



# Cancer in Children, Teens and Young Adults

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## Clinician Questionnaire B - ICU (Level 3) Admission/Death

To be completed by the named oncologist/discharging clinician

**CONFIDENTIAL**

### DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE

Grade: \_\_\_\_\_

Specialty: \_\_\_\_\_

#### What is this study about?

To identify and explore avoidable and remediable factors in the process of care of children, teens and young adults aged 25 and younger who died/ or had an unplanned admission to ICU (Level 3) within 60 days of receiving systemic anti-cancer therapy (SACT)

#### Inclusions:

Patients:

- Up to and including the age of 25 years
- Who have a cancer diagnosis (ICD10 codes C00-D10; D37-D48)
- Who have received systemic anti cancer therapy (SACT) - intravenous, oral, subcutaneous, intrathecal, or intraperitoneal chemotherapy, monoclonal antibodies or cytokines; and
- Who have died or been admitted to PICU/ICU within 60 days of receiving SACT

For the purpose of this questionnaire the most recent protocol/cycle refers to the most recent date within the study time period (1st March 2014 - 31st May 2016)

#### Exclusions:

- Planned admissions to ICU (e.g. post surgery)
- Incidental deaths (e.g. trauma-related)

**This questionnaire should be completed by the named discharging consultant who was responsible for the patient during their final admission, but can be completed by one of their trainees if signed off by the named consultant.**

**NOTE OF CONFIDENTIALITY: Your responses are strictly confidential and will only be used as part of an aggregated data set and will not be shared with any third parties.**

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please supply your email address below:

#### CPD accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. It 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.

#### Questions or help?

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

[cictya@ncepod.org.uk](mailto:cictya@ncepod.org.uk)

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in December 2017.

NCEPOD number:



## DEFINITIONS

Cycle:	Chemotherapy is typically given in cycles, which is a treatment followed by a period of rest. A cycle can last one or more days, but is usually one, two, three, or four weeks long.
Early warning score (EWS)	Early warning scores are used to monitor physiological parameters to identify progress or deterioration in clinical conditions. Many versions of the scoring system exist, e.g. NEWS/PEWS
Emergency Department (ED)	Also known as Accident and Emergency Department (A&E) (in a healthcare facility) A section of an institution that is staffed and equipped to provide rapid and varied emergency care, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma
National Cancer Institute (NCI) grade 3/4 toxicity	Grading provided to describe the severity of organ toxicity for patients receiving cancer therapy. Grade 3 = Severe Grade 4 = Life threatening
Levels of care (paediatric)	Paediatric Critical Care Unit (PCCU) is a discrete area within a ward/hospital where paediatric critical care is delivered <u>Level 1 (PCCU)</u> A discrete area or unit where Level 1 paediatric critical care is delivered. With Paediatric Critical Care Network Agreement, CPAP for bronchiolitis may be initiated or continued in a number of Level 1 Paediatric Critical Care Units <u>Level 2 (PHDU/PCCU)</u> A discrete area or unit where Level 1 and Level 2 paediatric critical care are delivered. Other than in specialist children's hospitals, Level 2 Units should be able to provide, as a minimum, acute (and chronic) non-invasive ventilation (both CPAP and BiPAP support) and care for children with tracheostomies and children on long-term ventilation, but should not be expected to deliver specialist Level 2 interventions such as ICP monitoring or acute renal replacement therapy. Within specialist children's hospitals, Level 2 Units may provide some or all of these additional specialist interventions <u>Level 3 (PICU/PCCU)</u> A unit delivering Level 2 and Level 3 paediatric critical care (and Level 1 if required). This unit may also be called a Paediatric Intensive Care Unit (PICU)
Levels of care (general/adult)	Level 0: (General wards) - Patients whose needs can be met through normal ward care in an acute hospital Level 1: (Specialist wards) - 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: (HDU) - Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care (NB: When basic respiratory and basic cardiovascular support and provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be level 2 care) Level 3: (ICU) - Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: basic respiratory and basic cardiovascular do not count as two organs if they occur simultaneously - see above under level 2 care - but will count as level 3 if another organ is supported at the same time)
Paediatric Oncology Shared Care Unit (POSCU)	A designated hospital that shares the care of paediatric oncology patients with a Principal Treatment Centre
Principal Treatment Centre (PTC)	The specialist paediatric oncology unit that is coordinating the patient's care
Protocol/ regimen/ line	A protocol of chemotherapy is the number of cycles of chemotherapy that constitute a complete chemotherapy treatment. Typically 4-6 cycles of chemotherapy constitute a protocol (or line) of chemotherapy.
SACT	To include all "traditional" cytotoxins - intravenous, oral, subcutaneous, intravesical, intrathecal, or intraperitoneal chemotherapy, monoclonal antibodies or cytokines, but excluding vaccines, gene therapy and hormonal agents
Sepsis	Sepsis, also referred to as blood poisoning, is a potentially life-threatening condition triggered by an infection of injury. It leads to a serious overdrive of the body's immune system and leads to a series of reactions that can lead to a widespread inflammation and blood clotting.
Safety netting	Safety netting is an important diagnostic tool that can be used to manage diagnostic uncertainty. It helps ensure patients undergoing investigations for, or presenting with symptoms which could indicate serious disease, are followed up in a timely and appropriate manner. Safety netting is particularly important for suspected cancer, where symptoms are common and often non-specific.
Teenage/young adult designated hospital	Teenage and Young Adult specialist haematology and oncology unit that coordinates the patient's care



