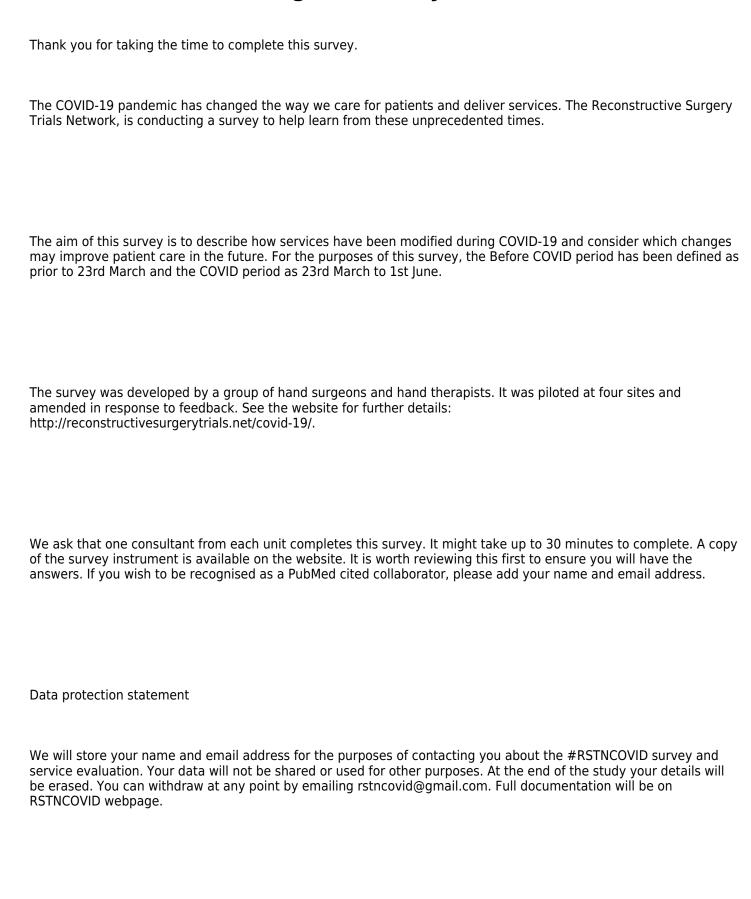
RSTNCOVID Hand Surgeon Survey





Your information	
Your full name	
	(First name, initials and surname as would appear in a journal article)
ORCID ID (if available)	
Name of hospital	
Name of NHS Trust	
I would like to be recognised as a collaborator	○ Yes ○ No
I am happy to be contacted to conduct an interview (no obligation)	○ Yes ○ No
Email address	

General Information					
Background of hand surgeons at your	hospital	Plastic surgeonsOrthopaedic surgeonsPlastic and orthopaed			
During the COVID period plastic surge orthopaedic surgeons worked more c	eons and losely together.	Strongly disagreeDisagreeNeutralAgreeStrongly agree	○ Disagree○ Neutral○ Agree		
During the COVID period did the plass orthopaedic service extend the scope service to cover minor injuries?		Yes, worked with ED t	Yes, took over running of minor injuriesYes, worked with ED to cover minor injuriesNo, continued separate trauma service		
Availability of hand surgery services i	n your unit				
	Before COVID	During COVID	N/A		
Adult elective					
Adult trauma					
Paediatric elective					
Paediatric trauma					
Other					
Other hand surgery services routinely	/ available				
Availability of imaging in outpatient c	linic (elective or traum	a)			
	Before COVID	During COVID	Never available		
Mini C arm (permanent)					
Mini C arm (on demand)					
Ultrasound machine (permanent)					
Ultrasound machine (on demand)					

Elective Hand Service							
Who triages NEW elective hand refe	rrals in your de	epartment?					
No triage of referrals (directly booked)	Before CO	VID	During COVID		N/A		
Consultant							
Registrar							
Nurse							
Therapy services							
Administrator							
Other							
Other staff member triaging new elective hand referrals							
Type of elective hand clinics availab	le (can be deliv	vered in any fo	rmat)				
	Before CO	VID	During COVID	,	N/A		
Consultant hand clinics							
Registrar or equivalent clinics							
Advanced practitioner led hand clinic							
Hand therapy led hand clinic							
Injection clinic							
One stop carpal tunnel clinic							
Format of elective hand surgery appointments BEFORE COVID							
	Never	Rarely	Sometimes	Very often	Always		
Face to face	0	0	0	0	0		
Telephone	0	0	0	0	0		
Video	0	0	0	0	0		
Other	0	0	0	0	0		
Other format of elective hand surgery appointment							
Format of elective hand surgery app	oointments DUF	RING COVID					
	Never	Rarely	Sometimes	Very often	Always		
Face to face	0	0	0	0	0		
Telephone	0	O	O	O	O		
Video	\circ	\circ	\circ	\circ	\circ		

