Super-SNAP1: cancellations & delays to surgery

Local Coordinator Guide (version 1.4 - final)

Contents

Introduction

Thank you for agreeing to be a Local Coordinator (LC) for Super-SNAP1. You are critical to the success of this important project.

Super-SNAP1 is the first Super-SNAP project and is being run by the Health Services Research Centre (HSRC) at the Royal College of Anaesthetists, in conjunction with UCL and the University of Nottingham, and supported by the Royal College of Surgeons (Eng) (RCS Eng) and the Federation of Surgical Specialist Associations (FSSA).

Super-SNAPs are designed to be simple, rapid service evaluations with the aim of generating clinically and operationally important unique data.

Super-SNAP1 will investigate **cancellations and delays to surgery.** We aim to:

1. Understand the current rate of last-minute cancellations for planned surgery and the reasons/risk factors for cancellations
2. Establish whether operation/interventional list efficiency and productivity is being affected by factors outside the control of the clinical team (e.g. bed availability, IPC (infection, prevention and control) issues, staff shortages)
3. Describe the variation in operating list characteristics, efficiency and cancellations over different regions within the UK and between different types of hospitals (e.g. acute vs. cold sites)
4. Determine if emergency surgery is being provided within the desired timeframe for patients

As a local coordinator, you may be very experienced in running projects within your hospital whilst for others it may be the first time. Super-SNAPs are new to everyone, this guide aims to help you understand the structure of Super-SNAP1 in regards to collecting data locally.

If you have any questions, please contact us at supersnap1@rcoa.ac.uk

Top tips for success:

1. **Involve your surgical colleagues:** most of the data collection (forms 1, 2, and 3) will be done by anaesthetists working with surgeons or interventionalists on specific lists. Data quality, particularly about last minute cancellations, Priority classification, and the efficiency of the list would benefit from their input. The study is supported by the Royal College of Surgeons of England and the Federation of Surgical Specialist Societies.
2. **Complete data collection prospectively:** undoubtedly the quickest, easiest way to capture high quality data for forms 1, 2 and 3, will be do it during / at the end of the theatre/procedure list.
3. **Get your colleagues involved and recognise your colleagues' contributions:** please note the names of colleagues who supported the study locally so that they can be credited for their contributions in reports and publications. A poster to help you advertise the study and a certificate of participation are both provided at the end of this document

Outline & key information

Overview
2-day census of surgical and interventional activity focusing on cancellations and efficiency

Data collection period:
Starts: 08:00 on Tuesday 11th January
Ends: 07:59 on Thursday 13th January.

Data entry
- **Deadline for online submission: 9am on Monday 17th January**. This is so that we can analyse the data and publish key findings as quickly as possible.
- We strongly recommend direct data entry into the online forms – these can be viewed on tablets and phones as well as desktop computers. Links to the forms can be found in appendices 1 to 4, and these appendices can be used for paper completion if required.
- If paper forms are used, it is the responsibility of the local lead to ensure data are entered before 9am on Monday 17 January.

Inclusion criteria (also see definitions below)
All **adult and paediatric** surgery and interventional procedures either:

- taking place in an operating theatre; and/or
- requiring the support of an anaesthetist (e.g. interventional radiology procedures)

Exclusion Criteria
- Obstetric procedures or surgery
- Diagnostic or minor interventional procedures not requiring anaesthetic support

Definitions
- A procedure: any surgical or other intervention that takes place either in an operating theatre or an interventional suite requiring the support of an anaesthetist
- Elective: the patient was invited to attend having been on a planned procedure waiting list. This would include surgical prioritisation categories P2, 3 and 4, and both elective and expedited NCEPOD categories.
- Emergency: the patient was listed for their surgery/intervention with the expectation that it would take place within 72h. This would include patients who were admitted to hospital as an emergency to wait for their procedure, and those allowed to go home and return for their procedure, as long as the expectation was that the treatment would take place within 72h of decision to operate (e.g. minor fractures, ERPCs). This would include surgical prioritisation category P1, and urgent and emergency NCEPOD categories.

