#### Essential Criterion

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

#### STATUS: Met

Fernbrae Hospital has a policy to ensure that regular maintenance of anaesthetic and monitoring equipment takes place according to each manufacturer's recommendations and those of the Association of Anaesthetists of Great Britain and Ireland (AAGBI). The policy takes into account the maintenance of spare equipment to cover for unexpected breakdowns.

#### Desirable Criterion

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

#### STATUS: Not met

Equipment replacement is determined by need, rather than being a planned process which takes into account the equipment lifespan. It was reported that the lifespan may be longer than the manufacturer's guidance as the activity levels are lower than in an NHS setting.

Capital requirements are assessed by the executive director, finance manager, hospital engineer and theatre manager who discuss the expected equipment needs over the following 3-year period. Capital expenditure would be agreed centrally at BMI corporate level.

Staff reported that it is planned to introduce an equipment replacement programme that defines the equipment lifespan and disposal procedures. This plan will be drawn up by a consultant anaesthetist member of the medical advisory committee, in collaboration with the theatre sister and engineering department.

## 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 Fernbrae 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 anaesthetic equipment for anaesthetic nursing staff and agency medical staff. However, there is no formal and documented instruction on the use of such equipment for consultant anaesthetists. It is the responsibility of individual consultants to ensure familiarity with the equipment, or to request training for any equipment with which they are not familiar.

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

#### STATUS: Met

Instruction manuals for equipment are held centrally and readily accessible to all staff 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.*

#### BMI Fernbrae 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.

The review team noted that, for a hospital of its size, a comprehensive pain control service was provided at Fernbrae Hospital. A pain control link nurse has recently been appointed and is actively involved in liaising with other acute pain control staff within BMI hospitals.

*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. The consultants aim to be consistent in terms of prescribing pain control and this consistency can be achieved as the number of consultants involved is relatively small. Nursing staff are aware of the well-structured pain control guidelines for arthroplasties. Consideration could be given to documenting all pain control guidelines in a similar manner so agreed methodology is immediately available for the guidance of new medical staff.

*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.

Only those patients who attend a preoperative clinic at Fernbrae Hospital receive a locally prepared pain management leaflet which has been recently introduced. Staff agreed with the review team's suggestion to give this leaflet to all patients in future.

Consultant anaesthetists receive pain control training from their employing NHS Scotland hospital. Nursing and other medical staff receive specific study sessions which will, in future, be led by the newly appointed pain control nurse.

*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.

However, it was noted that the consultant anaesthetists are responsible for the pain management of their individual patients. Staff reported that they would not hesitate to contact the relevant consultant anaesthetist on a 24-hour basis and always knew the contact details of the consultant's nominated deputy. In addition, there is a resident medical officer on site who is available to write emergency prescriptions, and deal with emergencies until the arrival of a consultant anaesthetist. The theatre nurses are trained to deliver intravenous therapy and there is also a plan to train all ward staff to deliver intravenous therapy.

**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 Fernbrae Hospital.

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

**STATUS: Met**

An audit of analgesic therapy in use in the recovery area has been conducted. The audit identified scope for an improvement in the timing of the delivery of intravenous drugs within the theatre and the recovery areas. Nurses have now been trained to administer intravenous drugs, and the audit will be repeated for patients in the theatre.

## 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 Fernbrae 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

Specific information leaflets on anaesthesia and postoperative pain relief have been developed and, at the time of the review visit, had been in use in Fernbrae Hospital for 6 weeks. Only those patients who attend a preoperative clinic at Fernbrae Hospital receive these specific information leaflets. Attendance at a preoperative clinic is at the discretion of the individual consultant surgeon.

Staff reported that, if required, a translation service was readily available and a translator could be requested to attend a preoperative assessment clinic.

The review team encouraged staff to consider giving the leaflets to all patients preoperatively.

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

#### STATUS: Met

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

There is no emergency surgery undertaken at Fernbrae Hospital.