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Other	\circ	0	0	0	0
Other format of elective hand surge	ery appointmen	nt			
Setting for elective hand surgery op	perating BEFOR	RE COVID			
	Always	Very often	Sometimes	Rarely	Never
Main operating theatres (standard ventilation)	0	0	\circ	0	0
Main operating theatres (laminar flow)	0	0	0	0	0
Minor operating theatre (AC or natural ventilation)	0	0	0	0	0
Clinic room (natural ventilation)	0	0	0	0	0
Setting for elective hand surgery op	perating DURIN	IG COVID			
	Always	Very often	Sometimes	Rarely	Never
Main operating theatres (standard ventilation)	\circ	0	0	0	0
Main operating theatres (laminar flow)	0	0	0	0	0
Minor operating theatre (AC or natural ventilation)	0	0	0	0	0
Clinic room (natural ventilation)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Trauma hand service						
Who triaged / accepted referrals to the trauma service BEFORE COVID?						
	Never	Rarely	Sometimes	Very often	Always	
Consultant	\circ	\circ	\circ	\circ	\circ	
Registrar or equivalent	\circ	\circ	\circ	\circ	\circ	
SHO	\circ	\circ	\circ	\circ	\circ	
Trauma co-ordinator	\circ	\circ	\circ	\circ	\circ	
Advanced practitioner	\circ	\bigcirc	\circ	\circ	\circ	
Nurse	\bigcirc	\circ	\circ	\circ	\circ	
Other	\circ	\circ	0	0	0	
Other staff member triaging/ accep	ting referrals	-				
Who triaged / accepted referrals to	the trauma ser	vice DURING CO	VID?			
	Never	Rarely	Sometimes	Very often	Always	
Consultant	\circ	\circ	\circ	\circ	\circ	
Registrar or equivalent	\circ	\circ	\circ	\circ	\circ	
SHO	\circ	\circ	\circ	\circ	\circ	
Advanced practitioner	\bigcirc	\circ	\circ	\circ	\circ	
Trauma co-ordinator	\bigcirc	\circ	\bigcirc	\circ	\circ	
Other	0	0	\circ	0	0	
Other staff member triaging/ accep	ting referrals					
Format for triaging new referrals to	the trauma ser	vice				
	Before CO	VID	During COVID		N/A	
Telephone						
Video						
Email						
No triaging (direct booking into trauma clinic by referrers						
Type of trauma hand clinics availab	le (can be deliv	ered in any forr	mat)			
	Before CO	VID	During COVID	,	N/A	
Consultant led trauma hand						
Registrar or equivalent led						
SHO or equivalent led						
Advanced nurse practioner led						

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Hand therapy led							
Format of trauma hand surgery app	Format of trauma hand surgery appointments BEFORE COVID						
	Never	Rarely	Sometimes	Very Often	Always		
Face to face	\circ	\bigcirc	\circ	\circ	\circ		
Telephone	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc		
Video	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Other	0	\circ	0	0	0		
Other format of trauma hand surgery appointment							
Format of trauma hand surgery appointments DURING COVID							
	Never	Rarely	Sometimes	Very Often	Always		
Face to face	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Telephone	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Video	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Other	\circ	0	\circ	\circ	\circ		
Other format of trauma hand surger Setting for trauma hand surgery ope							
	Always	Very often	Sometimes	Rarely	Never		
Main operating theatres (standard ventilation)	O	0	0	O	0		
Main operating theatres (laminar flow)	0	0	0	0	0		
Minor operating theatre (AC or natural ventilation)	0	0	0	0	0		
Clinic room (natural ventilation)	0	0	0	0	0		
Setting for trauma hand surgery ope	erating DURIN	G COVID					
Main operating theatres (standard ventilation)	Always	Very often	Sometimes	Rarely	Never		
Main operating theatres (laminar flow)	0	\circ	0	0	0		
Minor operating theatre (AC or natural ventilation)	0	0	0	0	0		
Clinic room (natural ventilation)	\circ	0	\circ	0	0		

For the following injuries in adults, what was the predominant anaesthetic technique used BEFORE COVID?

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	Local anaesthetic	Wide awake local anaesthetic no tourniquet (WALANT)	Sedation	Regional	General +/- RA or LA	N/A
Nail bed repair	\circ	\circ	\circ	\circ	\circ	\bigcirc
Digital nerve repair	\circ	\circ	\bigcirc	\circ	\bigcirc	\bigcirc
Skiers thumb UCL repair	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
Extensor tendon repair (Zn I-V)	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
Extensor tendon repair (Zn	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
V-VIII) Flexor tendon repair (zn I)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
Flexor tendon repair (zn II)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
Flexor tendon repair (zn III-V)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
Flexor sheath washout	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Terminalisation of digit	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc
Phalangeal fracture K wire	\bigcirc	\circ	\bigcirc	\circ	\bigcirc	\bigcirc
Phalangeal fracture ORIF	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Metacarpal fracture K wire	\bigcirc	\circ	\bigcirc	\circ	\bigcirc	\bigcirc
Metacarpal fracture ORIF	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Scaphoid fracture percutaneous screw	0	0	0	0	0	0
Distal radius fracture K wire	\bigcirc	\circ	\circ	\circ	\circ	\bigcirc
Distal radius fracture ORIF	\circ	0	0	\circ	0	0

For the following injuries in adults, what was the predominant anaesthetic technique used DURING COVID?