## A. CASE SUMMARY

**TIMEFRAME - QUESTIONNAIRES SHOULD BE COMPLETED FOR PATIENTS WHO DIED/ WERE ADMITTED TO ICU (LEVEL 3) BETWEEN 1ST JUNE 2014 - 31ST MAY 2016 - if admitted to ICU (Level 3) multiple times this refers to the last admission**

1. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. Please write clearly for the benefit of the case reviewers. You may also write or type on a separate sheet.

**NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.**

## B. PATIENT DETAILS

2. Age (date the patient died/was admitted to PICU/ICU\*) \*Please see definitions on p.2    years

3. Gender  Male  Female

4. Please state primary site of tumour or type of haematological malignancy:

 Unknown

5a. Was the patient admitted to hospital during the last 3 months prior to the key hospital admission (when the patient was admitted to ICU (Level 3)/ died)?

Yes  No (If NO to 5a please go to Q6)

5b. If YES to 5a, please complete the questions below with respect to any previous admissions to hospital (not including the key admission resulting in death/ ICU (Level 3) admission)

(If more than 4, please list most recent)

1) **Date of previous admission**    **Date of discharge**    **Primary reason for admission**

<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="text"/>	<input type="text"/>						
d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y

**Mode of admission:**  GP  ED  Direct to ward  Transfer

**Admitted to critical care (level 2/3):**  Yes  No

**Discharged to:**  Home  Transfer to step down  Rehabilitation hospital

Hospice  Other

continued on page 4



1) continued

**Interventions which occurred during this admission:**  Antibiotics  Anticoagulation

Inotropic support  Stent placement  Non-invasive ventilatory support

Central line placement/ removal  None

Surgery (please state):

Other (please state):

2) **Date of previous admission** **Date of discharge**

d d m m y y y y d d m m y y y y

**Primary reason for admission**

**Mode of admission:**  GP  ED  Direct to ward  Transfer

**Admitted to critical care (level 2/3):**  Yes  No

**Discharged to:**  Home  Transfer to step down  Rehabilitation hospital  
 Hospice  Other

**Interventions which occurred during this admission:**  Antibiotics  Anticoagulation

Inotropic support  Stent placement  Non-invasive ventilatory support

Central line placement/ removal  None

Surgery (please state):

Other (please state):

3) **Date of previous admission** **Date of discharge**

d d m m y y y y d d m m y y y y

**Primary reason for admission**

**Mode of admission:**  GP  ED  Direct to ward  Transfer

**Admitted to critical care (level 2/3):**  Yes  No

**Discharged to:**  Home  Transfer to step down  Rehabilitation hospital  
 Hospice  Other

**Interventions which occurred during this admission:**  Antibiotics  Anticoagulation

Inotropic support  Stent placement  Non-invasive ventilatory support

Central line placement/ removal  None

Surgery (please state):

Other (please state):



4) **Date of previous admission**      **Date of discharge**      **Primary reason for admission**