Data Collection Forms

There are 4 data collection forms included in Super-SNAP1:

1. **Last minute elective cancellation** – one form to be completed for each patient cancelled either on the day or the day before an elective list
2. **Elective Operating Theatres & Intervention Rooms** – one form to be completed for each elective list
3. **Emergency Patients** – one form to be completed for each emergency patient

4. **Daily Overview** – one form to be completed per site each day

Form 1: Last minute elective cancellations - one form per cancelled patient

This data will help us understand the number of elective patients' procedures that are cancelled either on the day or day before. It will also help us understand the urgency of the procedures that are being cancelled and the reasons why cancellations are occurring.

DATA COLLECTION PROCESS

All lists taking place in an operating theatre and/or with the assistance of an anaesthetist are to be audited for cancellations of patients.

ONE data collection form needs to be filled in **for each cancelled elective patient** (see appendix 1). This should only take approximately 2 minutes to complete.

The anaesthetist for each list should be responsible for this data collection.

Sources of information about the number and reasons for cancellation:

- operating lists
- discussion with surgical colleagues (particularly to establish if patients were cancelled the day before the scheduled list)
- theatre management systems
- operations centres may also be able to provide this information although please be considerate of the pressures on their workload and time if asking for their help

DEFINITIONS

Last minute elective cancellations: A procedure where the patient was invited to attend having been on a planned procedure waiting list, and was cancelled **on the day** or on the **previous day**

Day case: Operation/procedure that does not involve a planned overnight (does not include 23 hour stays in hospital)

Inpatient case: Operation/procedure that involves a planned overnight stay in hospital (includes 23 hour stays in hospital)

Examples of surgical complexity grading: please consult your surgeon if unsure

Surgical complexity	Indicative duration of surgery	Examples
Minor	<30m	Excision skin lesions; Drainage of abscess
Intermediate	<1 hour	Joint arthroscopy; Simple primary hernia repairs
Major, Major+, Complex	>1 hour	Total joint replacement; Intraabdominal procedures; Thyroidectomy

Reference: NICE (April 2016). Routine preoperative tests for elective tests for elective surgery

Surgical prioritisation: please source this information from operating lists or the surgeon responsible for the list.

Priority	Definition	Examples
P2	Ideally < 1 month between placed on waiting list and surgery	MDT directed colorectal cancer surgery, EUA/biopsy for malignancy
P3	Ideally less than 3 months between waiting list start and surgery	MDT directed prostate or non-invasive bladder cancer surgery; hip avascular necrosis;
P4	Procedures which can wait for more than 3 months	Procedures for benign conditions (e.g. most joint replacements), stable coronary disease,

Reference: FSSA Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic (2021)

Form 2: Elective Operating Theatres & Intervention Rooms – one form per operating / interventional list

*This data will help us to understand the characteristics of patients **who do have** their procedures (so that we have a denominator for the rate of cancellations) and the overall efficiency of each list.*

DATA COLLECTION PROCESS

All lists taking place in an operating theatre and/or with the assistance of an anaesthetist are to be audited

ONE data collection form needs to be filled in **for each list** (see appendix 2). This should only take approximately 5 minutes to complete.

These forms should not be completed for emergency lists, rather refer to the next section for information regarding emergency patients. However, if emergency patients had surgery/procedures on an elective list, please include these in your numbers.

The anaesthetist for each list should be responsible for this data collection.

One data collection form needs to be completed **for each elective list** included in Super-SNAP1 (see appendix 2).

DEFINITIONS:

SURGICAL PRIORITISATION: please source this information from operating lists or the surgeon responsible for each list.

