

# **PDF6 – Blank Audit Proforma**

## APPENDIX 1 – BLANK AUDIT PROFORMA

### SUMMARY

Name of Hospital:

Trust Executive Director for Diagnostic Services:

Trust Diagnostic Reform Lead:

Trust Lead Consultant for Endoscopy:

Hospital Endoscopy Manager/ Endoscopy Contact:

Is this a stand-alone Endoscopy Unit?  Yes/No

If 'no', please describe who shares the facility and list staff:

ENDOSCOPY STAFF	NUMBER	USUAL LOCATION
Consultant Gastroenterologists		
Consultant Surgeons		
Nurse Endoscopists		
Medical Staff Grades		
Surgical Staff Grades		
GP with a Special Interest		
Trainee Surgical SpR		
Trainee Medical GI SpR		
Other (please specify)		
OTHER STAFF INVOLVED IN THE ENDOSCOPY SERVICE	NUMBER	USUAL LOCATION
Trained Nurses		
Nurse Auxiliaries		
Endoscope cleaning staff		
Admin and Clerical Staff		
Other Staff (please specify)		

## Endoscopy Services Capacity Report - Northern Ireland

### WORKFORCE

Please state the number and grades of all staff in post (including locums etc.) as at 15th October 2007:

ENDOSCOPY STAFF	NUMBER	TOTAL NUMBER OF ENDOSCOPY SESSIONS PER WEEK	NUMBER THAT HAVE ATTENDED AN 'ENDOSCOPY TRAIN THE TRAINERS COURSE'
Consultant Gastroenterologists			
Consultant Surgeons			
Nurse Endoscopists			
Medical Staff Grades			
Surgical Staff Grades			
GP with a Special Interest			
Trainee Surgical SpR			
Trainee Medical GI SpR			
Other (please specify)			

OTHER STAFF INVOLVED IN THE ENDOSCOPY SERVICE	FUNDED ESTABLISHMENT (WHOLE TIME EQUIVALENT)	NUMBER CURRENTLY IN POST (NUMBER OF PERSONNEL AND WHOLE TIME EQUIVALENT)
Trained Nurses		
Nurse Auxiliaries		
Endoscope cleaning staff		
Admin and Clerical Staff		
Other Staff (please specify)		

Does this represent your complete staffing?

Yes/No

If 'no', please record other staff:

continued...

Is there an intention to recruit to unfilled posts?

Yes/No

If 'yes' please provide details including timescales:

Would you anticipate some of your current staff attending endoscopy training if courses were available?

Yes/No

If 'yes', please specify how many and what grade:

Do you anticipate any barriers to staff attending training?

Yes/No

If 'yes', please comment:

**Training Lists**

Does your unit have lists set aside specifically for training?

Yes/No

If yes, please state how many per week:

Please state the length of each training list in hours and minutes:

Do trainees carry out endoscopy independently?

Yes/No

If yes, what tools for assessment are used to sign them off?

Please comment on what works well and any pressures or constraints on training lists:

**SERVICE AVAILABILITY**

**There are 3 parts to this section, please complete all :**

Part 1: Service Availability Monday - Friday 9am-5pm
Part 2: Service Availability Evenings and Weekends
Part 3: Information on use of slots

**PART 1: Service Availability Monday - Friday 9am-5pm**

**Instructions**

**▪ A new table should be completed for each endoscopy room in the endoscopy unit, day procedure unit or other location in the hospital. Please copy, paste and complete the blank table for each room used and ensure that the date on the table corresponds to the date for which you are recording data. Please record the number or name of the endoscopy room.**

- If the space for a session is left blank, we shall assume the room is available at this time.
- For each session please state what is scheduled to take place e.g. GI endoscopy, bronchoscopy, cytoscopy, minor ops etc.
- For each of the sessions which are allocated to GI endoscopy, please state the number of gastroscopies, colonoscopies, flexi sigmoidoscopies and ERCPs scheduled and whether they are therapeutic or diagnostic.
- For each session please indicate who provides the service, for example a doctor or nurse, their grade and speciality i.e. Dr A Consultant Gastroenterologist, Dr B Staff Grade, General Surgery, Nurse C Endoscopist
- Please state the start time, finish time and total time for each session in hours and minutes.
- Please state whether there were any over runs or late starts and record the reasons for these in the box below\*
- Please state whether this is a training session.
- Please state the total number of slots per session.
- Please state the service availability for evenings and weekends as appropriate in Part Two.

continued...

