



1	Organisational EBUS Service Audit Questions
1.1	Where are EBUS procedures undertaken within your service? (tick all that apply) <input type="checkbox"/> Dedicated bronchoscopy unit <input type="checkbox"/> Shared endoscopy unit <input type="checkbox"/> Theatre space <input type="checkbox"/> Other (please specify)
1.2	Which forms of sedation / anaesthesia are available for EBUS within your service? (tick all that apply) <input type="checkbox"/> Physician-led conscious sedation <input type="checkbox"/> Anaesthetic-led deep sedation <input type="checkbox"/> General anaesthesia
1.3	How many trained EBUS operators do you utilise for a standard EBUS procedure (select one answer) <input type="checkbox"/> Single operator <input type="checkbox"/> Primary operator and needling operator
1.4	How many trained EBUS operators contribute to your service? _____ (Integer between 0-20)
1.5	How many EBUS procedures (combined diagnostic and staging) did your service complete in the latest calendar year? _____
1.6	How many EBUS procedure lists (including mixed lists) do you have available per week? _____ (Number between 0-20) (Note: 1 list = 4 Hours)
1.7	Are your EBUS lists dedicated to EBUS procedures alone, or mixed with other respiratory-led procedures such as bronchoscopy or thoracoscopy? (Select one answer) <input type="checkbox"/> Dedicated EBUS procedures alone <input type="checkbox"/> Mixed procedure lists <input type="checkbox"/> Combination of both options
1.8	Do you use access to ROSE within your EBUS service? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	Do you have access to PET-CT on site within your service? <input type="checkbox"/> Yes <input type="checkbox"/> No