BTS Adult NIV Audit 2019
Part 2 Organisational Audit
One response per institution

Data **must** be entered online at:
https://audits.brit-thoracic.org.uk/
Email queries to: audittools@brit-thoracic.org.uk

Section 6 – Case Ascertainment and Previous Audit Participation	
6.1 How many patients were eligible for inclusion in the audit?	
6.2 How many patients are managed with acute NIV annually in your institution?	
6.3 Did your institution participate in the BTS national NIV audit 2013?	□ Yes □ No
6.4 If you participated in the previous NIV audit, have you or your group	□ Discussed and/or circulated the results of the previous audit with clinicians involved in managing this group of patients? □ Discussed and/or circulated the results of the previous audit with managers involved in services for this group of patients? □ Changed anything about the way your hospital manages this group of patients in light of the results of the last audit?
6.5 If you have made changes to the way in which your hospital manages this group of patients in response to the results of the last audit, please give details:	

Section 7 – Hospital Resources	
7.1 Do you have designated NIV area(s) in your institution?	□ Yes □ No
7.2 If yes to 7.1, where are these areas located *(tick all that apply)*	□ Emergency department □ Acute medical unit □ Respiratory ward □ Respiratory high care area □ High dependency unit □ Critical care unit □ Other (please specify):
7.3 Do you have provision for continuous pulse oximetry for all patients treated with acute NIV?	□ Yes □ No
7.4 Do you have provision for point of care blood gas analysis within, or adjacent to, all designated NIV area(s)?	□ Yes □ No
7.5 Do you have a clinical lead for the acute NIV service?	□ Yes □ No
7.6 If yes to 7.5, does the clinical lead have time allocated in their job plan to provide leadership for the NIV service?	□ Yes □ No

7.7 Do you have a nursing lead for the acute NIV service?	□ Yes	□ No
7.8 Do you have a physiotherapy lead for the acute NIV service?	□ Yes	□ No
7.9 Is the practical delivery of NIV led by	□ Nursing □ Physiotherapy □ Other	
7.10 What is your routine nursing staffing in designated the NIV area where most patients are treated?	□ 1:2 □ 1:2-1:4 (including capacity to flex staffing to 1:2 for all patients until NIV requirements reduce to nocturnal use only) □ 1:4 – 1:8 (limited or no capacity to flex staffing to 1:2 on a routine basis)	
7.11 Does your organisation provide a training programme for staff who have responsibility to start or continue treatment with NIV?	□ Yes	□ No
7.12 Does your organisation keep a register of NIV-trained staff?	□ Yes	□ No
7.13 If yes to 7.12, are consultants with on-call responsibility for the acute NIV service included in this register?	□ Yes	□ No
7.14 Does your organisation conduct an annual NIV training update for permanent staff?	□ Yes	□ No
7.15 Is NIV included in induction training for rotating medical staff with responsibility to deliver NIV in your organisation?	□ Yes	□ No
7.16 Does your organisation have sufficient capacity to deliver the routine acute NIV service? *Routine = meeting expected demand such that all patients with an indication for NIV are treated with NIV without unwarranted delay.*	□ Yes	□ No
7.17 If no to 7.16, please rank all that apply *(1 = most likely to affect capacity)*	□ Insufficient staffing □ Insufficient beds □ Insufficient ventilators / masks □ Other (please indicate)	