

Following Phase I of PAPAYA, it became clear that there is a huge variation between centres and the way in which data is stored and can be accessed. In order to facilitate data collection for each centre across the UK for Phase II, we have explored how data will be collected in several centres and put together a few examples. The aim is to provide different ideas and solutions to accessing the data.

GENERAL POINTS:

Total successful day cases:

The total number of successful day cases will be large – you may find it easier to collect this data at the end of the 6 week data collection period, or to get the information on a weekly basis from the people that will be finding this for you. This is the control group or denominator data for the study.

Some centres are planning a short trial run prior to the data collection period to ensure that they have a robust system for collecting this data.

Date of admission, date of procedure, date of discharge:

When you pull this data, this will allow you to 'clean' your data and see that they are all day cases. It should also serve as a safety net to pick up the unplanned admissions that you have been monitoring throughout the data collection period. Before you upload your excel spreadsheet to our safe haven we will ask you to remove all data that contains a DATE. It is captured initially to help you get the correct patients.

ASA grade:

If the radiology scans and endoscopies come from a different IT system to your theatre management system, they will likely not record details such as ASA grade. You may need to manually trawl this data from electronic notes. If there is a large delay in anaesthetic charts being scanned in, and you know the days of your elective endoscopy lists for example, you may have a rep that can pick the details up before the notes get sent for scanning.

Booking category:

Within your theatre management system, cases will normally be classified / flagged as day cases or not. There will be another category of CEPOD / PRIORITY / EMERGENCY flags. 'Pull' all the day cases and emergency cases. This will capture your emergencies that came in and went home on the same day by looking at your admission and discharge date. For the emergencies that were not discharged within a day, you may need to make a judgment call as to whether they were planned or unplanned admissions. This is most easily done each day by liaising with the anaesthetist running emergency/trauma theatres. Please submit data for the emergencies admissions that you perceive to be unplanned. If the reason is due to logistics of them getting bumped on a list or done late in the day, we want to capture that information.



Grade of most senior anaesthetist and surgeon on the case:

Your IT system probably records names. Please manually convert this to grade of most senior anaesthetist and surgeon on the case by using your local knowledge.

Flagging up unplanned admissions:

All the day cases may go through one **day case ward**. Meet the nurses, raise awareness, get their group email address. They should be able to alert you to any unplanned admissions. (Text you / email you / document the details on a clipboard on their front desk)

All unplanned admissions may go through a **bed manager**. Meet the lead / chief paediatric bed manager and see if you can make an arrangement to be alerted of any admissions. Raise awareness amongst the team, email them, meet them.

If an unplanned admission goes straight from **recovery** to a ward, without returning to the day ward, the recovery staff may be helpful. It is likely that the day ward would be expecting the patient back however, but they will act as a back up. Raise awareness amongst the recovery team, email them, meet them.

People that may be able to help you:

Chief Operating officer, Theatre Performance managers
Informatics analyst
Bed managers
PACU/recovery nurses
Day case ward nurses/ward clerks

Endoscopy and radiology may not be captured on your theatre management systems:

You could get the endoscopy lead to email the elective list to you each week. Ask the anaesthetist on that list to complete the clipboard sheet for you. Make sure one of your reps pops into that list each week and collects the necessary information.

Something similar may work in radiology. Radiology may have a different IT system that attaches a flag to GA cases. Ask whether the flag system is reliable and they are routinely assigning the flag. Again if there are elective GA scan days, a rep can visit on those days and get the necessary information.

EXAMPLES:

1. Large Children's Trust

- Discussed with Deputy Chief Operating Officer. He has liaised with the Informatics department who will assist.

Total day cases

- All patients have an "intended management" pathway decided at booking (daycare, 23 hour or inpatient). This can be searched for all patients within the data collection period, likely a week at a time over the 6 weeks. This provides a list of all patients intended as day cases. (Can also be compared to the daily printed out theatre lists/MRI lists.)

Unplanned admissions

- Liaise with PACUs, surgical daycare (SDC), medical daycare and radiology for notification of admissions. Clinical coordinators request inpatient beds when needed, should know of all admissions - except if they stay on SDC on a Thursday when open over night for 23 hour patients. Therefore will need to check SDC on Friday mornings.
- Double check, via informatics, the list of location admitted to and location discharged



from, with corresponding dates. ORMIS system used for collection of ASA grades and surgeon/anaesthetist seniority.

