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Anaesthesia and Critical Care Covid Activity Tracking Survey: ACCC-track - round 2 (December 2020)

1. Introduction

Thank you for contributing to the round 1 survey.

(If you did not take part in round 1, please do complete round 2).

The College would like to track how hospitals, anaesthesia and surgery has been and continues to be affected by COVID-19. These series of snapshot surveys will examine hospital organisation, anaesthetic department structure/reorganisation, staff absences and anaesthetic/surgical activity. These will provide a national picture of the stresses and impact on hospitals and services in the next few months.



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2. This second survey will be much shorter

We wish to collect data on surgical activity for a two-week period within 1st to 17th December 2020. The data may be available from the electronic theatre management system, management, the business unit or by hand counting.

Please complete the survey by the 23/12/2020.

We strongly recommend you read through the questions in the pdf document before starting to complete the SurveyMonkey. One of the questions we will ask each time we send the survey is the number of cases completed in all your theatres over a 24 hour period (please choose any Tuesday, Wednesday or Thursday within 1-17th December 2020). This may be available from your theatre management system, operating lists or may be something you wish to collect locally (e.g., as a trainee project). We would like you to ideally complete the survey on the same day of the week each time it is sent – it is important you choose only a Tuesday, Wednesday or Thursday – so we can track changes across surveys.

We will undertake further surveys approximately every 1-2 months (the interval will depend on the course of the pandemic).

We are aware that some units are hard pressed, but we would be especially grateful if you can find time to respond from these units – it is essential to get a true national picture.

If there is more than one Local Co-ordinator for your hospital, please ensure only one form is completed.

Please complete for the same hospital(s) as for Round 1.

We will include all contributing LCs as collaborators in any publications that arise.

Thank you, your contribution is invaluable.

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3. Space, Staff, Stuff and Systems

The following section is based on the [Anaesthesia-ICM hub document 'Restarting planned surgery in the context of the COVID-19 pandemic A strategy document from the Royal College of Anaesthetists, Association of Anaesthetists, Intensive Care Society and Faculty of Intensive Care Medicine'](#). This describes the prerequisites for restarting planned surgery in terms of space, staff, stuff and systems. The red, amber and green rating for each is described below.

Choose the option that most closely matches your hospital.

Space

RED

- Critical care occupancy close to expanded capacity.
- Patients in temporary ICUs in operating theatres scheduled for elective use or in other locations to be used in the surgical pathway, eg PACU or surgical ward.
- No planning for creating COVID-19-positive and COVID-19-negative patient separation in critical care facilities to accommodate planned and unexpected admissions after elective surgery.

AMBER

- Critical care occupancy reduced from expanded capacity and approaching baseline capacity.
- Other hospitals in the regional ICU network still using temporary ICU facilities, including the use of paediatric ICUs for adult patients.
- Plans for COVID-19-positive and COVID-19-negative critical care beds and pathways in development but not complete.

GREEN

- Critical care occupancy close to 85% of baseline capacity.
- COVID-19-positive and COVID-19-negative critical care bed and pathway separation enacted and effective.

Staff

RED

- Theatre staff, perioperative care staff and anaesthetists still significantly committed to critical care duties.
- Critical care staffing ratios significantly higher than pre-pandemic levels and reliant on non-ICU staff.
- Out-of-hours resident on call duties being performed by consultant and SAS anaesthetists.
- Shielded and higher-risk anaesthetists not performing patient-facing activities.

AMBER

- Working patterns of anaesthetic, theatre and perioperative care staff of all professions still significantly impacted by pandemic surge conditions and recovery from these.
- Critical care staffing ratios above pre-pandemic levels or reliant on non-ICU staff.
- Trainee on call rotas restored but less than normal number of trainees available for work.
- Plans in place for sufficient numbers of consultant and SAS anaesthetists to be available to provide cover for planned surgical activity, but not yet fully in place.
- Planning for adequate staff numbers to restart non-theatre anaesthetic activities such as preoperative assessment, acute pain rounds and perioperative medicine activity but adequate numbers not yet available.
- Planning for returning higher-risk anaesthetists to patient-facing activities after appropriate risk assessments but not yet implemented.

GREEN

- Elective surgical pathways fully staffed by intact theatre and perioperative care staff rotas.
- Critical care staffing ratios at or near pre-pandemic levels.
- Trainee on call rotas restored with normal numbers of trainees.
- Sufficient numbers of consultant and SAS anaesthetists available to provide normal staffing levels for the planned surgical activity to be delivered.
- Non-theatre activities ready to be restarted.
- Higher-risk anaesthetists returned to patient-facing activities where appropriate.

