

THE STRUCTURE OF A STANDARD

The ACSA standard has **5 DOMAINS:**

- 1 The Care Pathway
- 2 Equipment, Facilities and Staffing
- 3 Patient Experience
- 4 Clinical Governance
- 5 Subspecialties

These are broken down further into **SUBDOMAINS** and **AREAS**

KEY



The Care Quality Commission has released the **Key Lines of Enquiry** which the ACSA team maps against ACSA Standards.

Guidelines for the Provision of Anaesthetic Services references.

The standard has to be a **definitive statement** which warrants a 'yes' or 'no', 'met' or 'unmet' response.

1. The Care Pathway

1.1 General

1.1.1 Policies

1.1.1.1 All patients should have a named and documented supervisory anaesthetist who has overall responsibility for the care of the patient

This should be visible on the anaesthetic record, on the rota, on display in the department and visible in the obstetric area

PRIORITY

1

CQC KLoE

Safe
Well-led

GPAS REFERENCES

3.4.6
9.1.19, 9.1.20
10.1.4

HELP NOTE

This has been written by the ACSA Team and agreed by the Quality Management of Service Group as useful additional wording to help clarify the standard further where possible.

Each **STANDARD** has a number. If a standard is removed, the number is not re-used, so some numbers are missing where standards have been taken out during the editing process. The standards themselves are grouped into these areas so that the standards are categorised and easy to find.

The text underneath each standard describes the evidence required to determine whether or not that standard is met.

Standards are either listed as Priority 1, Priority 2 or Priority 3.

Priority 1 standards must be achieved in order for accreditation to be awarded.

Priority 2 standards are aspirational, but may not be achievable because of mitigating circumstances (e.g. resource or geography issues) and may form part of ongoing issues.

Priority 3 standards provide targets for the highest performing departments to achieve.

These Key Lines of Enquiry are:

- 1 Safe
- 2 Effective
- 3 Caring
- 4 Responsive
- 5 Well-led

The KLoEs applicable to the standard are mentioned.

The standards all have one or more references to the GPAS document.