- Dental hospital - separate computer system. All are day cases, so all cases during the time period plus any admissions are easily searchable.

2. Medium sized Children's Trust

- There is a helpful Project Support Manager for Theatre Performance. He can analyse Bluespier and has agreed to help with searches.
- Participating in Phase 1 has already helped iron out some problems in collecting data, a few changes have been made to facilitate regular day case auditing in the future.
- Meeting planned with everyone involved at the start of September. The Project Support Manager has suggested a trial run of data capture to pick up any glitches prior to the study period. This might be something that other centres can consider.

Total day cases

- There is an "information@xxx.nhs.uk" email address in the trust where this sort of information can be requested. This will give us the total number of day cases during the study period.

Unplanned admissions

- Medway will find the patients booked as day cases but unexpectedly admitted. The system data entry fields are currently being changed to include "reason for admission" as a required field. This is something that can be requested and was easy to do.
- Unplanned admissions data - once the admissions have been identified on Medway there will be a book on the day case unit where the details for the pro forma can all be completed and kept. This will be done by a rep daily.
- Bluespier theatre system gives the other datasets - theatre times, names and grades of clinicians etc.
- Radiology cases - all these systems now capture data for radiological cases too.

3. Large tertiary mixed adult and paediatric centre

IT systems involved

- Bluespier (Theatre management system)
- Medway (connects, in theory to Bluespier and is the new hospital management system – letters and ED notes go on here)
- +/- NOTIS (all investigation requests + results and letters are here)

Total day cases

- The IT analyst will generate a list of names/ dates/ procedures etc based on
 - Being booked as DC in the system
 - GA as the anaesthetic type
 - Age 0 -16 years
- They anticipate they can extract most of the data except grade of surgeon and anaesthetist - so the reps will do this retrospectively.

Unplanned admissions

- Two approaches, using the bed managers and IT analyst:
- Bed Managers:
 - 2 main bed managers and bleep holders. They will prospectively collect



names/identifiers and operation in the event of an admission. They will submit it to the PATRN reps, who will then do the data trawling to fill the proforma in.

- IT analyst:
 - At the end of the collection period, when the denominator data is established – ask him to compare it to the same patients who had a stay of ≥ 1 . If there are any extras that the bed managers didn't pick up, then data trawl them as well.

4. Large tertiary mixed adult and paediatric centre

- Many different computer systems used across the trust, hence a more complex plan than other centres – but still achievable!

Total day cases

- Endoscopy - An administrative person will email the list weekly (paed endoscopy list runs mon am only). 2 consultant anaesthetists do this list and they will gather the required data for the day cases
- Radiology - MRI clerical lead will extract the day cases from the radiology database, Soloton. When the radiographers input their data they flag GA cases, so clerical lead will search for the GA flag. PATRN trainee reps will visit clerical lead office regularly to capture the data from the anaesthetic charts before the notes go off for scanning in to EDMS. CT list is only once per fortnight, superintendent will keep record of the data and email the PATRN rep.
- Day surgery - Information analyst will pull this data.
- Main theatres - Same information analyst will pull the data off 'Theatre Man'

Unplanned admissions

- Mon-Friday - all patients come to paediatric day case ward. They will keep a clipboard and record details of any admissions from theatre / endoscopy / scans. Email planned to all paediatric day case ward staff.
- Weekends - patients go to paediatric inpatient ward. Senior Staff nurse with a management day is keen to get involved. She will keep a clipboard over the weekend and disseminate awareness to her weekend team to record data. She will check on Mondays that all data collected.

5. Two small DGHs within the same trust

- Lead consultant has discussed with a manager who assures that the data and admissions are easy to collect from the IT system. Lead consultant already collects most of the data for both sites himself.
- Day cases are all admitted to the same ward - including MRI's after they have been to main recovery. All cases recorded in a book on day case ward by one of the sisters. All admissions are recorded by the ward.
- Data collection forms would be needed to capture ASA grade as not recorded in day case book.
- Project lead consultant and a second Consultant Paeds Anaesthetist will assist trainees in collecting data collection sheets.

