

What has been changed on the NVR IT System?

Thank you for your patience and support over the first few months of the NVR IT system going live. We have received a large amount of useful feedback regarding the datasets and functionality of the IT system. As a result, there will be a number of changes to the NVR that will go-live on 9th April 2014. This document is designed to provide details of what has been changed. Any items in blue will go live in the NVR on 17th April.

A bug was found with the episode search function, which related to the slow loading time. This was fixed in February 2014.

All Procedures

- It is now possible to edit the patient identifier within the patient details screen without having to enter the rest of the procedure all over again. This would be used, for example, if there was a mistake with the original identifier (NHS number, CHI number, local ID) or if there was a need to change the identifier (i.e. from local ID to NHS number).
- The local ID field now allows symbols such as \ and /
- Albumin is no longer a mandatory question on any of the datasets
- ECG is no longer a mandatory question if the admission mode is non-elective
- Height and weight are no longer mandatory questions if the admission mode is non-elective.
- Extra post-operative destination of 'died in theatre' has been added. Upon selecting this answer option, the rest of the post-operative section will not need to be answered.

AAA Repair

- The pre-operative elective anaesthetic questions were appearing in the anaesthetic section for non-elective admissions. This has now been fixed.
- An extra answer option of 'Echo +/- pulmonary function tests' has been added to the fitness measurement used.
- Extra OPCS codes have been added to the OPCS 2 and 3 fields to enable the NVR to collect details on fenestrations/branches and common adjunctive procedures such as embolectomy, fem-fem crossover and other bypass operations.
- An extra answer option has been added to previous aortic operation entitled 'both open and EVAR.'
- Upon selecting type of complex EVAR as TEVAR, the following questions will no longer have to be answered: iliac branch, neck angle, neck length, extended into external iliac artery and common iliac artery diameter.

Carotid Intervention

- Allowing free text entering of GMC code for trainee surgeon in vascular specialist 4 box.
- Validation rules on dates within the pre-operative pathway questions have been tightened.

Lower Limb Angioplasty

- An extra question on presenting problem has been added so that patient details for non-occlusive procedures can be captured better.
- For patients with bilateral symptoms there will be a new question on whether the contralateral ankle is compressible – both pre and post operatively.
- The ECG question will no longer be mandatory, regardless of admission mode.
- The Anaesthetic 1 question will no longer be mandatory.
- The post-operative ABPI questions will no longer be mandatory.
- An additional angioplasty and stent location has been added, which is entitled 'Within bypass graft.'

We are currently working in collaboration with the BSIR to enhance various sections of the angioplasty dataset. We expect these changes to be made in the next few months.

Lower Limb Bypass

- An extra question on presenting problem has been added so that patient details for non-occlusive procedures can be captured better.
- For patients with bilateral symptoms there will be a new question on whether the contralateral ankle is compressible – both pre and post operatively.
- The post-operative ABPI questions will no longer be mandatory.
- The inflow option for axillary artery can now be selected within the procedure screen.
- An extra answer option has now been added to the graft type entitled 'vein and prosthetic.'
- It is now possible to submit a stand-alone endarterectomy procedure without having to select any inflow or outflow locations and graft type.

Lower Limb Amputation

- New answer option for presenting problem has been added entitled 'aneurysm.'
- Pre-operative anaesthetic pathway questions will no longer appear for non-elective admissions.
- For patients with bilateral symptoms there will be a new question on whether the contralateral ankle is compressible pre- operatively.

We are going to continue to improve the IT system in the coming months, both in the datasets and in the online reporting capabilities. We would welcome any useful feedback on these.