Priority level	Definition	Examples
P1	Procedures which should be performed in less than 72 hours	Emergency laparotomy, renal obstruction with infection, open fractures, acute limb ischaemia, Perianal abscess, acute on chronic limb ischaemia
P2	Ideally < 1 month between placed on waiting list and surgery	MDT directed colorectal cancer surgery, EUA/biopsy for malignancy
P3	Ideally less than 3 months between waiting list start and surgery	MDT directed prostate or non-invasive bladder cancer surgery; hip avascular necrosis;
P4	Procedures which can wait for more than 3 months	Procedures for benign conditions (e.g. most joint replacements), stable coronary disease,

Reference: FSSA Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic (2021)

Form 3: Emergency Patients: one form per emergency patient

This data will allow us to build a snapshot of the timeliness of emergency surgery across the UK, and, if delays occur, what factors lead to these delays.

Data Collection:

ONE data collection form needs to be filled in **for each emergency patient** (see appendix 3). This should only take approximately 2 minutes to complete.

The anaesthetist responsible for the list should complete this information.

Please ensure that all colleagues running lists are aware of this form, in case an emergency patient is operated on during an elective list.

Definitions:

Emergency surgery

Patients who require their operation/procedure to be done within 72 hours from the time the decision to do the operation/procedure has been made.

Day case: Operation/procedure that does not involve a planned overnight (does not include 23 hour stays in hospital)

Inpatient case: Operation/procedure that involves a planned overnight stay in hospital (includes 23 hour stays in hospital)

Examples of surgical complexity grading: please consult your surgeon if unsure

Surgical complexity	Indicative duration of surgery	Examples
Minor	<30m	Excision skin lesions; Drainage of abscess
Intermediate	<1 hour	Joint arthroscopy; Simple primary hernia repairs
Major, Major+, Complex	>1 hour	Total joint replacement; Intraabdominal procedures; Thyroidectomy

Reference: NICE (April 2016). Routine preoperative tests for elective tests for elective surgery

Form 4: Daily Overview: one form per site per day

This data will help us understand usual theatre capacity and how that has been affected on the day of data collection by, for example, staffing shortages.

Data collection:

One data collection form needs to be completed per site per day of Super-SNAP1 (see appendix 4). We suggest that the site leads or their designate fill in these forms with advice from their theatre coordinators and other colleagues if required.

This form may require a 10-minute discussion on how things were on the day of data collection compared to ideal theatre capacity and productivity, during the COVID era.

For example, we know that many hospitals are postponing non-urgent surgery at the moment (e.g. elective orthopaedics) because of staff shortages and unusually high pressure on inpatient beds because of COVID-19 admissions. If this is the case in your hospital, we would like to know what the theatre capacity would be if the service were not under the current pressures – for example, what would have been your capacity last Summer, or pre-Omicron.

This form has been designed to encompass information about all the theatre suites/complexes within a site. If lists which involve an anaesthetist have taken place in remote areas of the hospital (e.g. CT, MRI, ECT etc) these should be included in the daily overview.

Regulatory approvals & confidentiality

Super-SNAP1 is a clinical service evaluation and is not considered as research as per criteria set by the Health Research Authority (HRA). It does not involve any randomisation, intervention or changes to patients' care. For these reasons, Super-SNAP1 does not require research ethics committee (REC) approval. Please refer to our HRA decision tool result as confirmation of this. For local coordinators this means that no further permissions or approvals are required in order to take part, however some may prefer to inform their local audit or R&D department or Caldicott guardian.

Super-SNAP1 is not collecting any patient or clinician identifiable information. Hospital location will only be used to determine whether there are any systematic differences in findings between different types of hospital or different geographies. Specific hospitals or trusts will not be linked to specific data in reports or publications. The contact details provided to the Super-SNAP1 team by registered sites will only be used for direct communication regarding the study.

If you need help:

Please refer to this guide and our FAQs page. If your questions are not answered please either:

- Check out our website: https://www.niaa-hsrc.org.uk/Super-SNAP1#pt
- E-mail us on: supersnap1@rcoa.ac.uk

THANK YOU FOR YOUR SUPPORT!