#### Desirable Criterion

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

#### STATUS: Not met

Staff reported that 100 new patient information leaflets are to be distributed to patients. Once this has been done, it is planned to audit patients' satisfaction with the information provided in these new information leaflets.

## 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 Fernbrae 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: Met

The anaesthetic techniques to be used and material risks associated with the procedure are discussed with the patient and documented on the anaesthetic record. This discussion generally takes place on the day of the operation, before the patient attends theatre.

The review team noted that the anaesthetic record had recently been modified to include various check box prompts and a specific area to record the techniques discussed. This record had yet to be approved by the medical advisory committee.

*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

Staff reported that they were aware of the Adults with Incapacity (Scotland) Act 2000 and knew where to find the relevant consent forms in theatre and on the ward.

#### 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 undertaken across Fernbrae Hospital of documentation in the anaesthetic record of anaesthetic techniques and material risks which have been discussed with the patient. The type of anaesthesia required is recorded by the consultant surgeon on the patient consent form. This consent form also states that the patient will have an opportunity to discuss the details of anaesthesia with an anaesthetist prior to the procedure. The presence of the signed consent form is audited in a sample of records each month.

## 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 Fernbrae Hospital

#### Essential Criteria

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

#### STATUS: Met

All patients at Fernbrae Hospital are assessed on the ward immediately prior to their operation by a consultant anaesthetist.

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

#### STATUS: Met

Patients are generally asked to arrive at the hospital about 2 hours before the time of their scheduled operation. This allows the consultant anaesthetist to assess each patient prior to their operation. The consultant anaesthetist may have to leave the theatre between patients during a surgical session in order to conduct the preoperative assessment. If time does not allow for the consultant anaesthetist to leave the theatre, they may review patient notes in theatre, prior to the preoperative anaesthetic assessment on the ward.

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

#### STATUS: Not met

All patients are sent a pre-admission questionnaire which includes details of medical history and current medication. Patients are requested to return the questionnaire to the hospital before their admission, unless they are booked for admission at short notice, when they may bring the questionnaire with them on the day of their admission.

Some patient groups, having defined types of major surgery, are requested to attend a nurse-led preoperative screening clinic 7 days before their scheduled surgery. For these groups, this questionnaire is reviewed by the nurses and resident medical officer when patients attend the preoperative screening clinic. If appropriate, the staff would seek the opinion of the consultant anaesthetist on duty on the day.

Questionnaires returned by patients outwith these groups are reviewed by nurses and the resident medical officer, and patients are only invited to attend a preoperative screening clinic if deemed appropriate. It was reported that there is no consistent approach to determining which patients are required to attend a preoperative screening clinic, and that this was at the discretion of each consultant surgeon.

If patients fail to return or fully complete their questionnaire in advance of their admission, it was reported that there is a risk of cancellation of an operation due to late disclosure of an unrelated medical condition.

It was noted that, where preoperative screening does take place, there is no local protocol to guide the process. Although staff reported that they tend to follow the guidelines of the National Institute for Health and Clinical Excellence (NICE) for routine preoperative tests for elective surgery, the review team found no evidence of consistent use of these guidelines to assist preoperative screening.

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

**STATUS: Not applicable**

There is no dedicated preoperative anaesthetic assessment clinic in Fernbrae Hospital.

Where a patient attends a preoperative screening clinic, any potential problems will be highlighted for the consultant anaesthetist prior to surgery. Specific preoperative assessment by a consultant anaesthetist may be arranged on an outpatient basis at the request of a patient's consultant surgeon.

**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 for the anaesthetist who is to give the anaesthetic to visit the patient in their room before an 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**

Prior to undergoing a procedure that includes anaesthesia, all patients are required to complete a pre-admission questionnaire, which includes a section for the patient to provide a written record of their current medication.

The details provided in the pre-admission questionnaire are checked by medical and nursing staff on the patient's admission to hospital, when patients are asked to bring their medication with them. The patient's medication is recorded in the medical record. In the case of uncertainty as to a patient's medication, the patient's GP is contacted by telephone.

