The BSG Audit On Availability and Quality of Endoscopic Retrograde Cholangio-Pancreatography.

Endoscopists Questionnaire:For Attention of All Individuals Performing ERCP

Dear Colleague
This questionnaire is addressed to all individuals who perform ERCP. This includes doctors who perform supervised ERCPs as part of their training.
The results will form part of a the BSG's confidential audit on the availability and quality of ERCP.
NHS and private hospitals in your region are participating.
Your co-operation is greatly appreciated.

Instructions

1. **Retain this instruction sheet and the following page.** Keep a record of your endoscopist code – it is unique to you and will be required for later questionnaires.

YOUR ENDOSCOPIST CODE IS [ ]

2.Answer all questions unless you are directed to skip them ie **Go To ...**

3 Use black pen

4 To answer a question place a cross in one box only.
If a question is labelled multiple response you may cross as many boxes as appropriate.
Where a number or text is required print your response, keeping within the squares.
You do not need to prefix numbers with zero ie answer 3 rather than 003.

5 if you make a mistake block the box out entirely

7 if you have any problems contact:Earl Williams,Research Fellow,Dept of Clinical Information,4th Floor Linda McCartney Building,Royal Liverpool University Hospital,Prescott St,L7 8XP. Tel 0151 7063794, Fax 0151 7062313 email Earl.Williams@rlbuh-tr.nwest.nhs.uk

8. Complications - Definitions for questionnaire (Cotton, Lehman et al. 1991) , (Cotton 1994)

Complication	Mild	Moderate	Severe	Fatal
Bleeding	Clinical (not just endoscopic) evidence of bleeding; HB drop <3g; no transfusion	Transfusion (4U or less), no angiographic or surgical intervention	Transfusion (5U or more) or intervention (angiographic or surgical)	Results in death
Perforation	Possible or slight leak of contrast; treated by fluids & suction for 3 days or less	Any definite perforation treated medically for 4-10 days	Hospitalisation for >10 days or any intervention (percutaneous or surgical).	Results in death
Pancreatitis (*Abdo pain + amylase >3N after 24 hrs*)	requiring admission or prolongation of planned admission beyond 48 hrs	requiring of 4-10 days hospitalisation	admission > 10 days; haemorrhagic pancreatitis; pseudocyst; intervention required	Results in death
Infection (cholangitis)	>38 °C 24-48 hrs	Febrile or septic illness requiring >3 days hospitalisation or endoscopic/percutaneous intervention	Septic shock or surgery	Results in death
Miscellaneous (*include symptomatic IHD, aspiration pneumonia, drug reactions)*	Onset of relevent symptoms within 3days of ERCP. Requires 1-3 days hospitalisation/ prolongation of stay	Onset of relevent symptoms within 3 days of ERCP. Requires 4-10 days hospitalisation	Onset of relevent symptom within 3 days of ERCP. Requires >10days hospitalisation *or* ITU *or* surgical/radiological intervention	Results in death

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PLEASE RETAIN FOR FUTURE INFORMATION

Hospital Codes for Your Region:

HospitalID	HospitalName
L01	University Hospital Aintree
L02	Arrowe Park Hospital
L03	Countess of Chester Hospital
L04	Fairfield Hospital
L05	Macclesfield General Hospital
L06	Royal Liverpool University Hospital
L07	Southport District General hospital
L08	Warrington Hospital
L09	Whiston Hospital
L10	Leighton Hospital

EXAMPLE FOR MERSEYSIDE
(FOR OTHER REGIONS SEE SEPARATE ATTACHMENT)

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BSG Audit of ERCP Services
To be completed once by each endoscopist

Your Endoscopist Code ☐☐☐

The Hospitals Code ☐☐☐

Date of completion of questionnaire
☐☐ / ☐☐ / 2 0 0 ☐

YOUR INITIALS ☐☐☐☐☐

1.Indicate status that best describes you
- ☐ Gastroenterologist
- ☐ GI Surgeon
- ☐ Radiologist
- ☐ Physician (other)
- ☐ Surgeon (other)