    
          

d d    m m    y y y y    d d    m m    y y y y

**Mode of admission:**     GP     (ED)     Direct to ward     Transfer

**Admitted to critical care (level 2/3):**     Yes     No

**Discharged to:**     Home     Transfer to step down     Rehabilitation hospital  
 Hospice     Other

**Interventions which occurred during this admission:**     Antibiotics     Anticoagulation  
 Inotropic support     Stent placement     Non-invasive ventilatory support  
 Central line placement/ removal     None

Surgery (please state):

Other (please state):

**C. COMPLICATIONS DUE TO THE MOST RECENT CYCLE OF SACT**

6a. Did the patient suffer any NCI grade 3/4 toxicity\*?     Yes     No     Unknown

\*Please see definitions on p.2

6b. If YES to Q6a, please select which of the following conditions are relevant for this patient and whether they were related to the most recent cycle of SACT\*:

- i)        Neutropaenia     Yes     No     Possibly     Unknown
- ii)        Febrile neutropaenia     Yes     No     Possibly     Unknown
- iii)        Thrombocytopaenia     Yes     No     Possibly     Unknown
- iv)        Any thromboembolic complication     Yes     No     Possibly     Unknown
- v)        Liver impairment     Yes     No     Possibly     Unknown
- vi)        Vomiting     Yes     No     Possibly     Unknown
- vii)        Tumour lysis syndrome     Yes     No     Possibly     Unknown
- viii)        Haemorrhage     Yes     No     Possibly     Unknown
- ix)        Multi organ failure     Yes     No     Possibly     Unknown
- x)        Diarrhoea     Yes     No     Possibly     Unknown
- xi)        Neurological dysfunction     Yes     No     Possibly     Unknown
- xii)        Renal impairment     Yes     No     Possibly     Unknown
- xiii)        Thomatitis     Yes     No     Possibly     Unknown
- xiv)        Anaphylactic reaction     Yes     No     Possibly     Unknown
- xv)        Pain     Yes     No     Possibly     Unknown

xvi) Other (please state):



7. Please provide a brief clinical summary (including key events) of the patient's care since the most recent cycle of SACT leading to their current admission:

**D. KEY ADMISSION TO HOSPITAL** (when the patient was admitted to critical care or died)

8. Please state the primary reason for admission:

9a. Was the patient admitted with another acute presentation?  Yes  No

9b. If YES to 9a, please specify:

- |  |  |
|--|--|
| <input type="checkbox"/> Haemorrhage   | <input type="checkbox"/> Neurological complication |
| <input type="checkbox"/> Acute surgical complication (e.g. Typhlitis; Bowel perforation) |  |
| <input type="checkbox"/> Other significant infection (please state):                     | <input type="checkbox"/> Respiratory infection     |

10. What type of hospital was the patient admitted to: (Answers may be multiple) \*Please see definitions on p.2

- |  |  |
|--|--|
| <input type="checkbox"/> Principal treatment centre (PTC)*                 | <input type="checkbox"/> Teenage/young adult designated hospital*          |
| <input type="checkbox"/> Paediatric oncology shared care unit (POSCU)*     | <input type="checkbox"/> Specialist paediatric hospital (not PTC)          |
| <input type="checkbox"/> Specialist cancer unit                            | <input type="checkbox"/> University teaching hospital                      |
| <input type="checkbox"/> Other district general hospital <500 beds (small) | <input type="checkbox"/> Other district general hospital >500 beds (large) |
| <input type="checkbox"/> Other hospital (please describe):                 | <div style="border: 1px solid black; width: 500px; height: 20px;"></div>   |

11a. In your opinion, was the location of this admission appropriate for the patient's clinical condition?

