



Survey on Hospital Factors Affecting Failure to Rescue in Pancreatic Surgery - PancreasGroup.org 2

Introduction

A global survey is conducted to evaluate hospital-related factors impacting Failure to Rescue (FTR) post-pancreatic surgery, a key metric in surgical outcomes, patient safety, and hospital quality. Previous studies have focused on patient- or hospital volume-related factors affecting FTR, with limited exploration of potentially modifiable aspects on an institutional level. Understanding hospital-related factors could however greatly reduce FTR rates. Experts in pancreatic surgery are asked to rate specific factors based on their institutional experience, providing vital insights into potentially modifiable risks associated with FTR, thereby contributing to the enhancement of global patient care and safety standards. The survey takes approximately 10 minutes to complete, requiring all questions to be addressed for submission. Anonymity of the survey responses for both participants and their institutions in the data reporting are ensured. PubMed citable co-authorship will be offered to all participants.

Personal Information

Please provide your personal and institution information exactly as you would like them to appear in future publications.

First Name _____
Middle Name (if any) _____
Last Name _____
Email Address _____
Department _____
Institution _____
City _____
State (U.S. Only) _____
Country _____

Survey

All fields are mandatory for submission of this survey at PancreasGroup.org/survey

1. Specialized Care and Expertise

Pancreatic surgery requires specialized surgical skills and optimal postoperative care, including support from interventional radiologists and endoscopists, to optimally deal with potential post-operative complications. Lack of such specialized expertise might influence the management of postoperative complications after pancreatic surgery, and therefore potentially affect Failure to Rescue (FTR) rates.

1a. How important do you rate having specialized surgical skills and knowledge in pancreatic surgery (i.e. at least 2 surgeons with dedicated training in pancreatic surgery) in preventing Failure to Rescue (FTR) at your institution?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

1a. Availability at my institution

Yes No



1b. How important would you rate the presence of specialized pancreatic or hepato-pancreato-biliary (HPB) surgical teams or units (including dedicated HPB nurses) within an institution, in influencing FTR?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

1b. Availability at my institution

Yes No

1c. How important would you rate the availability of radiologists and endoscopists specialized in hepato-pancreato-biliary interventions within an institution, in influencing FTR?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

1c. Availability at my institution

Yes No

1d. How significant do you rate the influence of performing pancreatic operations in academic hospitals as opposed to non-teaching institutions?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

1d. My hospital is

Academic Non-Academic

An academic hospital, often referred to as a teaching hospital, is a healthcare facility that is affiliated with a university or a medical school.

2. Volume-Outcome Relationship

Hospitals that perform a higher volume of complex abdominal operations might have better outcomes than lower-volume hospitals when performing high risk complex pancreatic resections, as the medical teams are potentially more experienced in managing such cases and potential complications.

2a. In your opinion, how significant is the hospital volume-outcome relationship, i.e., performing a higher number of pancreatic resections over a certain time, in preventing FTR in your institution?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

2a. Numbers of pancreatic resections performed annually (e.g. in 2022) at my institution _____

Please provide an estimate if you are not aware of the exact number.

3. Advanced Monitoring and Response

Pancreatic surgery patients require close postoperative monitoring to quickly address severe complications such as pancreatic fistula, sepsis and hemorrhage. The lack of advanced monitoring techniques and immediate intervention strategies might affect the detection of complications and the management thereof.



3a. How do you rate the importance of advanced monitoring techniques of patients in an intensive care or advanced care unit immediately post-pancreatic surgery in influencing FTR?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

3a. Availability at my institution

Yes No

3b. How do you rate the importance of adhering to standardized monitoring protocols in the early postoperative period, in influencing FTR outcomes?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

3b. Availability at my institution

Yes No

4. Availability of Specialized Units and Infrastructure

The complexity of pancreatic surgery necessitates continued specialized postoperative care, including intensive care units equipped to handle complications such as hemorrhage, infections, and organ failure, as well as interventional radiology and endoscopy units. The continued availability of such advanced units after patients have been stepped down to ward-level might influence outcomes.