2.Specify current grade
- ☐ SpR **GO TO 3**
- ☐ Consultant **GO TO 7**
- ☐ Associate Specialist
- ☐ Staff Grade
- ☐ SHO
- ☐ Other

(Associate Specialist, Staff Grade, SHO, Other) — **GO TO 8**

3.As a consultant I would: :
- ☐ prefer a teaching hospital post
- ☐ prefer a district general hospital post
- ☐ have no preference if given a choice

4.As a consultant I intend to
- ☐ Definitely perform ERCPs
- ☐ Probably perform ERCPs
- ☐ Possibly perform ERCPs
- ☐ Not perform ERCPs

5.With regards to the statement "I require ERCP training to ensure future career opportunities are not denied to me" do you :
- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

6.I would rate ERCP training in my region as:
- ☐ Exellent
- ☐ Good
- ☐ Adequate
- ☐ Inadequate

NOW GO TO 8

7.Do you perform ERCP in the private sector ☐ No ☐ Yes

8.specify years in current grade(if<1 enter 0) ☐☐

9.Year of qualification ☐☐☐☐

10.Year of first ERCP ☐☐☐☐

11.Indicate if you are a member of the following (multiple response):
- ☐ BSG ☐ ASGE
- ☐ AGA ☐ ESGE
- ☐ EGA

12.Do You
- ☐ offer a service to proceed directly to ERCP on colleagues request
- ☐ vet referrals from other consultants
- ☐ a combination of the above
- ☐ not place patients on list personally

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BSG Audit of ERCP Services
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13.How many OGDs did you perform before commencing ERCP training

☐ <100 ☐ 300-500
☐ 100-200 ☐ 500-800
☐ 200-300 ☐ 800 or more

14.How many colonoscopies did you perform before commencing ERCP training

☐ <100 ☐ 300-500
☐ 100-200 ☐ 500-800
☐ 200-300 ☐ 800 or more

15How many ERCPs did you observe before commencing (supervised) ERCPs

☐ None ☐ 5-10
☐ <5 ☐ 10 or more

16.During your career how many ERCPs have you performed which are supervised (ie a senior colleague in room to advise/assist)

☐ <50 ☐ 150-200
☐ 50-100 ☐ 200-300
☐ 100-150 ☐ 300 or more

17.During your career how many ERCPs have you performed which are independant(ie no supervisor in room)

☐ <100 ☐ 300-500
☐ 100-200 ☐ 500-800
☐ 200-300 ☐ 800 or more

18.Total no. of supervised ERCPs in last 12 months:

☐ None ☐ 100-150
☐ <50 ☐ 150-200
☐ 50-100 ☐ 200 or more

19.Total number of independant ERCPs in last 12 months

☐ None ☐ 100-150
☐ <50 ☐ 150-200
☐ 50-100 ☐ 200 or more

20.Total number of therapeutic biliary cases (ie.biliaryduct sphincterotomies,stents and stone removal) performed by you in the last 12 months

☐ None ☐ 50-100
☐ <25 ☐ 100-150
☐ 25-50 ☐ 150 or more

21.Total number of therapeutic pancreatic cases (ie. pancreatic duct sphincterotomy, stone removal and stenting,pseudocyst drainage) performed by you in the last 12 months

☐ None ☐ 50-100
☐ <25 ☐ 100-150
☐ 25-50 ☐ 150 or more

CONSENT PRACTICE

22.Do you give written information to the patients before the procedure

☐ Yes
☐ No **GO TO Q 25**

23. if yes when does the patient usually (>50%) recieve written information

☐ On day of procedure
☐ within 7 days
☐ > 1 week before

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ANSWER THE FOLLOWING IN RELATION TO WHEN YOU DO THE ERCP

CONSENT PRACTICE

24. Indicate which of the following complications are mentioned in the written information. Give the percentage risk of the complication occurring if this is also quoted: (multiple response)