- Yes  No

11b. If NO to 11a, please state why not:

12. To which inpatient specialty was the patient first admitted?

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Oncology                              | <input type="checkbox"/> Haematology-oncology   | <input type="checkbox"/> General haematology          | <input type="checkbox"/> TYA cancer                   |
| <input type="checkbox"/> Paediatric oncology                   | <input type="checkbox"/> Paediatric haematology | <input type="checkbox"/> General paediatric           | <input type="checkbox"/> Palliative care              |
| <input type="checkbox"/> General surgery                       | <input type="checkbox"/> General medicine       | <input type="checkbox"/> Acute medicine unit          | <input type="checkbox"/> Level 2 (PHDU)*              |
| <input type="checkbox"/> Other paediatric ward (please state): | <input type="checkbox"/> Level 3 (PICU)*        | <input type="checkbox"/> Level 2 HDU (adult general)* | <input type="checkbox"/> Level 3 ICU (adult general)* |



13. i) Please state the date/time of admission:

24 hr clock  Time unknown      Date unknown  
h h m m d d m m y y y y

ii) What was the mode of admission and time/date of referral:

Self-referral to ward  via Emergency Department

GP referral   hh:mm     dd/mm/yyyy  
 Time unknown  Date unknown

Following outpatient clinic   hh:mm     dd/mm/yyyy  
 Time unknown  Date unknown

Transfer from other hospital   hh:mm     dd/mm/yyyy  
 Time unknown  Date unknown

Referral following telephone consultation   hh:mm     dd/mm/yyyy  
 Time unknown  Date unknown

Other (please state):   hh:mm     dd/mm/yyyy  
 Time unknown  Date unknown

iii) Please explain the patient pathway leading to the key admission to hospital (e.g. patient deteriorates > GP > Hospital type (e.g. district general hospital) > patient deteriorates > Hospital type (e.g. UTH)

14a. Was the admission:

A planned admission  An emergency admission If not an emergency admission please go to Q16

b. If this was an emergency admission, was the patient admitted through the ED? \*

Yes  No

c. If YES to 14b, is this the usual pathway for emergency admissions for this group?  Yes  No

d. If NO to 14c, please state what the usual pathway for emergency admissions would be?

15a. After becoming unwell, did the patient/relative/carer telephone for advice from:

i) The GP  Yes  No  N/A  Unknown

ii) NHS 111 emergency and urgent care services  Yes  No  N/A  Unknown

iii) The treating team  Yes  No  N/A  Unknown

iv) Other (please state):  Yes  No  N/A  Unknown

Yes  No  N/A  Unknown



15b. IF YES to 15a, was there a log of the call in the patient's notes?

- Yes       No       Not applicable       Unknown

15c. If YES to 15b please state:

i) Date and time:      24 hr clock          hh:mm            dd/mm/yyyy

- Time unknown       Date unknown

ii) Who took the call and issued advice?

iii) In your opinion, was the advice given appropriate?       Yes       No       N/A       Unknown

iv) Was the advice given followed?       Yes       No       N/A       Unknown

v) Did the call result in an admission to hospital?       Yes       No       N/A       Unknown

vi) Was the call documented accurately and in sufficient detail in the case notes?       Yes       No       N/A       Unknown

vii) Was (if any) follow up:      i - Planned       Yes       No       N/A       Unknown

ii - Undertaken       Yes       No       N/A       Unknown

viii) Was the patient seen within 24 hours of first contact by: (Please select all that apply)

- General practitioner       Community nurse       Specialist nurse  
 None of the above       Oncologist/haematologist       Paediatrician  
 Other health care professional (please state role):

16a. In your opinion, was there sufficient safety netting\* in place prior to this hospital admission?

- \*Please see definitions on p.2       Yes       No       N/A       Unknown

16b. Please give the following details:

i) Did the patient/ family have written information on who to contact for advice?       Yes       No       Unknown

ii) Did the patient/ family have written information on signs/ symptoms which should trigger need for advice?       Yes       No       Unknown

iii) Was there any evidence of concern from the treating team about the patient/ family's understanding of when to seek advice?       Yes       No       Unknown

17. Which of the following vital signs were recorded on admission?

i) Temperature       Yes       No       Unknown       N/A

ii) Blood pressure       Yes       No       Unknown       N/A

iii) Heart rate       Yes       No       Unknown       N/A

iv) Respiratory rate       Yes       No       Unknown       N/A

v) Creatinine level       Yes       No       Unknown       N/A

vi) Blood glucose       Yes       No       Unknown       N/A

vii) GCS/ AVPU/ change in mental status       Yes       No       Unknown       N/A





18a. Was the patient's status recorded on an Early Warning Score (EWS) on admission?

- Yes       No       Unknown       Not applicable

18b. If YES to 18a, which one?