Stuff (equipment)

RED

- Equipment used in surgical pathways still in extensive use for critical care patients, eg anaesthetic machines and infusion pumps.
- Shortages of PPE and other equipment necessary for effective infection control.
- Non-availability or low stock levels of key drugs used in critical care and anaesthesia such as first-line choice of neuromuscular blocking drugs, opioid analgesics, hypnotics, sedatives, inhalational anaesthetics, inotropes and vasopressors.
- Non-availability of postoperative critical care equipment either in general ICU capacity or for specific forms of support such as RRT or non-invasive ventilation.

AMBER

- Adequate numbers of anaesthetic machines and infusion pumps available but insufficient in reserve in case of damage or machine malfunction.
- Stocks of PPE and other equipment necessary for effective infection control adequate for potential increases in critical care activity and increasing surgical activity but supply chain not assured.
- Stocks of key drugs used in critical care and anaesthesia adequate but uncertain resupply through normal supply chain routes.
- Postoperative critical care capacity limited and in competition with ongoing COVID-19 requirements.

GREEN

- Minimal equipment usually used in the surgical patient pathway in use in critical care, with adequate equipment in reserve in case of damage or machine malfunction.
- Adequate stocks of PPE and other equipment necessary for effective infection control for potential critical care and planned surgical activity with assured supply chain.
- Adequate supplies of key drugs used in critical care and anaesthesia with secure supply chain identified.
- Good availability of critical care capacity and all relevant organ support modalities.

Systems

RED

- COVID-19-positive and COVID-19-negative pathways for surgical care not developed or implemented.
- COVID-19 testing not sufficiently available for patients and staff.
- Anaesthetic services key to supporting theatre activity not active, eg preoperative assessment, acute pain service and perioperative medicine activity.

AMBER

- COVID-19-positive and COVID-19-negative pathways for surgical care planned but not yet implemented.
- COVID-19 testing available for patients and staff, with clear policies in development for how testing can protect staff, protect patients and facilitate efficient surgical services.
- Staffing and facilities for anaesthetic services key to supporting theatre activity available.
- Policies in development for the rational prioritisation of surgical patients as theatre capacity becomes available but does not yet fully match demand.
- Policies in development for the rational prioritisation of surgical patients as critical care capacity becomes available but does not yet fully match demand.

GREEN

- COVID-19-positive and COVID-19-negative pathways for surgical care fully implemented.
- Anaesthetic services key to supporting theatre activity functioning well.
- COVID-19 testing available for patients and staff, with clear policies in place for how testing will protect staff, protect patients and facilitate efficient surgical services.
- Policies for the rational prioritisation of surgical patients as theatre capacity becomes available are fully implemented.
- Policies implemented for the rational prioritisation of surgical patients as critical care capacity becomes available.

Please report for the same hospital as round 1.

1. Please indicate where your department lies regarding space, staff, stuff (equipment) and systems for **restarting planned (elective) surgery**.

	RED	AMBER	GREEN
SPACE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STAFF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STUFF (equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SYSTEMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

The following question is based on the [Anaesthesia-ICM hub document](#) 'Anaesthesia and critical care: guidance for Clinical Directors on preparations for a possible second surge in COVID-19'.

STAGE	SITUATION
SRP1	Continuing endemic COVID-19 activity.
SRP2	Increasing demand for critical care services that can be met within current established capacity.
SRP3	Demand for critical care exceeds current established capacity, requiring mobilisation of expanded capacity.
SRP4	Demand for critical care exceeds established capacity with a likelihood that it will occupy maximum expanded capacity.
SRP5	Demand for critical care exceeds maximum expanded capacity; need for transfer of critically ill COVID-19 patients to external facilities.

2. What best describes the ICU in your hospital as per the Staged Resurgence Plan (SRP)?

- | | |
|----------------------------|---|
| <input type="radio"/> SRP1 | <input type="radio"/> SRP5 |
| <input type="radio"/> SRP2 | <input type="radio"/> Don't know |
| <input type="radio"/> SRP3 | <input type="radio"/> Not applicable - no ICU |
| <input type="radio"/> SRP4 | |

3. How has the situation changed regarding the delivery of perioperative care in your hospital(s) between round 1 (October 2020) and round 2 (December 2020) of the survey?

- Much better
- Better
- About the same
- Worse
- Much worse



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4. Hospital activity

4. How many hospitals do you represent?

 1 4 >6 2 5 3 6

5. What region are you reporting from?

Please answer the following questions to best represent the **main hospital(s)** that you represent as a NAP7 Local Coordinator. Please always report for the same hospital(s) when you complete this survey.