Endoscopy Services Capacity Report - Northern Ireland

**What are the established sessions/lists per week?**

Endoscopy Room Number -		WEEK 15-19 OCTOBER									
Room Name:		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
DAY											
TIME		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
What is scheduled?											
If GI Endoscopy:											
Number of Gastroscopies	Diagnostic										
	Therapeutic										
Number of Flexi Sigmoidoscopies	Diagnostic										
	Therapeutic										
Number of Colonoscopies	Diagnostic										
	Therapeutic										
Number of ERCPs	(Diagnostic)										
	Therapeutic										
Who provides the service?											
What is their grade?											
Session Start Time											
Session Finish Time											
Total session time (hours/minutes)											
Were there any over runs? (if yes, please state the reasons for these below*)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Were there any late starts? (if yes, please state the reasons for these below*)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Is this a training session?		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Number of slots per session											
Does this room have facilities for endoluminal ultrasound?		Yes/No									
Is endoluminal ultrasound performed?		Yes/No									

**\*If there were over runs or late starts, please state the reason for these:**

**EQUIPMENT**

What is the number and age of the equipment in your hospital as at 15 October 2007 ?

	0-1 Years	2-4 Years	5-9 Years	10+ Years	Total Items
Therapeutic gastroscopes					
Diagnostic gastroscopes					
Flexible Sigmoidoscopes					
Colonoscopes					
Duodenoscopes					
Light source/Processor/Monitors					
Sterilising Equipment					
Aragon Plasma Coagulation					
Diathermy Units					
Other items? (please specify)					

Do you have a programme of equipment replacement planned?

Please comment:

Does the sterilisation of equipment in your department reach the Hine Report recommendations?

If 'no', do you have a plan in place to meet these recommendations? if so, when?

**REPORTING TIMES**

Do you provide the patient with their results immediately after procedure? Yes/No

If no, what is your reporting time to the patient in days?

Do you provide the patient with an endoscopy report to bring to their GP? Yes/No

If 'no', do you send the endoscopy report directly to the GP? Yes/No

What is the reporting time to the GP in days? Days

Do you have an endoscopy reporting system, e.g. Unisoft, Endoscribe? Yes/No

If 'yes', please specify

If there was a standardised reporting system made available to you for Northern Ireland, Yes/No  
would you use it?

Please comment:

**ACTIVITY AND DEMAND**

**Please state the activity and demand for the period 1 April 2006 - 31 March 2007:**

**What was the demand?**

	Gastroscopy	Flexi Sigmoidoscopy	Colonoscopy	ERCP
Outpatient requests				
Inpatient requests				
A&E requests				
GP requests*				
<b>TOTAL</b>				

**\*Are the figures for GP requests the same as those listed below under 'Open Access Sessions?'**

**Yes/No**

**What was the activity?**

	Gastroscopy	Flexi Sigmoidoscopy	Colonoscopy	ERCP
Outpatient generated				
Inpatient generated				
A&E generated				
GP generated*				
Patient cancellations				
Patient DNA's				
<b>TOTAL</b>				

**\*Are the figures for GP generated activity the same as those listed below under 'Open Access Sessions'?**

**Yes/No**

**Do you have Open Access Sessions?**

**Yes/No**

An Open Access Session is one where the GP can refer a patient directly for testing.

**If yes, please provide figures on activity and demand for Open Access Sessions for the period 1 April - 31 March 2007:**

**What was the demand?**

	Gastroscopy	Flexi Sigmoidoscopy	Colonoscopy	ERCP
Number of GP requests				

continued...

**What was the activity?**

	Gastroscopy	Flexi Sigmoidoscopy	Colonoscopy	ERCP
Number				

Please record your definition of what would constitute an 'emergency' / 'urgent' case:

How many emergency cases did you have during the period 1 April 2006 To 31 March 2007? And of these, how many were seen out of hours (i.e. outside 9am-5pm Monday to Friday)?