- NEWS       PEWS       MEWS       Other (please state):

19. If YES to 18a, what was the patient's Early Warning Score (e.g. EWS/PEWS) at the time of admission?

- 0       1       2       3       N/A       Unknown

20. What was the Glasgow Coma Scale score on admission?   N/A       Not taken

21a. In your opinion, were there any delays in the admission process?       Yes       No

21b. If YES to 21a, please give details:

21c. If YES to 21a, how long was the delay?   hh:mm

22a. In your opinion, were there any delays in the:

- i) Undertaking of investigations       Yes       No       Unknown  
ii) Reporting of investigations       Yes       No       Unknown

22b. If YES to i) or ii), please give details:

23. Please state time and date of:      24hr clock

- i) First triage assessment in ED:   hh:mm         dd/mm/yyyy  
 N/A - patient not in ED       Time unknown       Date unknown  
ii) First consultant review:   hh:mm         dd/mm/yyyy  
 Time unknown       Date unknown

24. What other specialties were involved in the care of this patient from the time of admission until death/admission to ICU/PICU?

(Please mark all that apply):

- Adult oncology       Adult haematology       Adult oncology service  
 General medicine (adult)       General surgery (adult)       General surgery (paediatric)  
 Neurosurgery       Palliative care       Paediatric oncology  
 Paediatric haematology       General paediatrics       TYA team  
 Pain team       Anaesthesia

Other (please state):





29a. Was the case discussed at an MDT meeting?  Yes  No  N/A

29b. If YES to 29a, which specialities were present?

- Oncologist  Haematology  Paediatrics  
 General surgery  Pharmacy  Radiology  
 Other (please state):  Palliative care medicine  Critical/ intensive care medicine

30a. Were there any disagreements in the care for this patient?  Yes  No

30b. If YES to 30a, please give details:

## E. CRITICAL CARE

31a. During the hospital stay was the patient admitted to critical care?  Yes  No **If No please go to Q44**

31b. If YES to 31a, was this admission to:

- Level 3 ICU (adult/general\*)  Level 3 (PICU\*) \*Please see definitions on p.2  
 Other Level 3 (please state):   
 Level 2 HDU (adult general\*)  
 Level 2 (PHDU\*)  Other Level 2 (please state):

32a. Time/date of admission to critical care (Level 3): 

h	h	m	m	d	d	m	m	y	y	y	y

 N/A

32b. Time/date of discharge from critical care (Level 3): 

h	h	m	m	d	d	m	m	y	y	y	y

 N/A

32c. Time/date of admission to critical care (Level 2): 

h	h	m	m	d	d	m	m	y	y	y	y

 N/A

32d. Time/date of discharge from critical care (Level 2): 

h	h	m	m	d	d	m	m	y	y	y	y

 N/A

33. Was there a delay in admission to critical care?  Yes  No  Unknown

34. What was the EWS/PEWS/PIMS score at the time of admission to critical care?

--	--	--	--

 Unknown  N/A

35. Were there written instructions as to what to do in the event of deterioration on the ward?

- Yes  No  Unknown  N/A

36a. Was there a documented discussion between the intensivist and the oncologist as to the intent of the admission to ICU?

- Yes  No  Unknown  N/A



36b. At the time of the ICU admission, was the intent:

Cure  Palliation  Unknown

Other (please state):  
 e.g. improve patient's condition

36c. If the intent was palliation, was there access to a palliative care team?  Yes  No  Unknown

36d. If YES to 36c, was that team appropriate for the age of the patient?  Yes  No  Unknown

36e. If NO to 36d, please provide details:

37a. Was a documented discussion held with the family about "ceilings of treatment"/ limitation of treatment?  Yes  No

37b. If YES to Q37a, please state date/time:            
h h m m d d m m y y y y

38. Was this admission to critical care discussed at an audit or mortality and morbidity (M&M) meeting?

Yes  No  Unknown  N/A

39a. Did the patient receive mechanical ventilatory support?  Yes  No  Unknown

39b. If YES to 39a, for how long?   days   weeks

40a. Did the patient receive inotropic support?  Yes  No  Unknown

40b. If YES to 40a, for how long?   days   weeks

41a. Did the patient receive support for other organ systems?  Yes  No  Unknown

41b. If YES to 41a, for which and for how long? (please give details below):   days   weeks

