

# EMERGENCY ADMISSIONS STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## ASSESSMENT FORM (AF)

Questionnaire number

For Discussion

### Instructions for completion

The data presented in this questionnaire have been extracted by NCEPOD researchers from the questionnaires and casenotes provided for each patient to help inform decisions made by Advisors. If you find inaccuracies or disagree with data extracted then please make a note on the AF and the problem will be addressed.

Please complete the sections entitled '**To be completed by Advisors.**' Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

Please cross '**Insufficient data**' where the information is not available from casenotes or if the casenotes are missing. **Definitions** and codes for grade and specialty are provided on the back of the questionnaire.

### A. PATIENT DETAILS

1. Age          2. Sex  Male  Female

3. Time of arrival at hospital (24 hour clock)   :        Date   -   -    
h h m m      d d m m y y  
 Not recorded       Unknown

4. Day of admission         Date   -   -    
d d m m y y

5. Patient outcome  Died within 7 days of admission      Date   -   -    
d d m m y y  
 Admitted to Critical Care within 7 days of admission  
 Died within 7 days of discharge from hospital

6. Diagnosis (at admission) \_\_\_\_\_  Not recorded  Unknown

7. Route of admission  A&E department  Consultant clinic  
 Indicate all that apply in chronological order (1,2,3 etc)  GP  A&E at another hospital  
 Bed bureau  Insufficient data





**To be completed by Advisor**

15. Were all the appropriate investigations requested during the first 24 hours of hospital admission?  Yes  No  Insufficient data

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a. If **NO**, list the investigations that should have been requested

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b. If **NO**, could this have affected the diagnosis?  Yes  No  Insufficient data

**Please provide details:**

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c. If **NO**, could this have affected the outcome?  Yes  No  Insufficient data

**Please provide details:**

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16. Were inappropriate investigations requested?  Yes  No  Insufficient data

a. If **YES**, please provide details, including which investigations were inappropriate:

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17. Was the time from requesting investigation to obtaining the result prolonged?  Yes  No  Insufficient data

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a. If **YES**, could this have affected diagnosis?  Yes  No  Insufficient data

**Please provide details:**

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b. If **YES**, could this have affected outcome?  Yes  No  Insufficient data

**Please provide details:**

**E. FIRST INPATIENT WARD** (See section B on Ongoing Care Questionnaire)

18. Specialty of the patient's first inpatient ward  
(see definitions)

 
**To be completed by Advisor**

19. Was the first inpatient ward appropriate for their clinical condition?  Yes  No  Insufficient data

a. If **NO**, what was inappropriate?

Medical patient going to a non-medical ward

Surgical patient going to non-surgical ward

Wrong subspecialty ward

Other, please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. HANDOVER** (See section F on Admission Questionnaire & section D on Ongoing Care Questionnaire)

**To be completed by the Advisor**

20. Please comment on any evidence of problems in handover among clinical teams between **shifts** that may have affected the care of this patient.

## G. DAILY CLINICAL ASSESSMENT

21. Patient reviews from time of arrival at hospital. Including A&E to day 7. (where day 0 = day of admission)

	Date (Day and month)	Time (24-hour clock)	Ward round	Grade of reviewer (see definitions)
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
13	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
14	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Y = Evidence of ward round    N = No evidence of ward round

Further reviews attached as an appendix.

X = Not applicable

### To be completed by Advisor

22. Did this patient have appropriate frequency of clinical reviews for their clinical condition?     Yes     No     Insufficient data

a. If **NO**, could this have affected the diagnosis?     Yes     No     Insufficient data

Please provide details:

b. If **NO**, could this have affected the outcome?     Yes     No     Insufficient data

Please provide details:

## H. OBSERVATIONS

23. Frequency of observations recorded:

No observation chart provided

	Pulse	Blood pressure	Respiratory rate	Temperature	Oxygen saturation SpO <sub>2</sub>
Day 0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown
Day 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown
Day 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown
Day 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown
Day 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown
Day 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown
Day 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown
Day 7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not recorded <input type="checkbox"/> Unknown

**To be completed by Advisor**

24. Were the observations recorded appropriate for the severity of the patient's condition?  Yes  No  Insufficient data

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a. If **YES**, was the frequency of these observations adequate?  Yes  No  Insufficient data

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b. If **NO**, which observation(s) should have been recorded? *(Please list)*

**I. WARD TRANSFERS** (See section G in Admission Questionnaire & section E in Ongoing Care Questionnaire)

25. Number of transfers between wards/clinical locations (in chronological order). If a combination of boxes is crossed, this represents a combined specialty ward.

	Type of ward					Duration on ward	Insufficient data
	A&E/ Assessment	Medical	Surgical	ICU/HDU	Insuf. data		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hours	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hours	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hours	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hours	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hours	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hours	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hours	<input type="checkbox"/>



**To be completed by Advisor**

26. Were there an excessive number of ward transfers between clinical locations for this patient?  Yes  No  Insufficient data

a. If **YES**, could this have affected the diagnosis?  Yes  No  Insufficient data

**Please provide details:**

b. If **YES**, could this have affected the outcome?  Yes  No  Insufficient data

**Please provide details:**

**J. ADVERSE EVENTS**

**Questions 27 – 34** relate to adverse events suffered by the patient between day 0 and day 7. Please complete this section of the questionnaire and an adverse events continuation sheet for each question which = Yes

Did the patient suffer any of the following adverse events<sup>(def)</sup>?