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	Local anaesthetic	Wide awake local anaesthetic no tourniquet (WALANT)	Sedation	Regional	General +/- RA or LA	N/A
Nail bed repair	\circ	\circ	\circ	\circ	\circ	\circ
Digital nerve repair	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc
Skiers thumb UCL repair	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc
Extensor tendon repair (Zn I-V)	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc
Extensor tendon repair (Zn	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
V-VIII) Flexor tendon repair (zn I)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Flexor tendon repair (zn II)	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Flexor tendon repair (zn III-V)	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Flexor sheath washout	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Terminalisation of digit	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
Terminalisation of digit	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Phalangeal fracture K wire	\circ	\bigcirc	\bigcirc	\bigcirc	\circ	\circ
Phalangeal fracture ORIF	\circ	\bigcirc	\bigcirc	\bigcirc	\circ	\circ
Metacarpal fracture K wire	\circ	\circ	\bigcirc	\bigcirc	\circ	\circ
Metacarpal fracture ORIF	\circ	\bigcirc	\bigcirc	\bigcirc	\circ	\circ
Scaphoid fracture percutaneous screw	0	0	0	0	0	0
Distal radius fracture K wire	0	0	0	\circ	0	0
Information provided for hand trau	ıma patients i	n your departme	ent			
	Before	COVID	During	COVID	N/A	
Trust produced paper leaflets	L		L			
Trust produced information leaflets via email	L					
Trust produced electronic information (via internet)						
Generic internet information]		
Information via text message						
Арр						
Other						
Other information provided to pati	ents					
App provided for patient informati	on					
Before COVID, what was your departments prescribe prophylactic antibiotics of lacerations (including open flexor)	or simple han	ıd				-

During COVID, did your department prophylactic antibiotics for simple ha (including open flexor tendon injuries	nd lacerations	Increased useStayed the sameDecreased use	
Did your department follow the revis guidance for hand trauma?	ed COVID BSSH	○ Yes○ Sometimes○ No	
Which guidelines did you NOT follow?	?		
Information technology in your depar	tment		
	Before COVID	During COVID	N/A
Virtual access to hospital			
desktop Video consultation software (e.g. AccuRx)			
Video conferencing software (e.g. Microsoft Teams)			
Image exchange software (e.g.			

Education and Training	
Has the department maintained it's educational programme during COVID?	 Yes - educational programme same as planned pre-COVID Yes - with changes to format (e.g. virtual) Yes - with changes to content Yes - with changes to format and content Partly - reduced programme Partly - reduced programme with changes to format (e.g. virtual) Partly - reduced programme with changes to content Partly - with changes to format and content No - educational programme not continued during COVID
Have you used any of the following resources?	 □ Live webinar based training □ Recordings of webinar based training □ Online e-learning □ None used
Have any organisations or groups offered particularly useful webinars or training during COVID? (please list below)	

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	Never	Rarely	Sometimes	Very Often	Always
Guidelines to reduce patient contact	0	0	0	0	0
Hospital resources	\circ	\circ	\circ	\circ	\circ
Staff sickness (including	\bigcirc	\bigcirc	\circ	\circ	\bigcirc
isolation) Staff redeployment to other	\circ	\circ	\circ	\circ	\bigcirc
areas Availability of PPE	\circ	\circ	\circ	\circ	\bigcirc
Other	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ

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Provision of PPE	
Has your department experienced shortages of PPE? [click those that apply]	 No shortage Masks Visors Gloves Aprons or gowns Other
Other shortages of PPE	
Does the department CURRENTLY have sufficient PPE to work safely?	○ Yes, not limiting service provision○ Yes, with reduced service provision○ No

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Predominant choice of suture for most surgeons					
Suture choice for elective hand surgery - BEFORE COVID	0	0	0	0	
Suture choice for elective hand surgery - DURING COVID (choose n/a if none performed during COVID)	0	0	0	0	
Suture choice for trauma hand surgery - BEFORE COVID	0	0	0	0	
Suture choice for trauma hand surgery - DURING COVID	0	0	0	0	
Predominant location for suture rem	oval (elective or tra	uma procedures)			
	Before COVID	During COVID		N/A	
Patient - self removal					
Hospital					
Community					
Other					
Other location for suture removal				_	
Predominant location for wound reviews (elective or trauma procedures)					
	Before COVID	During C	OVID	N/A	
Patient - self review					
Virtual review (video/ email)					
Hospital					
Community					
Other					
Other location for wound check					

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The final word	
What aspects of change have been a success?	
What aspects of change have not worked so well?	
What will be the biggest change post COVID?	