



SCREENING:

- All institutions invited to participate in this audit

Section 1. Workforce

1.1	Does your trust have more than one site with either acute or general in-patient medical/surgical /oncology services (i.e. not including solely psychiatric/maternity/rehabilitation units)? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.8	If yes, does the pleural lead have dedicated time within their job plan for service development? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	Are services identical across all sites? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.9	Does your hospital have a nominated thoracic ultrasound (TUS) mentor? <i>This can include easy access to an individual working at your trust.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	Approximately how many non-general anaesthetic assisted pleural procedures are performed at your hospital within the last year (please provide a figure for the 12 months leading up to 1 April 2021 or the last available 12 month period)? <input type="checkbox"/> Less than 300 <input type="checkbox"/> 300-600 <input type="checkbox"/> 600-900 <input type="checkbox"/> 900-1200 <input type="checkbox"/> More than 1200	1.10	If yes, does the TUS mentor have dedicated time within their job plan for training oversight & delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No
		1.11	Does your hospital have a nominated chest drain training lead? <i>This can include easy access to an individual working at your trust.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	Approximately how many inpatients with pleural disease (pleural effusion, pneumothorax, empyema) does your hospital provide care within the last year (please provide a figure for the 12 months leading up to 1 April 2021 or the last available 12 month period)? <input type="checkbox"/> Less than 300 <input type="checkbox"/> 300-600 <input type="checkbox"/> 600-900 <input type="checkbox"/> 900-1200 <input type="checkbox"/> More than 1200	1.12	If yes, does the chest drain lead have dedicated time within their job plan for training oversight & delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	What is the total number of medical sessions (PAs) provided by the respiratory/medicine department dedicated to pleural disease management per week (if this has changed within the past year, please use within the last week as a reference point)? <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input type="checkbox"/> 8.5 <input type="checkbox"/> 9	1.13	How many WTE pleural specialist nurses work at your hospital? <i>Please use the whole time equivalent at your hospital site.</i> <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6+

	<input type="checkbox"/> 9.5 <input type="checkbox"/> 10 <input type="checkbox"/> 10.5 <input type="checkbox"/> 11+		
1.6	How many consultants deliver these sessions? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	1.14	What banding are the specialist pleural nurses? <input type="checkbox"/> Nurse 1: ____ <input type="checkbox"/> Nurse 2: ____ <input type="checkbox"/> Nurse 3: ____ <input type="checkbox"/> Nurse 4: ____ <input type="checkbox"/> Nurse 5: ____
1.7	Does your hospital have a nominated pleural lead? <i>This can include easy access to an individual working at your trust.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	1.15	Does your hospital have dedicated administrative staff to support the pleural service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2. Infrastructure and Protocols			
2.1	Does your hospital run a dedicated op pleural clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.9	Are the ultrasound images taken by members of the physician-led pleural service uploaded to the hospital radiology system (e.g. PACS)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	Does your hospital have a dedicated room for pleural procedures (clearly defined and reliably available when needed)? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.10	Does your hospital have a dedicated pleural service telephone line for pleural referrals? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	Does your hospital use a dedicated safety checklist for pleural procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.11	Does your hospital have a dedicated email for pleural referrals? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	If you have a pleural checklist, is it employed by all departments undertaking pleural procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.12	Does your hospital have a dedicated admission avoidance pathway for patients with pleural disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.5	Is pleural procedure equipment made available in a single accessible location e.g. standardised packs / equipment trolleys? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.13	How frequently would you estimate your patients have access to the following pleural interventions within 5 working days of referral/decision for patients with suspected malignant disease? (This is during non-covid times) <i>Please use the following as estimates when answering: rarely (< 30%), sometimes (30-60%), mostly (60-90%), nearly always (>90%)</i>
2.6	Is pleural procedure kit standardised across all areas of the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pleural aspiration: <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly <input type="checkbox"/> Nearly Always
2.7	Does your hospital have an appropriate data capture system to achieve the NHS pleural effusion Best Practice Tariff (day-case, respiratory clinician-led, ultrasound guided pleural effusion interventions)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Indwelling pleural catheter insertion: <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly <input type="checkbox"/> Nearly Always
2.8	Does your pleural service offer a dedicated pleural in-reach inpatient review system including bedside thoracic ultrasound? <input type="checkbox"/> Yes <input type="checkbox"/> No		Thorascopy: <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly <input type="checkbox"/> Nearly Always
Section 3. Out of Hours Pleural Disease Management			
3.1	Does your hospital have a protocol for out of hours pleural disease management including an agreed pathways to access appropriately trained &	3.2	During out of hours (excluding Monday-Friday 9am-5pm) does your hospital provide reliable (consistently available at all times) access to

	<p>competent thoracic ultrasound & pleural procedure operators?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>competent operators (able to perform the procedure independently and manage any potential complications) in the following procedures:</p> <p>Thoracic USS operator: At least CiP level 4 Emergency Operator (As detailed in BTS TUS training standard)</p> <p><input type="checkbox"/> Yes, on site <input type="checkbox"/> Yes, off site <input type="checkbox"/> No</p> <p>Pleural operator: pleural aspiration</p> <p><input type="checkbox"/> Yes, on site <input type="checkbox"/> Yes, off site <input type="checkbox"/> No</p> <p>Pleural operator: Seldinger chest drain insertion</p> <p><input type="checkbox"/> Yes, on site <input type="checkbox"/> Yes, off site <input type="checkbox"/> No</p> <p>Pleural operator: blunt dissection large bore chest drain insertion</p> <p><input type="checkbox"/> Yes, on site <input type="checkbox"/> Yes, off site <input type="checkbox"/> No</p>
Section 4. Patient Safety			
4.1	<p>Have there been any patient safety incidents in relation to thoracic ultrasound / pleural procedures within your hospital in the last 3 years (as of 1 April 2021)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	4.2b	<p>Were any of these incidents classified as level 5 (Death) for patient harm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.2a	<p>Were any of these incidents classified as level 4 (Severe) for patient harm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	4.3	<p>Is the provision of thoracic ultrasound or pleural procedures currently listed on a directorate, divisional or hospital risk register?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>