GPs whose practices have computerised systems will also send a referral letter with the patient's past medical history and current medications.

## 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 Fernbrae 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

Preoperative fasting guidelines, based on the American Society of Anesthesiologists' Practice Guideline for Preoperative Fasting, are in use in Fernbrae Hospital. These provide information for patients undergoing elective surgery on either a morning or afternoon theatre list.

The review team acknowledged the good practice of encouraging patients to drink clear fluids right up until the time indicated for their last fluid intake.

*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 a policy for discontinuation of warfarin and aspirin. However, there is no locally agreed policy which takes into account the need for continuation of regular drug therapy other than for patients with diabetes. Patients are advised to bring their regular medication with them but do not receive specific instructions in advance as to whether to take it on the day of the operation. Admission staff will check with the consultant anaesthetist if they are in doubt about whether the patient should continue with their regular medication.

Consideration should be given to standardising instructions for patients concerning the continuation of their regular medication.

## 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 Fernbrae 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

A checklist, which complies with the recommendations of the AAGBI, is attached to each anaesthetic machine along with a diary for recording daily checks. The daily check is done by the operating department practitioner or anaesthetic nurse and the anaesthetist.

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

#### STATUS: Met

All anaesthetic machines are checked by the first-time user following servicing, and the servicing labels are stuck into the diary which is attached to each machine.

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

#### STATUS: Met

All anaesthetic machines in Fernbrae Hospital have a mechanical link hypoxic guard on the flowmeters 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 visits the patient prior to their operation and confirms their identity and consent to anaesthesia and surgery. An anaesthetic assistant also checks that the patient is wearing a wristband with the correct identifying information prior to them leaving the ward on their way to theatre. An identity checklist is signed by the

anaesthetic assistant and rechecked and signed by the consultant anaesthetist. The consent check is recorded on the anaesthetic record.

It was noted that the new version of the anaesthesia record includes a check box for consent.

*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**

No paediatric surgery is carried out at Fernbrae Hospital, therefore, this criterion is not applicable.

## Standard 3.2: Intraoperative Care

### Standard Statement

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

### BMI Fernbrae Hospital

#### Essential Criteria

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

#### STATUS: Not met

A single consultant anaesthetist is planned to be present continuously during anaesthesia at Fernbrae Hospital. However, staff reported that on very rare occasions, and only when there was clearly no risk to the patient, a consultant anaesthetist might require to take a short comfort break.

*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 Royal College of Anaesthetists (RCA) and AAGBI. The review team confirmed the presence of the relevant monitoring equipment in the theatre.

*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.

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

#### STATUS: Met

A capnograph is used when tracheal intubation is performed in Fernbrae 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 Fernbrae Hospital

#### Essential Criteria

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

#### STATUS: Met

Preoperative assessment routinely includes assessment of the airway. This is documented on the anaesthetic record, though it was noted that there is no designated space on the record to document this information. The revised record does include such a space.

*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 capnographs, is available in the theatre and in the anaesthetic room, 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

A trolley with equipment for advanced difficult airway management is located next to the anaesthetic room.

## Standard 3.4: Intraoperative Care

### Standard Statement

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

### BMI Fernbrae 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

Guidelines for adverse reactions and uncommon conditions are attached to the back of each anaesthetic machine and included in the information folders held in the anaesthetic and recovery rooms.

*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 these guidelines are available within the theatre suite and are checked daily.

#### Desirable Criterion

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

#### STATUS: Not met

At the time of the review visit, no team training had been undertaken for preparation for anaesthetic emergencies within Fernbrae Hospital. All relevant staff are trained in immediate life support. In addition, the duty resident medical officer is trained in advanced life support. Consultant staff undertake training as part of their continuous professional development at their employing NHSScotland hospital.