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
The Care Pathway								
<p>5.4.1.1 The process for preoperative assessment of patients presenting for cardiac and thoracic surgery (including thoracic aortic) is defined within the patient pathway. A clinical pathway detailing the various components of preoperative assessment should be available for review.</p>	1	Safe Effective Well-led	Safe and effective care	Safe, effective and person-centred care delivery	2.1.1. 2.1.3. 2.1.5. 2.2.3, 2.2.5			
<p>5.4.1.2 Preoperative preparation and optimisation, of all patients presenting for cardiac or thoracic surgery includes multi-professional pathways.</p>	1	Safe Effective Well-led	Safe and effective care	Safe, effective and person-centred care delivery	2.1.5. 2.1.6. 2.5.12. 18.3.2.2			
<p>5.4.1.3 Preoperative assessment includes a formal cardiac risk assessment and discussion of treatment options. Multidisciplinary discussion is routine for high-risk patients. Evidence of local guidelines on referral pathways, clinical pathway for pre-assessment.</p>	1	Safe Effective Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	2.5.12. 18.3.22			
<p>5.4.1.4 There is access to respiratory function testing for cardiac and thoracic patients. There is a pulmonary function laboratory and a copy of the service level agreement.</p>	1	Safe Effective Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	18.2.9			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.4.1.5 All postoperative cardiac and thoracic patients are managed in a facility that provides an appropriate level of care. This must be specified in standard operating procedures and patient pathways.</p>	1	Safe Effective Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	18.1.8, 18.2.21, 18.2.23, 18.2.24, 18.2.33			
<p>5.4.1.6 There are agreed clear guidelines for the early postoperative management of patients undergoing cardiac surgery. These guidelines should have particular reference to criteria for weaning of sedation and extubation. Copy of the protocol or standard operating procedure and admissions policies. Postoperative management guideline with criteria for suitability for extubation.</p>	1	Safe Effective Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	18.2.21			
<p>5.4.1.8 Clinical management protocols are in place for the routine management of cardiothoracic patients. Copy of protocols, patient pathways and standard operating procedures. Documentation of handover.</p>	1	Safe Effective Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	18.2.7, 18.2.32, 18.5.2, 18.5.3			
<p>5.4.1.9 There is availability of other specialist services such as endocrine, gastroenterology, neurology, renal medicine, for consultation on complex patients. Department list on hospital intranet. Copy of service level agreement where appropriate.</p>	1	Safe Effective Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	18.2.7, 18.2.8, 18.5.4			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
Equipment, Facilities and Staffing								
<p>5.4.2.1 There is continuous availability of appropriately trained consultants 24 hours a day for cardiothoracic theatre and cardiothoracic ICU. This must be visible from the rota and CPD and training records of anaesthesia and ICU consultants.</p>	1	Safe Well-led Effective	Safe and effective care; Management and leadership	Impact on staff; Workforce management and support	18.1.6. 18.1.7. 18.1.11. 18.1.13. 18.1.14. 18.4.5			
<p>5.4.2.2 Adequate numbers of suitably trained staff are immediately available for managing perioperative and catheter lab emergencies, such as re-sternotomy, in and out of hospital arrest. This must be visible from the rota and described in standard operating procedures. There must be dedicated trained assistants available.</p>	1	Safe Effective Responsive Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Workforce management and support	18.1.6. 18.1.7. 18.1.11. 18.4.1			
<p>5.4.2.3 Transoesophageal and transthoracic echo is immediately available in theatres, cath labs and ICU, with staff who are trained and competent to use it and supported by IT systems to enable storage and retrieval of studies for audit and training. Presence of equipment; policy for reporting studies; evidence of training courses, CPD, exams or accreditation. Presence of reports and saved studies on hospital PACS systems.</p>	1	Safe Effective Responsive Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Workforce management and support	18.2.1. 18.2.2. 18.2.33. 18.4.4			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.4.2.4 Specialised monitoring and equipment appropriate to the scale of surgery is available with staff who are trained and competent to use it. This is adequately maintained. Presence of equipment e.g. IABP, ECMO, NIRS, CO monitoring, depth of anaesthesia, copy of service level agreements and staff rotas. Also fibreoptic bronchoscopic equipment for thoracic double lumen tube placement/checking. Monitoring equipment/portable ventilator for patient transfers e.g. to and from catheter laboratories.</p> <p>IABP= Intra-Arterial Balloon Pump. Device. ECMO= Extra Corporial Membrane Oxygenation. NIRS= Near InfraRed Spectroscopy. CO = CARDIAC OUTPUT monitoring.</p>	1	Safe Effective	Safe and effective care	Safe, effective and person-centred care delivery	18.2.1, 18.2.2, 18.2.3, 18.2.4, 18.2.8, 18.2.9, 18.2.10, 18.2.11, 18.2.12, 18.2.13, 18.2.14, 18.2.15, 18.2.16, 18.2.17, 18.2.18, 18.3.16, 18.3.18			
<p>5.4.2.5 Monitoring of cardiopulmonary bypass conforms to national standards and there is a dedicated trained perfusionist for every cardiac surgery case. Presence of equipment, slave monitors and a copy of service level agreements.</p>	1	Effective Responsive Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Workforce management and support	18.1.7, 18.2.13, 18.3.21			
<p>5.4.2.6 There are dedicated operating theatres large enough for cardiac and thoracic surgery. Copy of floor plans and the presence of facility.</p>	2	Effective	Safe and effective care	Safe, effective and person-centred care delivery	18.2.19, 18.2.20			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.4.2.7 Postoperative care facilities are appropriate to the level of care required, staffed by appropriately trained medical and nursing staff. There should be clear pathways for the transfer of patients between postoperative care facilities as determined by clinical need. Copy of standard operating procedures, admission and discharge policies, floor plans and building notes.</p>	1	Safe Effective	Safe and effective care	Safe, effective and person-centred care delivery	18.1.8, 18.2.21, 18.2.23, 18.2.33			
