

GI GOAL
Global Outcome Differences in Urgent and Emergent Colorectal Surgery

Dear Colleague:

Thank you for agreeing to participate in this survey that aims to study differences in outcomes between the Global Comparator Centres for urgent and emergent gastrointestinal surgery (EGS).

The survey forms part of a review of current clinical practice in order to share best practice your responses are highly valued in helping to define priorities for future service provision.

The survey should take less than 10 minutes to complete and we assure you that your participation and individual responses will be strictly confidential to the research team and will not be divulged to any outside party.

Many thanks for your time.

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- For the purposes of this questionnaire all emergency: breast, endocrine, gynaecological, paediatric, transplant, trauma, urological and vascular surgery has been excluded as we aim to focus upon the delivery of emergency gastrointestinal surgery.

- 1) Name of your hospital?

- 2) Details of individual completing questionnaire:
 - a. Name:
 - b. Job title:
 - c. Specialty:
 - i. Surgeon
 - ii. Anaesthetist
 - iii. Intensivist
 - iv. Other (Specify)

- 3) Does your hospital have an emergency department?

- 4) Does your hospital routinely accept urgent / emergent gastrointestinal surgical cases

- 5) Does your hospital accept acute transfers of very ill patients with gastrointestinal pathology from other facilities?
 - a. Yes
 - b. No

- 6) Where will your on duty surgeon be based?
 - a. Onsite 24 hours a day
 - b. Onsite during office hours then taking calls from home
 - c. Taking calls from home

- 7) Is your duty surgeon cleared of all elective commitments when on call?
 - a. Yes
 - b. No

- 8) Who will perform your primary surgical assessment?
 - a. Attending / Consultant

- b. Resident / Registrar
 - c. Other (Specify)
- 9) How many operating rooms / theatres are in your hospital? (Please exclude interventional radiology suites and dedicated obstetric and minor ops theatres, but include day-case theatres)
- 10) Of these rooms / theatres, how many are reserved exclusively for emergency general surgical cases?
- 11) Does your hospital have pathways/protocols/policies for emergency surgery?
- 12) We need to know how many beds there are in the hospital to work out a bed to critical care bed ratio for EGS patients (a 1000 bed hospital with only 10 critical care beds isn't great compared to a 100 bed hospital with 10 critical care beds)
- a. Total Hospital Beds
 - b. ICU Beds available to EGS patients
- 13) Does your hospital have a dedicated emergency surgical ward (surgical admissions unit)?
- a. Yes
 - b. No
- 14) Do you have dedicated non-trauma emergency surgeons?
- 15) What are the subspecialties of the senior surgeon on the general surgical emergency rotation?
- a. Breast
 - b. Colorectal
 - c. Emergency
 - d. General
 - e. Upper GI
 - f. Vascular
 - g. Other (Specify)
- 16) Are emergency patients with continued clinical care needs:
- a. Transferred to another senior clinician's care at the end of the on-call shift?
 - b. Retained by the admitting senior clinician?
 - c. Other (Specify)

Once again thank you for your time