42a. In your view, was this an appropriate admission to critical care?  Yes  No

42b. If NO to 42a, please provide details:

43. If the patient was admitted to level 3\* critical care were they discharged to: \*Please see definitions on p.2

General ward (Level 0)  Specialist ward (Level 1)\*  Critical care (Level 2)\*  
 Other (please state):  N/A (patient died in Level 3\* care)



44. What was the date of death / discharge from hospital?          Date unknown  
d d m m y y y y

45. What was the discharge destination of this patient?
- Place of residence
  - Hospice
  - Principal treatment centre (PTC)\*
  - Paediatric oncology shared care unit (POSCU)\*
  - Specialist paediatric hospital (not PTC)
  - Teenage/young adult designated hospital\*
  - Specialist cancer unit
  - Other district general hospital >500 beds (large)
  - University teaching hospital
  - Other district general hospital <500 beds (small)
  - Unknown
  - Other (please state):
  - N/A patient died in hospital

Please go to Q51

46. What was the functional status of this patient at discharge?
- No disability
  - Moderate disability
  - Moderate-severe disability
  - Severe disability
  - Slight disability
  - Unknown

47a. Were there any complications at discharge?  Yes  No  Unknown

47b. If YES to 47a, in your opinion were any of these preventable?  Yes  No  Unknown

47c. If YES to 47b, please provide details:

48a. Were any rehabilitation plans made for this patient?  Yes  No

48b. If YES to 48a, did these include:

- Physiotherapy
- Occupational therapy
- Pain therapy
- Psychology
- Other (please state):
- Community nurse (paediatrics)
- Psychiatry

49. Were any follow-up appointments made?  Yes  No  Unknown

50a. Was this patient readmitted within 30 days of discharge?  Yes  No  Unknown

50b. If YES to 50a, please provide date of readmission:        Date unknown  
d d m m y y y y

50c. If YES to 50a, please provide reason for readmission:  Unknown



## F. DEATH

If the patient was alive at discharge (or 60 days from last cycle date) please go to Q60

51. Did the patient:  Die during the admission  Die within 30 days following discharge

52. Was the death of the patient due to:

i) Progression of the disease  Yes  No  Unknown

ii) Complication of the SACT  Yes  No  Unknown

iii) If YES to ii) Complication of the SACT, please give details:

iv) Other reason:  Yes  No

v) If YES to iv) Other reason, please give details:

53. What was recorded on the death certificate?

la. \_\_\_\_\_

lb. \_\_\_\_\_

lc. \_\_\_\_\_

ll. \_\_\_\_\_

54. Did the patient have an End of Life Care Plan in place at the time of death?  Yes  No  Unknown

55. Was there a "Limitation of Treatment Agreement"/documented "Ceilings of Treatment" at the time of death?  Yes  No  Unknown

56. Was an autopsy performed?  Yes  No  Unknown

57a. Was the patient's death discussed at an audit or mortality and morbidity meeting (M&M)?  Yes  No  Unknown

57b. If YES to 57a, were the discussions of the audit/ M&M meeting recorded in the case notes?  Yes  No  Unknown

58a. In your opinion, were there any adverse events that may have contributed to the patient's death?  Yes  No  Unknown

58b. If YES to 58a, please specify:

59a. Following the death of the patient, were the family offered any support (e.g. bereavement counselling)?  Yes  No  Unknown

59b. If YES to 59a, please give details:



## G. STRUCTURED COMMENTARY

60. Please outline any organisational aspects of SACT in your hospital that may have had an effect on patient outcome:

61. With the benefit of hindsight, is there anything you believe could have been done differently regarding the management of this patient? We have highlighted some areas that you might want to consider with respect to patient outcome:

- |   |  |
|---|--|
| <input type="checkbox"/> Management of toxicity             | <input type="checkbox"/> Follow up after SACT        |
| <input type="checkbox"/> Management of progressive diseases | <input type="checkbox"/> Management of comorbidities |

## H. GENERAL COMMENTS

62. Please write clearly any additional observations you wish to record:

Thank you for taking the time to complete this questionnaire



This study was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical and Surgical Care.



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