☐ Cardiorespiratory mentioned % risk quoted ☐☐

☐ Pancreatitis mentioned % risk quoted ☐☐

☐ Cholangitis mentioned % risk quoted ☐☐

☐ Haemorrhage mentioned % risk quoted ☐☐

☐ Perforation mentioned % risk quoted ☐☐

☐ Mortality mentioned % risk quoted ☐☐

25. Who normally (>50% of time) obtains verbal consent from the patient

☐ Endoscopist performing procedure

☐ Doctor assisting procedure

☐ Nurse assisting procedure

☐ Other doctor in unit or on ward

☐ Other nurse in unit or on ward

26. When is verbal consent usually (>50% of the time) obtained

☐ On day of procedure

☐ within 7 days

☐ > 1 week before

27. Which of the following complications are usually (>50% of time) mentioned by the person who normally obtains verbal consent. Give the percentage risk of the complication occurring, if this is also quoted (multiple response)

☐ Cardiorespiratory mentioned % risk quoted ☐☐

☐ Pancreatitis mentioned % risk quoted ☐☐

☐ Cholangitis mentioned % risk quoted ☐☐

☐ Haemorrhage mentioned % riskquoted ☐☐

☐ Perforation mentioned % risk quoted ☐☐

☐ Mortality mentioned % risk quoted ☐☐

28. Are alternative procedures(eg surgical bypass) discussed with patients

☐ Always ☐ Usually ☐ Occasionally ☐ Never

29. Are patients made aware if more than one doctor (eg a trainee) is participating in the list

☐ Always ☐ Usually ☐ Occasionally ☐ Never

MONITORING

30. During the procedure does a specific nurse monitor the patient?

☐ Always ☐ Usually ☐ Occasionally ☐ Never

31. Do you use pulse oximetry during ERCP

☐ Always

☐ Never **GO TO 33**

☐ Selected cases only, Specify (multiple response)

☐ pre-existing cardiorespiratory disease

☐ concerned during procedure

☐ other

32. If oximetry is used at what saturation would you consider further measures need to be taken to ensure satisfactory oxygenation ☐☐ %

33. Do you use automated BP evaluation during ERCP

☐ Always

☐ Never

☐ selected cases only, specify (multiple response);

☐ pre-existing cardiorespiratory disease

☐ if concerned during procedures

☐ Other

34. Do you check blood glucose at the time of the procedure

☐ Always

☐ Never

☐ selected cases only, Specify (multiple response);

☐ Diabetic patient

☐ concerned during procedure

☐ Other

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ANSWER THE FOLLOWING IN RELATION TO WHEN YOU DO THE ERCP

SEDATION

35.Do you use GA for your ERCPs

☐ Never ☐ 50-75%

☐ Rarely ☐ >75%

☐ <25% ☐ Always **GO TO 40**

☐ 25-50%

36.Do you use intravenous sedation for your patients

☐ Never **GO TO 40** ☐ 50-75%

☐ Rarely ☐ >75%

☐ <25% ☐ Always

☐ 25-50%

37.Indicate which sedative/analgesic or combination of sedative/analgesic is your preferred choice and the average dose(s) administered by end of procedure (multiple response)

Tick Box	Enter dose	Tick Box	Enter dose
☐ Midazolam	☐☐ mg	☐ Nalbuphine	☐☐ mg
☐ Diazepam	☐☐ mg	☐ Propofol	☐☐ mg
☐ Pethidine	☐☐☐ mg	☐ Other drug	☐☐☐ mg/mcg
☐ Fentanyl	☐☐☐ mcg	specify other drug:	

38.If combination administered do you give

☐ Opiod first

☐ Sedative first

☐ No Set Practice

39.Indicate if you are familiar with the guidelines on sedation produced by the following groups(multiple response)

☐ Bell GD,McCloy RF,Charlton JE et al,Gut 1991

☐ Royal College of Surgeons Working Party,1993

☐ UK Academy of Medical Royal Colleges Working Party .2001

INVESTIGATION

40.What proportion of your ERCPs have the following procedures beforehand.

