



EMERGENCY ADMISSIONS STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Organisational Questionnaire

CONFIDENTIAL

Name of hospital: _____

Name of trust: _____

Who completed this questionnaire?

Name: _____

Position: _____

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 ongoing 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.

Questions or help

If you have any queries about the study or this questionnaire, please contact NCEPOD at:
emergencyadmissions@ncepod.org.uk
or **Tel: 020 7920 0999**.

How to complete this questionnaire

All hospitals that accept emergency admissions should complete an organisational questionnaire. Information should be given as at 1st February 2005 unless otherwise stated.

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.

Definitions: Where ^(def) is indicated, a definition is provided on the back of the questionnaire.

Please return completed questionnaires to NCEPOD in the stamped addressed envelope provided.

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

For this questionnaire 'organisation' is being taken at the level of **Hospital** not at the level of the Trust. A separate questionnaire should be filled in for each hospital within a Trust.

A PATIENT DETAILS

1. How many patients were admitted as emergency admissions ^(def) to this hospital during February 2005? Unknown

2. How many emergency admissions ^(def) were discharged home from the assessment unit ^(def) in February 2005? Unknown

B PROTOCOLS

3. Does this hospital have a protocol for handing over the care of patients among clinical teams ^(def) between working **shifts**? Yes No Unknown

a. If YES, please provide a copy of this protocol when submitting this questionnaire. Copy enclosed Copy not enclosed

4. Please write clearly any additional observations you wish to report about the organisation of emergency admissions.

C ASSESSMENT UNIT(S)

5. How many adult assessment units does this hospital have? Unknown

Please complete the questions 6-10 (a-f) for each assessment unit.

6. ASSESSMENT UNIT 1

a. Type of assessment unit

- A Medical
- B Surgical
- C Medical and surgical
- D Speciality, please specify _____
-

b. Location of assessment unit

- A Part of the A&E department
- B Directly adjacent to the A&E department
- C Separate from the A&E department
- D Other, please specify _____
-

c. How many patient assessment stations ^(def) did the assessment unit have in February 2005?

Unknown

d. Does the assessment unit have a designated person who takes overall responsibility for the assessment unit?

Yes No Unknown

i. If **YES**, is this person a:

Nurse Nurse and doctor

Doctor Unknown

e. Does the assessment unit(s) have 24 hr access to the following:

- i Conventional radiology Yes No Unknown
- ii CT Scanning Yes No Unknown
- iii Haematology Yes No Unknown
- iv Biochemistry Yes No Unknown
-

f. Does the assessment unit have protocols for:

- i Admission Yes No Unknown
- ii Discharge Yes No Unknown
- iii Management of patients on the assessment unit Yes No Unknown
-

7. ASSESSMENT UNIT 2

a. Type of assessment unit

- A Medical
B Surgical
C Medical and surgical
D Speciality, please specify _____
-

b. Location of assessment unit

- A Part of the A&E department
B Directly adjacent to the A&E department
C Separate from the A&E department
D Other, please specify _____
-

c. How many patient assessment stations ^(def) did the assessment unit have in February 2005?

Unknown

d. Does the assessment unit have a designated person who takes overall responsibility for the assessment unit?

Yes No Unknown

i. If **YES**, is this person a:

Nurse Nurse and doctor
 Doctor Unknown

e. Does the assessment unit(s) have 24 hr access to the following:

- i Conventional radiology Yes No Unknown
ii CT Scanning Yes No Unknown
iii Haematology Yes No Unknown
iv Biochemistry Yes No Unknown
-

f. Does the assessment unit have protocols for:

- i Admission Yes No Unknown
ii Discharge Yes No Unknown
iii Management of patients on the assessment unit Yes No Unknown

8. ASSESSMENT UNIT 3

- a. Type of assessment unit
- | | | |
|---|--------------------------|----------------------------------|
| A | <input type="checkbox"/> | Medical |
| B | <input type="checkbox"/> | Surgical |
| C | <input type="checkbox"/> | Medical and surgical |
| D | <input type="checkbox"/> | Speciality, please specify _____ |

- b. Location of assessment unit
- | | | |
|---|--------------------------|---|
| A | <input type="checkbox"/> | Part of the A&E department |
| B | <input type="checkbox"/> | Directly adjacent to the A&E department |
| C | <input type="checkbox"/> | Separate from the A&E department |
| D | <input type="checkbox"/> | Other, please specify _____ |

- c. How many patient assessment stations ^(def) did the assessment unit have in February 2005?
- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unknown |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------|

- d. Does the assessment unit have a designated person who takes overall responsibility for the assessment unit?
- | | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|---------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
|--------------------------|-----|--------------------------|----|--------------------------|---------|

- i. If **YES**, is this person a:
- | | | | |
|--------------------------|--------|--------------------------|------------------|
| <input type="checkbox"/> | Nurse | <input type="checkbox"/> | Nurse and doctor |
| <input type="checkbox"/> | Doctor | <input type="checkbox"/> | Unknown |

- e. Does the assessment unit(s) have 24 hr access to the following:
- | | | | | | | | |
|-----|------------------------|--------------------------|-----|--------------------------|----|--------------------------|---------|
| i | Conventional radiology | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| ii | CT Scanning | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| iii | Haematology | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| iv | Biochemistry | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |

- f. Does the assessment unit have protocols for:
- | | | | | | | | |
|-----|---|--------------------------|-----|--------------------------|----|--------------------------|---------|
| i | Admission | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| ii | Discharge | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| iii | Management of patients on the assessment unit | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |

9. ASSESSMENT UNIT 4

- a. Type of assessment unit
- A Medical
- B Surgical
- C Medical and surgical
- D Speciality, please specify _____
-

- b. Location of assessment unit
- A Part of the A&E department
- B Directly adjacent to the A&E department
- C Separate from the A&E department
- D Other, please specify _____
-

- c. How many patient assessment stations ^(def) did the assessment unit have in February 2005?
- Unknown
-

- d. Does the assessment unit have a designated person who takes overall responsibility for the assessment unit?
- Yes No Unknown
-

- i. If **YES**, is this person a:
- Nurse Nurse and doctor
- Doctor Unknown
-

- e. Does the assessment unit(s) have 24 hr access to the following:
- i Conventional radiology Yes No Unknown
- ii CT Scanning Yes No Unknown
- iii Haematology Yes No Unknown
- iv Biochemistry Yes No Unknown
-

- f. Does the assessment unit have protocols for:
- i Admission Yes No Unknown
- ii Discharge Yes No Unknown
- iii Management of patients on the assessment unit Yes No Unknown

10. ASSESSMENT UNIT 5

- a. Type of assessment unit
- A Medical
 - B Surgical
 - C Medical and surgical
 - D Speciality, please specify _____
-

- b. Location of assessment unit
- A Part of the A&E department
 - B Directly adjacent to the A&E department
 - C Separate from the A&E department
 - D Other, please specify _____
-

- c. How many patient assessment stations ^(def) did the assessment unit have in February 2005?
- 0 1 2 3 4 5 6 7 8 9 Unknown
-

- d. Does the assessment unit have a designated person who takes overall responsibility for the assessment unit?
- Yes No Unknown
-

- i. If **YES**, is this person a:
- Nurse Nurse and doctor
 - Doctor Unknown
-

- e. Does the assessment unit(s) have 24 hr access to the following:

- i Conventional radiology Yes No Unknown
 - ii CT Scanning Yes No Unknown
 - iii Haematology Yes No Unknown
 - iv Biochemistry Yes No Unknown
-

- f. Does the assessment unit have protocols for:

- i Admission Yes No Unknown
- ii Discharge Yes No Unknown
- iii Management of patients on the assessment unit Yes No Unknown

DEFINITIONS

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.

Patient Assessment stations

A bed, trolley, or other area designated for the assessment and treatment of individual patients with the exclusion of chairs.

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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