6. Please provide the name of the hospital.

7. Have you completed the ACCC-track survey in round 1?

 Yes No



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5. Extra questions - if round 1 not previously completed

8. Is this an NHS or independent hospital?

- NHS
- Independent

9. Compared to December 2019 how many anaesthetists (including locums) are there employed in your hospital?

	December 2019	October 2020
Consultants	<input type="text"/>	<input type="text"/>
SAS	<input type="text"/>	<input type="text"/>
ST3-ST7 level or equivalent	<input type="text"/>	<input type="text"/>
CT1-CT3 level or equivalent	<input type="text"/>	<input type="text"/>
Anaesthesia Associates	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Comments

10. Compared to December 2019 how many intensivists (*if separate from anaesthesia and not counted above already*) are there employed in your hospital?

	December 2019	October 2020
Consultants	<input type="text"/>	<input type="text"/>
SAS	<input type="text"/>	<input type="text"/>
ST3-ST7 or equivalent	<input type="text"/>	<input type="text"/>
CT1-CT3 or equivalent	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Comments



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6. Hospital activity

Please report for the same hospital as round 1.

11. How many theatres (excluding non-theatre sites) were open for activity in your hospital **this time last year**?

12. How many theatres (excluding non-theatre sites) are **currently** open for activity in your hospital?

13. How many theatres are **currently** undertaking surgery for your hospital at *other locations* (eg independent sector)?

14. Do you have a designated 'low/lower risk' COVID-19 theatre area/suite? Tick all that apply.

- Yes (on-site only)
- Yes (external site eg independent hospital, another Trust)
- Yes (another hospital, same Trust)
- No



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7. In-theatre activity and efficiency

15. Please provide activity data for activity **for a two-week period within 1st to 17th December 2020** compared to **the same period last year**? Please state whether this is an accurate answer or an estimate.

	Percentage of last year's activity (%)	Accurate OR Estimate number
Cancer operations	<input type="text"/>	<input type="text"/>
Non-cancer elective operations	<input type="text"/>	<input type="text"/>
Emergency surgery	<input type="text"/>	<input type="text"/>
Paediatric surgery	<input type="text"/>	<input type="text"/>

Comments

16. Today, only considering the theatres that are active, what do you estimate is the average theatre productivity (cases completed) compared to the same theatres before COVID-19?

Please ignore theatres that are not running.

- <25%
- 25-50%
- 50-75%
- 75-100%
- >100%



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8. Total cases count (elective and emergency)

17. Which DAY are you collecting cases from? Choose any Tuesday, Wednesday or Thursday within 1st -17th December 2020.

This will need to be the same day for future surveys and please avoid Friday-Monday.

- Tuesday
- Wednesday
- Thursday

Theatre locations

18. Please indicate the TOTAL number of operations completed in ALL your **theatres in all locations** over 24 hours.

19. Is this an accurate or an estimate number?

- Accurate
- Estimate with margin of error <10%
- Estimate with margin of error >10%

20. What would this total have been **one year ago**?

21. Is this an accurate or an estimate?

- Accurate
- Estimate with margin of error <10%
- Estimate with margin of error >10%

Non-theatre locations

22. Please indicate the TOTAL number of operations completed in **non-theatre locations** over 24 hours.

23. Is this an accurate or an estimate number?

- Not applicable
- Accurate
- Estimate with a margin of error <10%
- Estimate with a margin of error >10%

24. What would this total have been one year ago?

25. Is this an accurate or an estimate number?

- Not applicable
- Accurate
- Estimate with a margin of error <10%
- Estimated with a margin of error >10%



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9. Staffing changes

26. How many of the normal anaesthesia workforce are currently redeployed to other patient facing services e.g. intensive care?

(Please include whole time equivalents where anaesthetists with work programmes including ICU have been 'shifted' to more ICU work)

a. Number of anaesthetists switching to be on ICU rota.

b. Number of anaesthetist/intensivists switching to full time ICU.

c. Number of anaesthetists on MERIT/Airway team each day.

27. How many anaesthetists and or intensivists are:

a. Redeployed to non-patient facing roles?

b. Off work with sickness as a result of COVID-19?

c. At home shielding?

d. At home due to self-isolating and/or quarantine?



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10. What arrangements are currently in place at your hospital for elective ADULT surgery?

28. Have you changed your pathway since October 2020 regarding *patient PCR testing/self-isolating/COVID-19 symptom screening* for elective adult surgery?

- No
- Not applicable – no elective adult surgery
- Yes - removed green pathway completely
- Yes – increased self-isolation period
- Yes - reinstated (extra PPE for AGPs, extra fallow theatre times)
- Yes - Other (please specify)



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11. Any other comments

29. Is there anything else you would like to add?

NIAA

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12. Thank you, your contribution is invaluable.