Trans Abdominal USS

☐ None ☐ 50-75%

☐ rarely ☐ > 75%

☐ <25% ☐ All

☐ 25-50%

Endoscopic US

☐ None ☐ 50-75%

☐ Rarely ☐ > 75%

☐ <25% ☐ All

☐ 25-50%

Computerised Tomography

☐ None ☐ 50-75%

☐ Rarely ☐ > 75%

☐ <25% ☐ All

☐ 25-50%

Magnetic Resonance Imaging

☐ None ☐ 50-75%

☐ Rarely ☐ > 75%

☐ <25% ☐ All

☐ 25-50%

Percutaneous Transhepatic Cholangiography

☐ None ☐ 50-75%

☐ Rarely ☐ > 75%

☐ <25% ☐ All

☐ 25-50%

Intra Operative Cholangiography

☐ None ☐ 50-75%

☐ Rarely ☐ > 75%

☐ <25% ☐ All

☐ 25-50%

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ANSWER THE FOLLOWING IN RELATION TO WHEN YOU DO THE ERCP

MEDICO - LEGAL

41how many (if any) complaints have you recieved regarding a complication of ERCP [ ][ ] **IF NONE GO TO 45**

42. have any such complaints occurred in the last 12 months ☐ Yes ☐ No

43.has any such complaint proceeded to court ☐ Yes ☐ No

44.Has any such complaint related to issues of consent ☐ Yes ☐ No

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THERAPEUTICS

45.Do you use supplemental oxygen during the procedure

☐ Always
☐ Never — **GO TO 47**
☐ Selected Cases

46.If selected cases indicate each of following that apply

☐ Only if concerned during procedure
☐ pre-existing cardiorespiratory disease
☐ Other:Specify

(Multiple response)

[ ]

47.Do you use antibiotics

☐ Always **GO TO 49**
☐ Never **GO TO 50**
☐ selected cases

48.If selected cases indicate each of following that apply

☐ Cardiac disease
☐ Biliary Sepsis
☐ Therapeutic Procedure
☐ Other:Specify

(multiple response)

[ ]

49.If you use antibiotics regularly :

What route do you use

☐ Intravenous
☐ Oral

(Multiple Response)

When do you administer?

☐ Before procedure
☐ During procedure
☐ After procedure

(Multiple Response)

What do you give?

☐ Penicillin derivative (eg. amoxycillin)
☐ Cephalosporin derivative (eg.cefuroxime)
☐ Aminoglycoside (eg. gentamycin)
☐ Imadazole derivative (eg.metronidazole)
☐ Quinolone derivative (eg. ciprofloxacin)
☐ Other antibiotic (specify)

(Multiple Response)

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

50.Do you use intravenous fluids during the procedure:

☐ Always
☐ Never — **GO TO 52**
☐ Selected Cases

51.If selected cases indicated each of following that apply

☐ Diabetic
☐ if concerned during procedure
☐ Other,Specify;

(multiple response)

[ ]

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ANSWER THE FOLLOWING IN RELATION TO WHEN YOU DO THE ERCP

COMPLICATIONS

52. Does your unit routinely gather information on complications

☐ Yes

☐ No **GO TO 55**

53. If yes is that reported to you

☐ At the time ☐ Quarterly

☐ Weekly ☐ Less often

☐ Monthly

54. Are complications recorded in a computer database

☐ Yes ☐ No

55. Do you keep a record of your own complications

☐ Yes

☐ No **GO TO 57**

56. If yes is this:

☐ Only those occurring at the time of the procedure

☐ Only of those patients you hear about

☐ Following a definite attempt to find out at

(multiple response)

24 Hour ☐

7-Day ☐

30-Day ☐

57. To the best of your knowledge <u>how many</u> cases of the following have occurred as a result of <u>your last 100 ERCPs</u> (or total number of ERCPs if <100)

(If unknown please leave blank)

DEFINITIONS ARE LISTED ON COVER LETTER

a. Haemorrrhage

mild ☐☐ moderate ☐☐ severe ☐☐ fatal ☐☐

b. Pancreatitis

mild ☐☐ moderate ☐☐ severe ☐☐ fatal ☐☐

c. Perforation

mild ☐☐ moderate ☐☐ severe ☐☐ fatal ☐☐

d. cholangitis

mild ☐☐ moderate ☐☐ severe ☐☐ fatal ☐☐

e. miscellaneous/cardiorespiratory

mild ☐☐ moderate ☐☐ severe ☐☐ fatal ☐☐

THANKYOU FOR YOUR CO-OPERATION:

Please return to:
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