Super-SNAP1 investigators:

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Appendix 1. Last minute Elective cancellations: one form per cancelled patient

Trust Name:											
Hospital Name:											
Hospital Site:											
Date of planned procedure:											
Patient age? (tick)											
<18 years			≥18 years								
Planned as day-case or inpatient? (tick)											
Day-case			Inpatient								
Surgical magnitude? (tick)											
Minor			Intermediate			Major, major+/complex					
Surgical urgency? (tick/circle)											
P2 (<1 month)			P3 (<3 months)			P4 (>3 months)					
Indication for treatment (tick/circle)											
Cancer		Cardiac		Vascular		Other					
Reason for cancellation (please tick all that apply)											
Medical: long-term condition or medication related		Equipment Problem									
Medical: acute condition NOT COVID 19 related (e.g., acute infection)		Patient DNA									
Medical: acute/recent COVID 19 Infection or complication		Administrative e.g. overbooked list									
Lack of hospital bed		Unknown									
Lack of critical or enhanced care bed		Staffing *(see next section)*									
List overrun / insufficient operating theatre capacity											
Other, please specify:											
If staffing was contributing factor, please indicate which staff groups contributed (tick all that apply)											
Scrub staff		Middle grade anaesthetist									
HCAs		Senior surgeon									
Porters		Middle grade surgeon									
ODP/ODA/anaesthetic nurse		Recovery staff (i.e. not all recovery beds open)									
Senior anaesthetist		Ward staff (discharge delays from recovery)									
Other, please specify:											

Appendix 2. Elective list cancellations and efficiency: one form per operating / interventional list

Trust Name:						
Hospital Name:						
Hospital Site:						
Date of List:						
Total number of patients who underwent anaesthetic intervention on the list today						
..... patients				Please fill out the table below to indicate **the number of patients** treated in each category of urgency and day case vs, inpatient care.		
	P1	P2 Cancer	P2 Non-cancer	P3	P4	
Adult day case						
Adult inpatient						
Paediatric day case						
Paediatric inpatient						

Did the list start on time? (tick)					
Yes			No		
Did the list end on time? (tick)					
Yes			No		
In the opinion of the surgical / anaesthetic team, was the full time allocated for surgery and anaesthesia on this list used as efficiently as possible? (tick)					
Yes			No		

If the list was not used as efficiently as possible, please select all reasons why this was			
Uncertainty over hospital bed availability		Delays in patients arriving in theatres	
Uncertainty over critical or enhanced bed availability		Delays in patients being able to leave theatres (e.g., recovery full /no ICU bed available/removal of all airway devices mandated in theatre)	
Infection Prevention Control issues (e.g., cleaning theatres; mandated delays between patients)		Organisational issue in theatres (e.g., equipment not available)	
COVID-19 related clinical reasons (e.g. patient awaiting COVID result)		Administrative issues: over or under booked list	
Non COVID-19 related clinical reasons		Staffing	
Other, please specify:			

If you feel staff shortages have affected capacity today, has one staff group been affected more than others? (tick)					
Yes			No		***Please turn over for the final question.***

If staffing was contributing factor, please indicate which staff groups contributed (tick all that apply)			
Scrub staff		Middle grade anaesthetist	
HCAs		Senior surgeon	
Porters		Middle grade surgeon	
ODP/ODA/anaesthetic nurse		Recovery staff (i.e. not all recovery beds open)	
Senior anaesthetist		Ward staff (discharge delays from recovery)	
Other, please specify:			