The review team was informed of a recent anaesthetic emergency which had occurred at Fernbrae Hospital and been followed by a formal documented multidisciplinary debriefing. This incident was dealt with appropriately and had identified some areas for quality improvement which have been addressed. Consideration should be given to emergency scenario training for the anaesthesia team within Fernbrae 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 Fernbrae 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

There is a local transfusion protocol, including transfusion thresholds, in keeping with the Scottish Intercollegiate Guidelines Network (SIGN) Guideline 54: Perioperative Blood Transfusion for Elective Surgery. This protocol is displayed in the anaesthetic room and available in the information folder.

*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

Fernbrae Hospital follows the NHS Tayside and East of Scotland Blood Transfusion Service policy for the use of blood and blood components. This policy ensures that blood and blood products are checked by two people prior to administration.

The review team noted the close working relationship between Fernbrae Hospital and the Blood Transfusion Service based at Ninewells Hospital, Dundee.

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

#### STATUS: Not met

At the time of the review visit, a local protocol for the management of massive transfusion/blood loss was only available in draft form. Consideration should be given to finalising this protocol.

## **Desirable Criterion**

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

### **STATUS: Not met**

Audit of perioperative blood transfusion has been done to determine whether the stock of blood routinely ordered is appropriate. However, there has been no specific audit undertaken of blood transfusion thresholds used at Fernbrae Hospital. The review team encouraged the hospital to consider a continuous audit programme of blood transfusion and 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 Fernbrae 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

There is a local protocol for thrombosis risk factor assessment and prophylaxis in the perioperative period which is in keeping with SIGN Guideline 62: Prophylaxis of Venous Thromboembolism.

*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

The local protocol for deep vein thrombosis prophylaxis allows for prescribing of anticoagulants at the discretion of the individual consultant surgeon/anaesthetist. Routinely, anticoagulants are not given preoperatively and are available for prescribing within the theatre. Epidural catheters are not used in Fernbrae Hospital. Consideration could be given to formalising this local protocol.

## Standard 3.7: Intraoperative Care

### Standard Statement

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

### BMI Fernbrae 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 was satisfied that appropriate equipment is available in the general theatre to minimise heat loss and provide active warming of the patient. This includes fluid warmers, a forced air warming device, blankets and the duvet from the patient's room.

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

#### STATUS: Met

Patient temperature is routinely recorded on arrival in the recovery room using a tympanic membrane thermometer. These data are recorded on the vital signs sheet. It was noted that the planned introduction of local patient care pathways will assist with recording of all relevant observations in one chart.

#### Desirable Criterion

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

#### STATUS: Not met

At the time of the review visit, audit of patient deep body temperature on arrival in the recovery room was ongoing.

## Standard 4.1: Postoperative Care

### Standard Statement

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

### BMI Fernbrae Hospital

#### Essential Criteria

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

#### STATUS: Met

Patients are moved to the postoperative recovery area on a trolley and this area is always staffed appropriately.

*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 within Fernbrae Hospital are cared for in the postoperative recovery area 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

Documentation of competencies for recovery area staff is maintained in a Fernbrae Hospital training database. Following the findings of an audit of pain control in the recovery area, there is an ongoing programme of training recovery staff to administer analgesic drugs intravenously.

*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 postoperative recovery area is equipped with patient monitoring to the level described by the RCA and AAGBI. Whilst a capnograph is not present in the recovery area, one is immediately available in the adjacent theatre.

*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**

No paediatric surgery is carried out at Fernbrae 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**

No paediatric surgery is carried out at Fernbrae 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**

Local protocols are followed in Fernbrae Hospital for the management of postoperative pain. A few months prior to the review visit, Fernbrae Hospital had adopted the NHS Tayside protocol for the management of postoperative nausea and vomiting.

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

**STATUS: Met**

There is a Fernbrae Hospital policy document describing discharge criteria from the recovery area which is clearly displayed in the recovery area. The policy is based on SIGN Guideline 77: Postoperative Management in Adults. Prior to discharge from the recovery area, a written anaesthetic care plan is prepared and recovery staff give the receiving nurse a verbal report on the patient.