<p>5.4.2.8 Postoperative care facilities are appropriately equipped. Review of facilities on visits and trust risk register.</p>	1	Safe Effective	Safe and effective care	Safe, effective and person-centred care delivery	18.1.8, 18.2.21, 18.2.23, 18.2.24, 18.2.33			
<p>5.4.2.9 Postoperative care facilities have dedicated beds for cardiothoracic patients. Review of case cancellations with reasoning. Feedback from consultants/nursing staff and review of trust critical care escalation policy.</p>	1	Safe Effective	Safe and effective care	Safe, effective and person-centred care delivery	18.1.8			
<p>5.4.2.10 Postoperative care facilities are colocated with theatres or critical care. Floor plan or inspection by the visiting reviewers.</p>	1	Safe Effective	Safe and effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	18.2.19, 18.2.20			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.4.2.11 Point of care testing for blood gases, haematology, electrolytes and coagulation is available for cardiac surgery. Presence of 'point of care' testing, equipment or facility. Copy of standard operating procedures.</p>	1	Safe Effective Responsive	Safe and effective care	Safe, effective and person-centred care delivery; Policies, planning and governance, Workforce management and support	18.2.26			
<p>5.4.2.12 There is a designated physiotherapy service for cardiothoracic patients. This must be visible from rotas, standard operating procedures and service level agreements.</p>	1	Effective	Quality of patient experience; Safe and effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	18.2.30			
<p>5.4.2.13 There is an accredited perfusion service for cardiac surgery that complies with national guidelines. Copy of perfusion department documentation; society of perfusionists accreditation report.</p>	1	Safe Effective	Safe and effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	18.1.9, 18.2.13, 18.5.8			
<p>5.4.2.14 Anaesthetists undertake relevant CPD in cardiac anaesthesia, thoracic anaesthesia and echocardiography as appropriate. Documentation of attendance at meetings, courses and conferences.</p>	1	Safe Well-led Effective	Safe and effective care; Management and leadership	Impact on staff; Workforce management and support	18.1.4, 18.4.7, 18.4.9			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.4.2.15 There is adequate time in job plans for pre and postoperative visiting of complex cardiac and thoracic patients. Copy of job plans. Feedback from consultants on adequate patient availability for this.</p>	1	Effective Caring	Safe and effective care	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	18.5.7, 18.3.22			
<p>5.4.2.16 There is a resident anaesthetist for postoperative and cath lab emergencies. This individual should be separate from the resident covering the cardiothoracic intensive care unit (ICU). This is visible on the rota, grades and cover.</p>	1	Responsive Safe	Safe and effective care	Safe, effective and person-centred care delivery	18.1.6, 18.1.10, 18.1.13			
Patient Experience								
<p>5.4.3.1 There are dedicated cardiac, thoracic, or cardiothoracic wards. Presence of facility.</p>	2	Safe Effective Caring	Safe and effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	18.2.19			
<p>5.4.3.2 The acute pain service has specific techniques available for thoracic patients, including epidural and other advanced techniques. Copy of standard operating procedures, protocols and job descriptions.</p>	1	Effective Caring Responsive	Safe and effective care	Impact on patients, service users, carers and families; Workforce management and support	18.2.32			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.4.3.3 There are specific patient information leaflets for patients undergoing cardiac/thoracic surgery, with information regarding anaesthesia and perioperative care. Leaflets must be available in the wards, in outpatient clinics, and enclosed with patient letters.</p>	1	Caring Effective	Safe and effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	18.9.1 , 18.9.2 , 18.9.3 , 18.9.4			
Clinical governance								
<p>5.4.4.1 There is a designated lead consultant for cardiac and/or thoracic anaesthesia with adequate sessional time. Copy of job plan and meeting minutes. The department admin office and the governance department must be aware who these are.</p>	1	Well-led Effective	Management and leadership	Impact on staff; Workforce management and support; Quality improvement-focused leadership	18.1.5 , 18.1.12			
<p>5.4.4.2 There is regular multidisciplinary clinical audit of cardiac and thoracic services with surgeons, cardiologists and nurses. Copy of meeting minutes and the department rota.</p>	1	Responsive Well-led	Management and leadership	Impact on staff; Workforce management and support; Quality improvement-focused leadership	18.1.3 , 18.3.5 , 18.3.14 , 18.5.4 , 18.7.2 , 18.7.3			
<p>5.4.4.3 Anaesthetists take part in regular, minuted, specific cardiac and thoracic M&M meetings with surgeons, cardiologists, nurses perfusionists and other relevant staff. Copy of meeting minutes and the department rota.</p>	1	Responsive Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Quality improvement-focused leadership	18.5.2			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.4.4.4 Anaesthetists take part in appropriate cardiac, thoracic and cardiology multidisciplinary team meetings with cardiac surgeons, cardiologists and nurses as recommend by NCEPOD. Copy of meeting minutes, departmental rota and job plans.</p>	1	Safe Effective Responsive Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	18.1.3 , 18.5.4			
<p>5.4.4.5 Units take part in national benchmarking audit and disseminate this information to staff. Copies of benchmaking exercises involved and records of local dissemination meetings and correspondence.</p>	3	Safe Effective Responsive Well-led	Safe and effective care; Management and leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	18.7.3			

Name of Department: