

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>5.3.1.1 The process for preoperative assessment presenting for vascular surgery (including 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 well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	15.1.7 , 15.3.1 , 15.3.2			
<p>5.3.1.2 Anaesthetic provision for elective major vascular surgery is delivered by a group of consultant anaesthetists with regular subspecialty vascular practice. There may be others who do not undertake vascular anaesthesia regularly but who have complimentary skills through other areas of practice. Visible on the published anaesthetic rota. CD or management to provide evidence that appropriately trained and experienced anaesthetists are allocated for vascular lists. Vascular anaesthetists CPD records, MDT attendance, College logbooks etc.</p>	1	Safe effective well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	15.1.1 , 15.1.2 , 15.1.3 , 15.1.4 , 15.1.6 , 15.1.7 , 15.1.10 , 15.4.2 , 15.4.3 , 15.4.4 , 15.5.1			
<p>5.3.1.3 There are locally agreed guidelines for the assessment, risk stratification, medical optimisation and referral of high risk vascular patients. Evidence of local guidelines on perioperative referral pathways, including clinical pathway for preassessment.</p>	1	Safe effective well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	15.1.7 , 15.1.8 , 15.3.1 , 15.3.2			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.3.1.4 Preoperative preparation and optimisation should include multi-professional pathways and where appropriate functional capacity should be assessed in those patients who present for aortic surgery.</p> <p>Clinical guidelines and evidence of the use of functional capacity assessment (on site or at another unit in the clinical pathway. Ideally this should use an objective measure (such as cardiopulmonary exercise testing). Inspection of the weekly departmental rota and/or evidence within job plans for vascular anaesthetists that demonstrates adequate time is provided to deliver the preoperative assessment service for vascular patients. Preoperative assessment should include a formal risk assessment and discussion of treatment options. Multidisciplinary discussion should be routine, especially when patients present a very high risk.</p>	1	Safe, effective well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery	15.1.7 , 15.3.1 , 15.3.2 , 15.4.2 , 15.4.3 , 15.4.6 , 15.5.4			
Equipment, Facilities and Staffing								
<p>5.3.2.2 The standard of anaesthetic equipment, assistance, near patient testing and recovery facilities are identical wherever major vascular surgery occurs either inside or outside the vascular operating theatre.</p> <p>Inspection of facilities. Evidence from lead clinician. All radiological protection precautions are available and used by anaesthetists.</p>	1	Safe effective well-led	Safe & effective care	Safe, effective and person-centred care delivery	15.1.5 , 15.1.9 , 15.2.1 , 15.2.2 , 15.2.3 , 15.2.5 , 15.2.7 , 15.2.8 , 15.2.9 , 15.2.13			
<p>5.3.2.3 Ancillary equipment to manage major haemorrhage such as cell salvage equipment (and personnel), rapid infusion devices and radiological equipment is immediately available 24 hours a day, 7 days a week</p> <p>Inspection of facilities. Evidence from lead clinician</p>	1	Safe effective well-led	Safe & effective care	Safe, effective and person-centred care delivery	15.2.1 , 15.2.2 , 15.2.3 , 15.2.4 , 15.2.7 , 15.2.8 , 15.2.9			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
Patient Experience								
<p>5.3.3.1 Assessments for patients presenting for elective major vascular surgery have adequate time to reflect on the outcome of risk assessments and to allow informed decision making. Leaflets and/or web-based information with detail on timing of the steps within the pathway should be available. An audit of feedback from patients and relatives may also be useful to demonstrate this standard.</p>	1	Safe effective caring responsive well-led	Safe & effective care; Quality of patient experience	Safe, effective and person-centred care delivery; Impact on patients, service users, carers and families	15.3.1 , 15.3.2 , 15.9.1 , 15.9.2 , 15.9.3			
<p>5.3.3.2 Written information leaflets are provided which outline the risks associated with intervention. Inspection of current written documentation given to patients. Evidence from lead clinician and/or vascular nurse specialist.</p>	2	Safe effective caring responsive well-led	Safe & effective care	Safe, effective and person-centred care delivery	15.9.1 , 15.9.2 , 15.9.3			
Clinical governance								
<p>5.3.4.1 The department has a lead clinician for vascular anaesthesia  Name of lead clinician and able to contact them and confirm.</p>	1	Safe effective well-led	Management & leadership	Quality improvement-focussed leadership	15.1.1			
<p>5.3.4.2 Anaesthetists contribute to and attend vascular MDT meetings to discuss patients presenting for aortic surgery and attend interdisciplinary audit meetings. Evidenced from weekly rota or from the vascular anaesthesia group. Minutes from the vascular MDT. Local clinical pathway/policies. Attendance/input of anaesthetists into vascular M&M.</p>	1	Safe effective responsive well-led	Management & leadership	Quality improvement-focussed leadership	15.1.1 , 15.4.2 , 15.7.1 , 15.7.2			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.3.4.3 Those consultants who cover emergency vascular surgery but who do not undertake regular vascular anaesthetic practice have programmed time to attend vascular CPD and attend vascular surgery lists in a supernumerary capacity.</p> <p>As evidenced by SPA time in current job plan of those who deliver emergency vascular anaesthesia cover out of hours. Evidence of regular local/national CPD events that are disseminated to colleagues who do not provide a regular commitment to vascular anaesthesia</p> 	1	Safe effective responsive well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	15.1.3 , 15.4.1 , 15.4.4 , 15.4.5			
<p>5.3.4.4 Those delivering vascular anaesthesia care are registered with the National Vascular Registry (NVR). Data (particularly the anaesthetic data) is submitted to the NVR in a timely fashion.</p> <p>Summary of data print out from the NVR. This could be provided by the vascular anaesthetists working in the department.</p>	1	Effective well-led	Management & leadership	Quality improvement-focussed leadership	15.1.3 , 15.4.1 , 15.4.4 , 15.4.5			
<p>5.3.4.5 Urgent care for patients who require vascular intervention is delivered by senior anaesthetists within office hours where possible. This includes all urgent vascular surgery.</p> <p>Evidence from weekly theatre register, discussion with lead clinician for vascular (or deputy) and lead surgeon for vascular surgery.</p>	1	Safe effective responsive well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	15.1.3 , 15.1.4 , 15.1.5 , 15.1.6 , 15.1.9 , 15.2.11 , 15.2.12			
<p>5.3.4.6 Policies and guidelines on the perioperative management of blood pressure are available to anaesthetists who provide care for patients who present for urgent and elective carotid endarterectomy.</p> <p>Policy or guideline document provided.</p>	1	Safe effective well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	15.1.3 , 15.4.2 , 15.4.4 , 15.4.5 , 15.5.2 , 15.5.6			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p>5.3.4.7 In centres where endovascular repair is undertaken in areas outside the main operating department (angio suite) formal SOPs covering all aspects of care and responsibility should exist and identical safety procedures (such as those associated with the WHO checklist) should exist. Policy or guideline document provided. Verbal confirmation from staff.</p>	1	Safe effective well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	15.1.9 , 15.2.8 , 15.2.10 , 15.2.11 , 15.2.12 , 15.2.13 , 15.2.14			
<p>5.3.4.8 In centres where complex endovascular repair (fenestrated, thoracic or branched EVAR) or open thoracoabdominal aortic aneurysm repair is undertaken, policies and guidelines exist for the detection, prevention and treatment/management of spinal cord ischaemia. Policy or guideline document provided </p>	1	Safe effective well-led	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	15.1.10 , 15.2.5 , 15.2.12 , 15.5.6			

Name of Department: