

## Ongoing Care Questionnaire

**CONFIDENTIAL**

Hospital number of patient:

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Name of NCEPOD Local Reporter: \_\_\_\_\_

### What is this study about?

NCEPOD will be collecting data on adult patients admitted to hospital as emergencies. The primary aim of this study is to identify remediable factors in the organisation of the immediate and continuing care of medical and surgical emergency admissions. Data will be collected for admissions on two pre-determined days in early 2005 from all sites across England, Wales, Northern Ireland, Isle of Man, Guernsey, the Defence Secondary Care sector and the Independent sector.

### What is this study about?

This study will include all adult ( $\geq 16$  years) medical and surgical patients, including gynaecological patients (including 1st trimester care), who were admitted as an emergency admission on **February 2nd 2005** (day 0) or **February 5th 2005** (day 0) **AND**

- Subsequently died on or before midnight on day 7 **or**
- Were transferred to adult critical care on or before midnight on day 7 **or**
- Were discharged on or before 12 midnight on day 7, and subsequently died in the community within 7 days of discharge.

#### Specific exclusions are:

- Patients whose prime reason for admission was for palliative care with a known terminal diagnosis prior to admission.
- Patients whose prime reason for admission is a psychiatric diagnosis.
- Obstetric cases (2nd and 3rd trimester).
- Patients who die within an hour of arrival. This will include patients who arrive in a pre-morbid state for which death is expected.
- Patients who are brought in dead.

If appropriate, please indicate which category this patient falls into and return the questionnaire to NCEPOD.

### Who should complete this questionnaire?

This questionnaire should be completed either by:

- The consultant under whose care the patient is on the day of death **or**
- The consultant under whose care the patient is at midnight on day 7 (for patients transferred to critical care) **or**
- The consultant under whose care the patient is on the day of discharge (once death within 7 days has been established).

Questionnaires have also been sent to the admitting consultant. Please return completed questionnaires to NCEPOD in the stamp addressed envelope provided.

### How to complete this questionnaire

This questionnaire collects information on the patient's management from inpatient ward admission. This information will be collected using two methods: box cross  and free text, where your clinical opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. 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. Where <sup>(def)</sup> is indicated, a **definition** is provided on the back of the questionnaire.

#### CPD accreditation for completing NCEPOD Questionnaires

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

Information collected in this questionnaire relates to the time period from transfer to an inpatient ward (i.e. a ward that is not an A&E department or an assessment unit <sup>(def)</sup>) until:

- death on or before midnight on day 7 or
- transfers to critical care<sup>(def)</sup> on or before midnight on day 7 or
- discharge on or before midnight on day 7 and subsequent death within 7 days of discharge.

Where day 0 = day of admission

## Questions or help

If you have any queries about the study or this questionnaire, please contact NCEPOD:

**emergencyadmissions@ncepod.org.uk**  
or **Tel: 020 7920 0999.**

Thank you for taking the time to complete this questionnaire. The results of this study will be published in late 2006.

## A PATIENT DETAILS

1. Age on admission    (Patients <16 years of age are excluded)

2. Sex  Male  Female

3. Was this patient a medical or surgical patient?  Medical  Surgical  Unknown

4. Which of the following occurred first between admission (day 0) and midnight on day 7?

- A  Death
- B  Transfer to critical care <sup>(def)</sup>
- C  Discharge and subsequent death in the community within 7 days of discharge\*
- D  None of the above. This patient should not be included in the study

\*These cases will be identified by NCEPOD and questionnaires will be disseminated later this year.

## B FIRST INPATIENT SPECIALTY

5. To which inpatient specialty was the patient first admitted?   If **other** please specify \_\_\_\_\_  
(Please see codes at end of questionnaire)

6. In your opinion, was this specialty, appropriate <sup>(def)</sup> for the patient's clinical condition?  Yes  No  Unknown

a. If **NO**, please explain why the specialty was not appropriate?

7. In your opinion, was the first inpatient ward appropriate for the patient's clinical condition?

Yes

No

Unknown

a. If **NO**, please explain why the first inpatient ward was not appropriate?

8. Which other specialties were responsible for the care of the patient from the inpatient ward admission until death, transfer to critical care or discharge?

*(Please see codes at end of questionnaire)*

A

B

C

D

E

F

G

H

## C COMMENTARY ON PATIENT'S MANAGEMENT

9. Please provide a clinical summary of the patient's care from the time of their admission to an inpatient ward until death, discharge or transfer to critical care (whichever happens first).

• presenting complaint • patient's general condition • working diagnosis • treatment

## D WARD TRANSFERS

10. How many times was this patient transferred between wards, between day 0 (day of admission) and day 7?    Unknown

11. Please describe in chronological order the ward transfers that this patient undertook and comment on their appropriateness <sup>(def)</sup>.

## E HANDOVER

12. Is there an agreed procedure for handing over the care of patients among clinical teams <sup>(def)</sup> between working **shifts**?  Yes  No  Unknown

- a. If **YES**, who is included in this procedure?
- |   |                          |              |   |                          |                   |
|---|--------------------------|--------------|---|--------------------------|-------------------|
| A | <input type="checkbox"/> | Doctors only | C | <input type="checkbox"/> | Doctor and nurses |
| B | <input type="checkbox"/> | Nurses only  | D | <input type="checkbox"/> | Unknown           |

13. Were there any problems with the handover of care of **this** patient between clinical teams <sup>(def)</sup> between shifts?  Yes  No  Unknown

- a. If **YES**, please provide details, and comment on whether these problems could have affected the patient's outcome.

## F ADVERSE EVENTS

14. Did any adverse events <sup>(def)</sup> occur after the patient's admission to an inpatient ward?  Yes  No

- a. If **YES**, please describe the adverse event(s) and comment on whether there was any delay in recognising and/or initiating a response to these events and if so, the reasons for this delay.

## G CONSULTANT COMMITMENTS

15. When the consultant identified to complete this questionnaire is on-take, what are their duties?  
(Answers may be multiple)

- |   | On take                  | 24 hours post take       |   |
|---|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | <input type="checkbox"/> | Care of emergency admissions                      |
| B | <input type="checkbox"/> | <input type="checkbox"/> | Outpatient clinic                                 |
| C | <input type="checkbox"/> | <input type="checkbox"/> | Elective operating list                           |
| D | <input type="checkbox"/> | <input type="checkbox"/> | Inpatient ward-care for existing inpatients       |
| E | <input type="checkbox"/> | <input type="checkbox"/> | Elective diagnostic and interventional procedures |
| F | <input type="checkbox"/> | <input type="checkbox"/> | Other, please specify _____                       |
| G | <input type="checkbox"/> | <input type="checkbox"/> | Unknown   |

## H PATIENT OUTCOME

16. Did the patient die before day 7?  Yes  No  
(Where day 0 = day of admission)

- a. If **YES**, in your opinion, what was the anticipated risk of death on admission?
- A  Expected
- B  Unexpected but acceptable based on the clinical management and within the disease
- C  Unexpected

## I ADDITIONAL COMMENTS

17. Please write clearly any additional observations you wish to report about the management of this patient.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

### CODES FOR SPECIALTY

#### SURGICAL

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

#### MEDICAL

19 = Cardiology	28 = Infectious disease	37 = Physical medicine
20 = Dermatology	29 = Intensive care	38 = Psychiatry
21 = Emergency	30 = Internal medicine	39 = Radiation therapy
22 = Endocrinology	31 = Medical oncology	40 = Radiology
23 = Family practice	32 = Neonatal	41 = Respiratory disease
24 = Gastroenterology	33 = Nephrology	42 = Rheumatology
25 = Geriatrics/care of the elderly	34 = Neurology	43 = Other medical
26 = Haematology	35 = Pathology	44 = Unknown medical
27 = Immunology and allergy	36 = Paediatrics	

#### OTHER

45 = General practitioner  
46 = Unknown  
47 = Nursing  
48 = Other

### CODES FOR GRADE

01 = Consultant	04 = SpR year 3 and over	07 = Nurse consultant
02 = Staff Grade	05 = SpR year 1/2	08 = Nurse practitioner
03 = Associate Specialist	06 = SHO	09 = Other

## DEFINITIONS

### **Adverse events**

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.

(Vincent C, Neale G, Woloshynowych M. Adverse events in British hospitals: preliminary retrospective record review. *BMJ* 2001; 322: 517/519.)

### **Appropriate**

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 intervention is superior to alternatives (including no intervention).

(Consensus development methods, and their use in clinical guideline development. *Health Technology Assessment* 1998; 2: 3)

### **Assessment unit**

An area where adult emergency patients are assessed and initial management undertaken by inpatient hospital teams. The patient is only in this area while early assessment is made and is then moved to another ward or discharged.

The working of these units varies; some are purely for medical or surgical cases (MAU, SAU etc.) while some function across various specialties (CDU, AAU). For simplicity, the term assessment unit will be used.

(Cooke MW, Higgins J, Kidd P. Use of emergency observation and assessment wards: a systematic literature review. *Emerg Med J* 2003; 20:138 –142)

### **Clinical teams**

Doctors and or nurses who care for patients.

### **Critical care**

Critical care includes Level 2 and Level 3 patients:

**Level 1:** Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.

**Level 2:** Patients requiring more detailed observation or intervention including support for a single failed organ system or post-operative care and those 'stepping down' from higher levels of care (e.g. HDU).

**Level 3:** Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems (e.g. ICU).

(Critical to success, Audit Commission, London, 1999)

### **Emergency Admission**

An admission that is unpredictable and at short notice because of clinical need, including:

- A&E or dental casualty department of the hospital (21)
- General practitioner: after a request for immediate admission has been made direct to a hospital, i.e. not through a bed bureau (22)
- Bed bureau (23)
- Consultant clinic, of this or another hospital (health care provider) (24)
- Patients admitted from the A&E department of another hospital where they had not been admitted (28).

(The NHS Data Dictionary Version 2.0 - April 2003. <http://www.nhsia.nhs.uk/datastandards>)



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