27.	Hospital incurred patient accident or injury <sup>(def)</sup> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
28.	Adverse drug reaction <sup>(def)</sup> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
29.	Unplanned return to the operating theatre on this admission.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
30.	Unplanned removal, injury or repair of organ or structure during surgery/invasive procedure <sup>(def)</sup> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
31.	Inappropriate discharge home <sup>(def)</sup> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
32.	Cardiac or respiratory arrest.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
33.	Hospital acquired infection or hospital acquired sepsis <sup>(def)</sup> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data
34.	Other.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insufficient data

**K. OVERALL ASSESSMENT OF THE PATIENT*****To be completed by Advisor***

35. How would you categorise the patient on admission?

- The patient had a known diagnosis on admission.
- Death could be expected on time of admission as a natural course of the illness.
- Further investigations and specialist reviews were required before a diagnosis could be made.

**Please provide details:**

36. Overall assessment of care for this patient:  
**Select one category**

- 1  Good practice – a standard that you would accept from yourself, your trainees and your institution.
- 2  Room for improvement: aspects of **clinical** care that could have been better.
- 3  Room for improvement: aspects of **organisational** care that could have been better.
- 4  Room for improvement: aspects of both clinical and organisational care that could have been better.
- 5  Less than satisfactory: several aspects of clinical and/or organisational care that were well below a standard that you would accept from yourself, your trainees and your institution.
- 6  Insufficient information submitted to assess the quality of care.

a. Please provide reasons for assigning this grade.

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**36. Cause for concern cases**

Occasionally NCEPOD will refer cases that have been identified as 5 (Less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for two years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

If you feel that this case should be considered for such action, please cross:

37. Are there any particular issues, which you feel should be highlighted in the final report?  Yes  No

a. If **YES**, please specify.

### Codes for Specialty

<b>SURGICAL</b>	01 = Anaesthetics	07 = Neurosurgery	13 = Plastic surgery
	02 = Cardiac surgery	08 = Ophthalmology	14 = Thoracic surgery
	03 = Colon/Rectal surgery	09 = Oral/maxillofacial surgery	15 = Urological surgery
	04 = Dental surgery	10 = Orthopaedic surgery	16 = Vascular surgery
	05 = General surgery	11 = Otorhinolaryngology (ENT)	17 = Other surgical
	06 = Gynaecology	12 = Paediatric surgery	18 = Unknown surgical
<b>MEDICAL</b>	19 = Cardiology	29 = Intensive care	39 = Radiation therapy
	20 = Dermatology	30 = Internal medicine	40 = Radiology
	21 = Emergency	31 = Medical oncology	41 = Respiratory disease
	22 = Endocrinology	32 = Neonatal	42 = Rheumatology
	23 = Family practice	33 = Nephrology	43 = Other medical
	24 = Gastroenterology	34 = Neurology	44 = Unknown medical
	25 = Geriatrics/care of the elderly	35 = Pathology	
	26 = Haematology	36 = Paediatrics	
	27 = Immunology and allergy	37 = Physical medicine	
	28 = Infectious disease	38 = Psychiatry	
<b>OTHER</b>	45 = General practitioner	46 = Unknown	47 = Nursing
	48 = Other		

### Codes for Grade

CON = Consultant	SP3 = SpR year 3 and over	NCN = Nurse consultant
SGR = Staff Grade	SP2 = SpR year 1/2	NPR = Nurse practitioner
ASP = Associate Specialist	SHO = SHO	OTH = Other

<b>DEFINITIONS</b>	
<b>Appropriate</b>	The expected health benefits to an average patient exceed the expected health risks by a sufficiently wide margin to make the intervention worthwhile and that that intervention is superior to alternatives (including no intervention) <sup>1</sup> .
<b>Adverse event</b>	An unintended injury caused by medical management rather than by the disease process and which is sufficiently serious to lead to prolongation of hospitalisation or to temporary or permanent impairment or disability to the patient at the time of discharge <sup>2</sup> .
<b>Hospital incurred patient accident or injury</b>	This includes falls, burns, patient medication errors, procedural errors, threatened or new ducubitus ulcers, etc.
<b>Disability</b>	Temporary or permanent impairment of physical or mental function <sup>2</sup> .
<b>Adverse drug reaction</b>	All adverse medication reactions.
<b>Unplanned removal, injury or repair or organ or structure during surgery/invasive procedure</b>	A patient requiring medical treatment or subjected to an operation for repair of a laceration, perforation, tear or puncture of an organ, subsequent to or as a result of performance of an invasive procedure.
<b>Development of neurological deficit not present on admission</b>	New neurological deficit unresolved at time of discharge.
<b>Inappropriate discharge home</b>	Discharge to home whilst patient clinically unstable, i.e. <ul style="list-style-type: none"> <li>- Temperature &gt; 38 within 24 hours prior to discharge</li> <li>- Evidence that wound(s) were not healing</li> <li>- Not passing urine, flatus, or faecal material</li> <li>- Not tolerating prescribed diet</li> <li>- Requiring parenteral analgesics.</li> </ul>
<b>Hospital acquired infection or sepsis</b>	An infection considered to be hospital acquired once the patient has been in hospital for seventy-two hours or more. The evidence may be clinical (local or systemic evidence) or combined with positive microbial culture.

<sup>1</sup> Consensus development methods, and their use in clinical guideline development. Health Technology Assessment 1998; 2: 3

<sup>2</sup> Vincent C, Neale G, Woloshynowych M. Adverse events in British hospitals: preliminary retrospective record review. BMJ 2001; 322: 517/519