Questions and Answers from Webinar – 7/11/23

Q: Are we only interested in Level 2 or 3 patients? What about level 2 or 'delayed discharge' patients?

A: No, we are interested in all patients in critical care, unless they meet exclusion criteria. This includes level 1 patients.

Q: Our critical care unit is divided into 4 working pods. Shall we record unit data for each pod or to evaluate the unit as a whole?

A: If the pods are all part of one critical care unit then you can assess the whole unit. However, if you have differently staged areas e.g. an HDU and an ITU then these should be evaluated separately as provisions may differ. Also, if there are more than one critical care area within your hospital they should be evaluated separately – for example, a separate general, cardiac or neuro intensive care.

Q: How long will we have to upload our data after the recruitment window closes?

A: Data collection can occur at any point within the 2-week recruitment window. However, all data must be uploaded by 23.59 on 17th December. We would recommend uploading on RedCap as you go around the unit as it's much easier to do synchronously with data collection.

Q: For a Level 2 post-operative patient who was not ventilated in ICU do we need to submit details of their airway intervention from theatre?

A: Yes, this should be collected and submitted.

Q: When completing the airway assessment for non-intubated patients, how much explanation or consent is needed for these patients?

A; Verbal consent from awake patients is sufficient as no identifiable information will be collected.

Q: Do we have to use the RedCap calculator for PF ratios? Our system automatically generates them for patients with arterial blood gases.

A: No, you do not have to use our provided calculator if the PF ratio is readily available elsewhere.

Q: Once data has been submitted, do we receive a summary of our unit for feedback locally?

A: This can be requested once the data has been processed.

Q: How will collaborators be recognised for any future publications?

A: Collaborators will be cited as 'named collaborators so will appear named on Pub Med.

Q: Can Allied Health Professionals (e.g. nurses, ODPs, technicians, ACCPs, etc) be used as collaborators?

A: Yes, we are more than happy for any AHP collaborators.

Q; In my trust, we use hyper-angulated blades with video laryngoscopy as standard; this will often give a good view irrespective of perceived difficulty. How should this be recorded?

A: If a good view is given on a hyper-angulated blade, then it should recorded as such but perceived difficulty would be recorded elsewhere for patients with a 'difficult airway'. For example, the use of a second operator, the use of an airway adjunct, or other complications would be captured in the data.

Q: Can data on airway assessment be obtained from non-airway trained personnel – for example, an anaesthetic trainee who has not completed their initial assessment of competency?

A: Yes, data can be collected by "non-airway" trained staff. However, this is where we would ask for site lead discretion. If there is a perceived difficult airway then the case should be reviewed by an appropriately trained member of staff – e.g. senior anaesthetic trainee.

Q: Our local clinical governance team has requested that all data be sent to them prior to upload checking that none of the patients are on the National Data Opt-out list. Is this a requirement and is this a problem that is likely to recur?

A: This should not be a requirement for data entry as there is no patient-identifiable information being collected. The CRF has been specifically designed to avoid complications such as these.