Appendix 3. Emergency Surgery Timeliness: one form per emergency patient

Trust Name:							
Hospital Name:							
Hospital Site:							
Date of procedure:							
Patient age? (tick)							
<18 years			≥18 years				
Planned as day-case or inpatient? (tick)							
Day-case			Inpatient				
Surgical magnitude (tick/circle)							
Minor			Intermediate			Major, major+/complex	
Intended time to surgery at the time of booking in hours (tick/circle)							
< 2h	<6h	<12h	<24h	<48h	<72h	Not recorded	
Time between booking and anaesthesia starting in hours (tick/circle)							
< 2h	<6h	<12h	<24h	<48h	<72h	>72 hours	
Time that anaesthesia started (tick/circle)							
0800 – 1159		1200 – 1759		1800 – 2359		0000 - 0759	
Please only complete the fields below if there was a delay to surgery:							
Reason for delay to surgery (please tick all that apply)							
Uncertainty over hospital bed availability		Delays in patients arriving in theatres					
Uncertainty over critical or enhanced bed availability		Delays in patients being able to leave theatres (e.g., recovery full /no ICU bed available)					
Infection Prevention Control issues (e.g., cleaning theatres)		Organisational issue in theatres (e.g., equipment not available)					
Clinical reasons e.g. patient awaiting test results		Other, please specify:					
If staffing was contributing factor, please indicate which staff groups contributed (tick all that apply)							
Scrub staff		Middle grade anaesthetist					
HCAs		Senior surgeon					
Porters		Middle grade surgeon					
ODP/ODA/anaesthetic nurse		Recovery staff (i.e. not all recovery beds open)					
Senior anaesthetist		Ward staff (discharge delays from recovery)					
Other, please specify:							

Appendix 4. Daily Overview: one form per site per day

Trust Name:				
Hospital name:				
Site name:				
Date of completion (11th or 12th January 2022):				
	am	pm	eve	night
Normal number of **elective** sessions in theatre / interventional suites involving an anaesthetist (consider a typical day within the past year)				
Today: Number of **elective** sessions in theatre/interventional suites involving an anaesthetist				
Normal number of **emergency or trauma** sessions in theatre/interventional suites involving an anaesthetist (consider a typical day within the past year)				
Today: Number of emergency or trauma sessions in theatre / interventional suites involving an anaesthetist				
Today: Number of **elective theatres** doing **emergency** surgery (i.e., theatres converted from elective work to support emergency surgery)				
Today: Number of empty sessions in theatres or interventional suites involving an anaesthetist				

If there were empty sessions: how many were usual empty sessions and how many were unplanned empty sessions because of service pressures (tick/circle)					
Were there empty sessions?	Y / N	Number of usually empty sessions		Number of unplanned empty sessions	

If fewer sessions occurred than usual, what were the reasons for this? (tick all that apply)			
Lack of ward beds		Staff shortages (please see below)	
Lack of critical care beds		Administrative errors	
Other, please specify:			

If staffing was contributing factor to unexpected empty sessions, please indicate which staff groups contributed (tick all that apply)			
Scrub staff		Middle grade anaesthetist	
HCAs		Senior surgeons	
Porters		Middle grade surgeons	
ODP/ODA/anaesthetic nurses		Recovery staff (i.e. not all recovery beds open)	
Senior anaesthetists		Ward staff (discharge delays from recovery)	
Other, please specify:			

If staffing was contributing factor to unexpected empty sessions, please indicate reasons why (tick all that apply)			
Covid related absences (sickness, isolation etc)		Non-COVID related sickness	
Staff redeployment to other services		Other, please specify:	

Appendix 5: SUPER-SNAP1 poster (see next page)

This hospital is participating in Super-SNAP1: a rapid service evaluation of operating theatre and interventional cancellations and capacity led by the Health Services Research Centre at the Royal College of Anaesthetists and supported by the Royal College of Surgeons (Eng) and Federation of Surgical Specialist Associations.

If you are an anaesthetist, surgeon or interventionalist doing procedures on **Tuesday 11 Jan or Wednesday 12 Jan**, please complete these forms (consult with your anaesthetic/surgical colleagues to ensure no double data entry).

For further information go to: https://www.niaa-hsrc.org.uk/Super-SNAP1#pt

FORM 1: Last minute Elective cancellations: one form per cancelled patient to be completed by anaesthetic / surgical team:
https://www.tfaforms.com/4953776

SCAN ME

FORM 2: Elective list cancellations and efficiency: one form per operating / interventional list to be completed by anaesthetic / surgical team:
https://www.tfaforms.com/4953780

SCAN ME

FORM 3: Emergency Surgery Timeliness: one form per emergency patient to be completed by anaesthetic / surgical team:
https://www.tfaforms.com/4953778

SCAN ME

FORM 4: Daily Overview: one form per site per day completed by local Super-SNAP site coordinator: https://www.tfaforms.com/4953779

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