	Total Number Seen	Total Number Seen Out of Hours
Gastroscopy		
Flexi Sigmoidoscopy		
Colonoscopy		
ERCP		

Does your hospital run an emergency bleeders rota?

Yes/No

If 'no', is an emergency bleeders rota planned? Please state timescales

How many of the following staff have been trained to participate in an emergency bleeding rota?

ENDOSCOPY STAFF	NUMBER TRAINED TO PARTICIPATE IN EMERGENCY BLEEDING ROTA
Consultant Gastroenterologists	
Consultant Surgeons	
Nurse Endoscopists	
Medical Staff Grades	
Surgical Staff Grades	
GP with a Special Interest	
Trainee Surgical SpR	
Trainee Medical GI SpR	
Other (please specify)	

## Endoscopy Services Capacity Report - Northern Ireland

### WAITING TIMES

How many patients are on the symptomatic waiting list as at 15 October 2007

	Gastroscopy	Sigmoidoscopy	Colonoscopy	ERCP
Waiting 0-6 weeks (0-42 days)				
Waiting 6-13 weeks (43-91 days)				
Waiting 13-21 weeks (92-147 days)				
Waiting 21-26 weeks (148-182 days)				
Waiting 26 weeks + (183 days +)				
<b>TOTAL</b>				

Do the figures in the table above include emergency cases? Yes/No

Please state whether you have a dedicated list for emergency cases for each of the following procedures:

Gastroscopy	Yes/No
Flexi Sigmoidoscopy	Yes/No
Colonoscopy	Yes/No
ERCP	Yes/No

If yes, please state numbers and average waiting time on the emergency waiting list for each procedure as at 15 October 2007:

	Gastroscopy	Sigmoidoscopy	Colonoscopy	ERCP
Number				
Average waiting time (please state time period)				

Do you have a single point of contact for endoscopy referral? Yes/No

Please comment on how you handle referrals on receipt:

continued..

Do you operate a pooled waiting list for endoscopy? Yes/No

Please comment on how waiting lists are currently managed:

**COLONOSCOPY SURVEILLANCE**

This section seeks information about colonoscopy surveillance in your hospital.

How many patients are on the surveillance waiting list as at 15 October 2007?

What percentage of your patients receive their examination within 6 weeks of the target date?

Please describe the colonoscopy surveillance policies/practice policy in your hospital:

**BARRETT'S OESOPHAGUS SURVEILLANCE**

Guidelines for the diagnosis and management of Barrett's Columnar Oesophagus, produced by the BSG in 2005, are available via the following link:

[http://www.bsg.org.uk/pdf\\_word\\_docs/Barretts\\_Oes.pdf](http://www.bsg.org.uk/pdf_word_docs/Barretts_Oes.pdf)

This section seeks information about surveillance strategies for patients with Barrett's Oesophagus in your Hospital.

Is there a common policy in your Hospital for surveillance of patients diagnosed with Barrett's Oesophagus? Yes/No

If Yes, please describe each different policy that pertains

In respect of the most commonly adopted surveillance strategy for Barrett's Oesophagus in your Hospital, please indicate all the factors that are taken into account and explain those included

1) Age YES  
NO

If you offer surveillance for only certain groups, tick those to whom it is offered

Age Group (Years)

<30	
30-39	
40-49	
50-59	
60-69	
70-79	
>80	

2) Co-Morbidity YES  
NO

Explanation (e.g. Dyspahgia,Reflux,Anaemia,MI,Stroke,Hiatus Hernia)

3) Length Of Barrett's Segment (cm) YES  
NO continued..

Explanation



**COMMENTS**

Thank you for providing quantitative data on your service. In order to create a fuller picture of the capacity of your unit, please identify things that work well in your service that could be replicated elsewhere, key bottlenecks/constraints within the service and any other relevant service issues that you would like to highlight:

Things that are working well:

--

Key bottlenecks/constraints:

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Other relevant issues:

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Continued.

Thank you for your cooperation in completing this proforma. The data gathered will be available to you in report format and returned to you by January 2007. Your comments on the proforma would be appreciated:

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