PACE: Postponements and Cancellations in Elective Care:

Cancellations Local Coordinator Guide

** THIS GUIDE RELATES TO THE CANCELLATIONS ASPECT OF THE PACE PROJECT– for information related to the postponements part of the audit please see the separate guide **

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Introduction

Thank you for agreeing to be a Local Coordinator (LC) for the PACE: Postponement and Cancellations in Elective Care audit, and specifically the cancellations within 24h of planned operation date study. You are critical to the success of this important project.

PACE is a national service evaluation being delivered by the NIHR - North Central London Patient Safety Research Collaboration in partnership with NHS England, University College London, and the Centre for Research and Improvement - Royal College of Anaesthetists.

It has been designed to be a simple, rapid service evaluation with the aim of generating clinically and operationally important unique data. You may have previously taken part in the Super-SNAP1 study which assessed cancellations and delays to surgery related to COVID-19.

PACE will investigate **postponements and cancellations in elective surgery pathways.** We aim to:

1. Understand the current rate of cancellations within 24 hours of planned surgery (a 'cancellation') and the reasons/risk factors for these
2. Understand the current rate of delays to patients undergoing surgery during the preoperative phase of care (a 'postponement')
3. 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)
4. Describe the variation in operating list characteristics, efficiency and cancellations over different regions of England and between different types of hospitals (e.g. acute vs. cold sites)
5. Understand how implementation of early screening pathways in Preoperative assessment may impact on postponements and cancellations in elective care.

As a local coordinator, you may be very experienced in running projects within your hospital whilst for others it may be the first time. Rapid service evaluations like PACE are relatively new to everyone, this guide aims to help you understand the structure of PACE in regard to collecting data locally.

If you have any questions, please contact us at england.electiverecoverypmo@nhs.net

Top tips for success:

1. **Involve your surgical colleagues:** most of the data collection (forms 1 and 2) 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.
2. **Complete data collection prospectively:** undoubtedly the quickest, easiest way to capture high quality data for forms 1and 2, 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

Census of surgical and interventional activity focusing on postponement and cancellations.

Data collection period:

Starts: 08:00 on Monday 11th November

Ends: 07:59 on Monday 18th November.

Data entry

- **Deadline for online submission: 9am on Monday 9th December**. 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 and 2, 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 9th December.

Inclusion criteria (also see definitions below)

All **elective 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, endoscopy 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.
- Postponement: A decision to delay a procedure to allow further information to be gathered or optimisation to take place which is made >24 hours prior to a planned operating list (or any preoperative timepoint for a patient who does not have a TCI date)
- Cancellation: A decision to not proceed with a procedure within 24 hours of the planned operating list.

Data Collection Forms

There are 2 data collection forms included in the PACE cancellations audit:

1. **Cancellations** – 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

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Form 1: 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

Cancellation: 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 list cancellations and efficiency – 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 completed **for each operating list** (see appendix 2). This should only take approximately 5 minutes to complete.

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 PACE (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 – NOT INCLUDED IN PACE	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)

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Regulatory approvals & confidentiality

PACE 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, PACE 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.

PACE 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 PACE project team by registered sites will only be used for direct communication regarding the study.

Online forms available here:

Form 1: **https://www.tfaforms.com/5149853**

Form 2: **https://www.tfaforms.com/5150548**

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://psrc-cl.nihr.ac.uk/research/postponements-and-cancellations
- E-mail us on: mailto:england.electiverecoverypmo@nhs.net

THANK YOU FOR YOUR SUPPORT!

PACE investigators:

Ms Emma McCone - GIRFT national lead for preoperative assessment, NHS England

Professor Ramani Moonesinghe – Director of NIHR-Central London Patient Safety Research Collaborative; National Clinical Director for Critical and Perioperative Care, NHS England

Dr James Bedford – NIHR-PSRC fellow

Dr Adam Hunt – PhD student, University College London

Dr Andrew Kane – PSRC – RCoA Centre for Research and Improvement (CR&I) joint academic lead

Mr James Young – Senior Programme Manager, Elective Recovery Programme, NHS England

Mr Adam Foster – Programme Manager, Elective Recovery Programme, NHS England

Appendix 1 - PACE 2024 Form 1: Cancellations (one form per cancelled patient)
Online form: https://www.tfaforms.com/5149853

Trust name:
Hospital/site Name:
Date of elective list from which patient was cancelled: ___/11/2024

Age (tick)			
<18 years		>18 years	

Planned as day-case or inpatient? (tick)					
Day-case			Inpatient		

Did the patient go through a preoperative assessment process before the day of surgery? (tick)								
Yes			No			Don't know		

