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1. What is the purpose of this study?

- a) To identify the proportion of unplanned admissions after paediatric day case anaesthesia across the UK in both specialist and non-specialist paediatric centres in a national prospective audit
- b) To identify common contributors involved in unplanned admissions
- c) To generate data for future quality improvement projects

2. Why have I been chosen to take part?

All hospitals that anaesthetise children are being invited to participate in this national audit.

3. What does taking part in this study involve?

Taking part in this study requires you to collect information about patients undergoing day case anaesthesia. You will need to figure out a system for your hospital to make sure all unplanned admissions are caught. Please see our [Data Collection Guide](#) for suggestions. You will benefit from having a team of trainees that can make daily checks in all the appropriate areas. For any unplanned admissions there is some brief information to be collected. At the end of the study period, or weekly, depending on how you prefer to set it up, you will need to obtain the same data on all the patients that were successfully discharged as day cases. This data should be available through your theatre management system and IT analysts. Check our [Data Collection Guide](#) for suggestions.



4. What if I decide I don't want to be a part of this study?

This is a voluntary national audit. Your hospital can decline to participate or withdraw at any time without offering an explanation. This will not affect you or your hospital in any way.

5. What are the possible risks?

Your data will be treated confidentially and as a centre will not be identifiable amongst the dataset, other than to the individual hospital and data analysers. This study could show that your hospital is an outlier for proportion of unplanned admissions. We appreciate that each hospital has a different patient population for which they provide services. We would like the data to stimulate quality improvement work and learning from hospitals with low proportions of unplanned admissions.

6. What are the possible benefits?

Your hospital is part of a multi centre, national, trainee led paediatric anaesthetic audit. There is unlikely to be direct benefit to patients in the first instance, but we hope the data will trigger quality improvement work in the future.

7. What do I do if I wish to make a complaint or there is a problem?

Please contact the chief investigators using the email address below if you would like to complain, or have any concerns about any aspect of the audit.

8. Will all information collected be kept private?

The data that you collect during the study will reside in the University of Aberdeen, Grampian Data Safe Haven (DaSH) <https://www.abdn.ac.uk/iahs/facilities/grampian-data-safe-haven.php> . You will have personal login details to upload the data from your hospital to this data portal. Each hospital will only be able to identify themselves amongst the dataset at the end.

9. Who is organising the study?

The study is being led by Dr Zoe Harclerode and Dr Natasha Woodman (anaesthetic trainees) and Dr Thomas Engelhardt and Dr Peter Brooks (consultant paediatric anaesthetists), from the Scientific Committee of the Association of Paediatric Anaesthetists. We are anticipating approximately 60 hospitals across England, Scotland, Wales and Northern Ireland to take part.

10. When is data collection starting?

10th October 2017

11. How long is it running for?

6 weeks. The last day of data collection will be 21st November 2017. Include any admissions on the night of 21st November

12. My hospital was not part of Phase 1; can we be part of Phase 2?

Yes, please. Phase 1 was useful for the design of Phase 2. Now that is complete we would like as many centres as possible to take part in Phase 2



13. I don't have a consultant supervisor for this project; can I still take part?

We are sure that someone in your department will be happy to be the named consultant on this project. It is really important that you have their backing. Please email us with your consultant lead and their email address.

14. Do we need ethical approval for this study?

No (See document 14.HRA Decision Tool). Data collection would be classified locally as audit data (no consent taken) by each participating centre. We do however definitely require local audit approval from your centre, and need evidence of this. It is the responsibility of your hospital to approve release of the data.

15. How do I gather the denominator data?

At the end of the study period someone within IT or involved with the theatre management system should be able to generate an excel spreadsheet for you with the column headings we will give you. We would be grateful if you could use the excel file provided to submit your data. This will keep uniform column headings between all hospitals to ensure all the data is compatible. In some circumstances you may find that data entry has been poor and all the figures are not available to you. Please provide as complete a spreadsheet as possible. Do not remove the admissions - please highlight these in grey. Where the spreadsheet highlights admissions that you missed during the study period, please go back and complete proformas for these cases.

16. Where can I get more information?

Chief Investigator contact: PATRN.network@gmail.com

Audit documents will be sent to you, but also soon be available to download
<http://www.apagbi.org.uk/professionals/trainee-section/research-network-patrn/papaya>