The discharge criteria do not define parameters for specific vital signs and other observations. Staff reported that these will be included and documented in the patient care pathways which are intended to be introduced.

## Standard 4.2: Postoperative Care

### Standard Statement

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

### BMI Fernbrae 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 at regular intervals postoperatively. The pain scores are recorded and the pain treated. At the time of the review visit, a four-point scale was in use for those patients receiving patient controlled analgesia whereas a visual analogue scale (0–10) was in use for all other patients. Consideration could be given to standardising the scores and observation charts for all patients.

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

#### STATUS: Met

There are local guidelines in use in all areas of Fernbrae Hospital on drug therapy of acute pain.

The recovery nurse verbally checks with the consultant anaesthetist the analgesia to be administered for each patient. The anaesthetist also completes a patient controlled analgesia prescription in advance so that the resident medical officer can start analgesia promptly during the postoperative period, if required. Nursing staff reported that any concerns about a patient's drug therapy for acute pain would be raised with the resident medical officer in the first instance and there would be no hesitation to contact the consultant anaesthetist if necessary. The consultant anaesthetist is responsible for a patient's pain management for the first 24 hours following their operation.

At the time of the review visit, subcutaneous analgesia was not in use in Fernbrae Hospital and a protocol for intramuscular analgesia was being drafted.

It was noted that the introduction of patient care pathways would assist with handover of patients' analgesia care.

*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**

Patients receiving analgesia have a sedation score assigned at the same time as their pain is assessed. There is a column for recording the sedation score on the patient controlled analgesia chart and the pain assessment sheet.

**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 sheet does not include a record of pain score. The pain score is recorded separately on the patient controlled analgesia chart or pain assessment sheet.

It was noted that the introduction of patient care pathways, a unified observation chart and standardised pain scoring would assist with reducing the number of forms in use and the unnecessary duplication of data.

## 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 Fernbrae 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 at the same time intervals as pain is assessed. This is recorded on the pain assessment chart.

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

#### STATUS: Met

A few months prior to the review visit, Fernbrae Hospital had adopted the NHS Tayside protocol for the management of postoperative nausea and vomiting.

## 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 Fernbrae 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 met

At the time of the review visit, there had been no needs assessment undertaken, though a single-bedded room is set aside and equipped for high dependency care. The room can also accommodate a trolley if a second patient required this level of care, in which case a second monitor would be brought from theatre and the operating session stopped. It was noted that this would be a very rare occurrence.

Patients likely to require high dependency care are not generally booked to receive treatment at Fernbrae Hospital, so the room is rarely used for this purpose. Exceptionally, a consultant surgeon may advise staff in advance of a patient likely to require high dependency care and trained high dependency nursing staff are scheduled to be present.

The review team considered these high dependency facilities appropriate for the size and clinical activity of the 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>NHS QIS</b>	NHS Quality Improvement Scotland
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>ODP</b>	operating department practitioner
<b>RCA</b>	Royal College of Anaesthetists
<b>SIGN</b>	Scottish Intercollegiate Guidelines Network
<b>SVQ</b>	Scottish Vocational Qualification

## Appendix 2 – Details of review visit

The review visit to Fernbrae Hospital was conducted on 19 October 2006.

### Review team members

**Dr Colin Sinclair (Team Leader)**

Consultant Anaesthetist, NHS Lothian

**Dr Jane Burns**

Consultant Anaesthetist, NHS Lanarkshire

**Mr Bill Barclay**

Public Partner, Grampian

**Mrs Miriam Watts**

Theatre Manager, BUPA Murrayfield Hospital, Edinburgh

### NHS Quality Improvement Scotland Personnel

**Dr Avril MacLennan**

Project Officer

**Mrs Fiona Russell**

Senior Project Officer

During the visit, members of the review team met with consultant, nursing 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	week commencing 23 April 2007



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