4a. How significant is the continued availability and capacity of specialized surgical intensive care units for advanced monitoring and care for patients experiencing severe complications after pancreatic surgery (e.g. re-admission to the Intensive Care Unit following a complication)?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

4a. Availability at my institution

Yes No

4b. How important do you rate the availability of specialized units such as interventional radiology or advanced endoscopy (e.g. ERCP) at the hospital site where the pancreatic surgery was performed, in preventing FTR?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

4b. Availability at my institution

Yes No

4c. How important do you rate a fast and continuous availability (24 hours a day, 7 days a week) of specialized units such as interventional radiology or advanced endoscopy (e.g. ERCP)?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

4c. Availability at my institution

Yes No



4d. How crucial do you rate the availability of hospital resources to address poorly maintained equipment or outdated facilities, potentially compromising highest standards patient care, with regards to FTR?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

4d. Availability at my institution

Yes No

5. Prevention of Delayed Response

Failure to recognize early signs of complications can delay necessary interventions. Inadequate rapid response systems and a lack of efficient response to emergencies may result in delayed diagnosis and treatment of complications.

5a. How important do you rate the efficiency of rapid response or code teams in influencing FTR outcomes after pancreatic surgery?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

5a. Availability at my institution

Yes No

5b. How critical do you rate bureaucratic delays in obtaining necessary approvals or referrals within the hospital system for postoperative interventions such as interventional radiology, endoscopy or surgical procedures in determining FTR rates?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

5b. Availability at my institution

Yes No

5b. Frequently an issue at my institution

Yes No

5c. How crucial do you rate hospital resources to sustain poorly maintained or outdated facilities and equipment that can compromise patient care highest standards with regards to failure to rescue (FTR)?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

5c. Availability at my institution

Yes No



6. Clinical Guidelines and Protocols

The absence of clear and up-to-date clinical guidelines and standardized protocols, including enhanced recovery after surgery (ERAS) protocols, might influence the management of complications specific to pancreatic surgery and patient discharge from intensive care or hospital units.

6a. How important do you rate the adherence to clinical guidelines and standard operating procedures (ERAS or other), and the documentation of deviations from the protocol, for managing complications specific to pancreatic surgery and preventing FTR in your institution?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

6a. Availability at my institution

Yes No

6b. How crucial do you rate the presence and adherence to appropriate discharge policies such as fit-to-discharge checklists, e.g. to prevent premature discharge of patients due to reduced bed availability, in affecting the potential underdiagnosis of complications and FTR rates?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

6b. Availability at my institution

Yes No

7. Multidisciplinary and Hospital Culture

A multidisciplinary approach involving surgeons, gastroenterologists, radiologists, interventional radiologists, pathologists, and other specialists is crucial for managing complications after pancreatic surgery. Hospitals lacking a coordinated multidisciplinary approach and an inconsistent adherence to best practices, may face difficulties in managing complications effectively [5,6]

7a. A multidisciplinary approach involving surgeons, gastroenterologists, radiologists, interventional radiologists, pathologists, and other specialists is crucial for managing complications after pancreatic surgery. Hospitals lacking a coordinated multidisciplinary approach and inconsistent adherence to best practices, may face difficulties in managing complications effectively.

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

7a. Availability at my institution

Yes No

7b. How important is the institution's openness to adopting newer, evidence-based practices into the routine management of patients undergoing pancreatic surgery, in influencing FTR?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

7b. Availability at my institution

Yes No



8. Postoperative Nutritional Support

Proper nutritional support from specialized dietitians is crucial after pancreatic surgery, and failure to provide adequate nutrition may increase the risk of complications impacting a patient's recovery.

8a. How critical do you rate the administration of proper nutritional support and counselling after pancreatic surgery in preventing FTR in your institution?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

8a. Availability at my institution

Yes No

9. Staffing and Training

Inadequate number of nursing staff or medical professionals to monitor postoperative patients effectively, and / or a lack of sufficient training and experience among the staff to recognize and manage complications promptly may affect outcomes.

9a. How crucial do you rate the influence of nurse-to-patient ratios in specialized units to prevent FTR after pancreatic surgery in your institution?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

9a. Availability at my institution

Yes No

9b. How significant would you rate a specialized training of staff and nurses in the management of post-pancreatectomy complications in influencing FTR outcomes?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

9b. Availability at my institution

Yes No

10. Communication and Coordination

Inadequate communication during shift changes can lead to the omission of critical information about the patient's condition. Failure in the coordination and communication among different members of the healthcare team may delay intervention.

10a. How significant do you judge effective communication and coordination among different healthcare teams in preventing FTR after pancreatic surgery in your institution?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

10a. Availability at my institution

Yes No

