

Assessment of xxxxxxxxxxxxxxxx for Urogynaecology Unit Accreditation

Assessors:

Date of Paper Assessment:

Date of visit:

			Score from documentation	Additional score from visit	Total score
1	Process	Findings	M = Mandatory		
1.1.	Information giving: <ol style="list-style-type: none"> 1. Guidelines for the agreed mechanism of referral to secondary care including care pathways/13 weeks pathway. 2. Patient information leaflets for all major procedures performed and conservative measures 3. Unit protocols for the management of specific conditions (expect to see haematuria, recurrent UTI, Interstitial cystitis, vault prolapse, stress UI, urge UI). Evidence of when last reviewed. 		Score / 10 (M)		
1.2.	Information gathering: <ol style="list-style-type: none"> 1. History and examination proforma 2. Voiding diary 3. QoL assessment 		Score / 5		

1.3	Evidence of collaborative working: 1. Minutes from MDT attended by nurses, physiotherapists and CAs (Urogynae MDT), colorectal or urology colleagues (Pelvic floor MDT) and terms of reference for MDT 2. Referral letters from community team and tertiary referrals from colleagues, or referrals to tertiary colleagues 3. Joint clinics for OASIS follow-up and complex urology / colorectal cases if these occur		Score/5		
1.4	Evidence or regular servicing and calibration log for equipment less than 5 yrs old, Full list of equipment including bladder scans.		Score/5		
1.5	Admin support – see end of form				
1.6	IT support / access – see end of form				
1.7	Evidence of patient participation in the service provision and feedback which has resulted in a change of practice		Aspirational		
2	Personnel				

2.1.	<p>Lead Urogynaecologist:</p> <ol style="list-style-type: none"> 1. CV including training, CPD certs (& Urodynamic accreditation) 2. Job template demonstrating 3 urogynae sessions / working week 3. Evidence of one major pelvic floor op / working week 4. Evidence of referrals by general colleagues. 5. Proportion of surgery done by him/her 6. National or international involvement in urogynaecology eg BSUG 7. Up to date appraisals 		Score/10 (M)		
2.2	<p>Other urogynaecologists / consultants with special interest:</p> <ol style="list-style-type: none"> 1. CV including training, CPD certs (& Urodynamic accreditation) 2. Job template 3. Evidence of one major pelvic floor op / working week 4. National or international involvement in urogynaecology eg BSUG 5. Up to date appraisals 		Score/5		
2.3	<p>Urogynaecology Nurse, Continence Nurse & Physiotherapists</p> <ol style="list-style-type: none"> 1. CV including training, CPD certs (& Urodynamic accreditation if applicable) 2. Job template <p>Up to date appraisal or equivalent</p>		Score/5		
3	Procedures				

3.1	<p>Unit Throughput data and key performance indicators</p> <ol style="list-style-type: none"> 1. 12 month data on new outpatients / review outpatients (& N:R ratio) 2. 12 month data on urodynamic investigation 3. 12 month data on physiotherapy referrals 4. 12 month data on surgical activity for urogynaecology unit including list of all urogynaecology cases and surgeon from theatre software system eg Theatreman. 5. Evidence that 90% of major procedures are entered onto the BSUG database with evidence that 50% of these have follow-up data entered onto the database. (NB use of BSUG database is mandatory for Accreditation) 		Score/10 (M)		
3.2	<p>Outcome data for surgical and non-surgical management (over a period of 12 months at least)</p> <ol style="list-style-type: none"> 1. Patient satisfaction questionnaires 2. BSUG follow up data, objective (POPQ) & subjective GII, QoL, EPAQ over 12 months 3. Other objective measures: pad test, flow tests 4. Morbidity data (via BSUG database & other means): extrusion, pain, dyspareunia, change in bowel or bladder function, damage to viscus, return to theatre, transfusion rate etc. 5. Evidence that complications related to Tape or Mesh Prolapse surgery are submitted to the MHRA 6. Audit. Evidence of at least 1 urogynaecology governance audit per year other than outcomes eg documentation, compliance with local guidelines. 7. KPI data 		Score/20 (M)		

3.3	Evidence of Trust Clinical Governance /Standards Board support for new procedures and audit of the procedures, evidence of risk management strategy for O and G in the Trust and compliance with it. For new procedures, evidence of training, evidence of 12 month audit, information for patients, sufficient case-load > 20 per annum per surgeon.				
					Score/5 (M)
3.4	Evidence of NICE compliance				Score/5
3.5.	Onsite Audit of: 1. 5 recent consecutive urodynamic traces and reports 2. 5 recent consecutive urogynaecology surgical cases				Score..../5
1.5	Assessment of Admin support Letters out within 2 wks, method of triage of letters, acceptable clinic templates, cases provided for the MDT and the mechanism, Minutes of MDT. Private facilities for UroD and physio.				Score.../5
1.6	Assessment of Systems management BSUG.net available in theatre and OP. Available person to input data.				Score.../5
	Summary with examples of exceptional practice				