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		

Surgical specialty (tick)					
Breast		Gynaecology		Plastics/reconstruction	
Cardiac		Head & Neck		Thoracics	
Colorectal		Hepatobiliary		Upper GI	
Dentistry		Interventional Radiology/Imaging		Urology	
Endocrine		Maxillo-facial		Vascular	
ENT		Neurosurgery		Other, please specify:	
Gastroenterology		Orthopaedics			
General		Paediatrics			

Reason for cancellation (please tick all that apply)			
Pre-existing medical condition		Clinical Staff Unavailable - Surgeon	
Undiagnosed condition		Clinical Staff Unavailable - Anaesthetist	
Acute medical condition – related to COVID		Clinical Staff Unavailable – scrub practitioner	
Acute medical condition – all other		Clinical Staff Unavailable – Anaesthetic practitioner	
Procedure no longer necessary		Clinical Staff Unavailable – Recovery Practitioner	
Unsuitable for surgical hub/green site		Equipment unavailable or failed	
Inadequate Pre-assessment - Incomplete paperwork		Administrative Change - Booked to incorrect session	
Inadequate Pre-assessment - health problem not fully investigated		Administrative Change - Patient brought forward	
Inadequate Pre-assessment - Appropriate optimisation/follow up not completed		Essential support unavailable – Perfusionist/Cell Salvage	
Inadequate Pre-assessment - Appropriate aftercare not arranged		Essential support unavailable - Radiology	
Inadequate Pre-assessment - Reasonable adjustments not in place due to disability or mental health issue		Essential support unavailable – Manufacturer rep	
Treatment/Surgery deferred		Essential support unavailable - Interpreter	
No Bed Available - General / Ward		Preoperative guidance not followed	
No Bed Available - ITU/HDU		Appointment inconvenient	
No Bed Available - ITU/HDU		Unfit for procedure	
No Bed Available - Paediatric		Procedure not wanted	
No Bed Available - Maternity		Did not attend/was not brought in	
Emergency Admission		Industrial action (any staff group)	
List Overrun - Booking error		Blood products unavailable	
List Overrun - Complexity of procedures		Other, please specify:	
List Overrun - Theatre inefficiencies			
List Overrun - Other reason			

Appendix 2 - PACE 2024 Form 2: Elective list cancellations and efficiency (one form per operating/interventional list)
Online form: https://www.tfaforms.com/5150548

Trust name:	
Hospital/site name:	
Date of list:	
Total number of patients planned to undergo anaesthetic intervention on the list today (at 8am on day prior to scheduled list)	
.... patients	
Actual 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					

In the opinion of the surgical and 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 care or enhanced perioperative care bed availability		Delays in patients being able to leave theatres (e.g. recovery full/lack of physical ICU bed availability/mandated removal of all airway devices in theatre)	
Infection control issues (e.g. cleaning theatres, mandated delays between patients, unavailability of infection control test results)		Organisational issue in theatres (e.g. equipment not available, delays in sending for patient)	
Clinical reasons (e.g. surgical or anaesthetic reason for case cancellation)		Scheduling issues (i.e. over or under booked list)	
Prioritisation of emergency cases over scheduled elective patients		Staffing *(see next section)*	
Other, please specify:			

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Appendix 3 - PACE Cancellations poster (see next page)

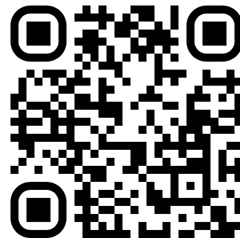
PACE –
Postponements and Cancellations in Elective Care: Cancellations data collection

This hospital is participating in PACE: Postponements and Cancellations in Elective Care rapid service evaluation led by the NIHR Central London Patient Safety Research Collaborative, supported by Centre for Research and Improvement – Royal College of Anaesthetists and NHS England.

If you are an anaesthetist, surgeon or interventionalist doing procedures on **Monday 11 November to Sunday 18th November**, please complete these forms (consult with your anaesthetic/surgical colleagues to ensure no double data entry)

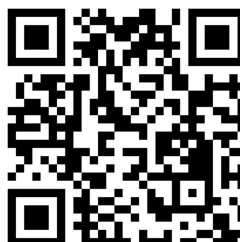
PACE 2024 - Form 1: Cancellations within 24 hours of planned surgery - one form per cancelled patient to be completed by anaesthetic / surgical team:

https://www.tfaforms.com/5149853



PACE 2024 Form 2: Elective list cancellations and efficiency - one form per operating / interventional list to be completed by anaesthetic / surgical team:

https://www.tfaforms.com/5150548



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