Long-term ventilation: Reviewer Assessment Form

1a. A1a. Reviewer initials

1b. A1b. Date of meeting

1c. A1c. Site ID

1d. A1d. Is this a matched case (i.e. the patient was transferred directly from one hospital to another)

○ Yes ○ No ○ Unknown

1e. A1e. Please specify the NCEPOD number of the matching case

☐ Unknown

1a. B1a. Was the patient aged ≥2 years at the time of admission?

  ◯ Yes   ◯ No   ◯ Unable to answer

1b. If answered "Yes" to [1a] then:
B1b. If YES, please specify the patients age in years:

| Years | ☐ Unknown |

1c. If answered "No" to [1a] then:
B1c. If NO, please specify the age in months:

| Months | ☐ Unknown |

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2. B2. Sex

  ◯ Male   ◯ Female   ◯ Unable to answer

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3. B3. Type of ventilation received at the time of admission:

  ◯ Invasive   ◯ Non-invasive   ◯ Unable to answer

4a. B4a. Date of arrival:

4b. B4b. Time of arrival:

5a. B5a. Date of admission:

5b. B5b. Time of admission:

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6. B6. Type of hospital admitted to:

  ◯ DGH <500 beds   ◯ DGH ≥500 beds
  ◯ Specialist Paediatric Tertiary Centre   ◯ University Teaching Hospital
  ◯ Independent Hospital   ◯ Unable to answer

If not listed above, please specify here...

7a. B7a. Had the patient been receiving ventilation for ≥2 years at the time of admission?

  ◯ Yes   ◯ No   ◯ Unable to answer

7b. If answered "Yes" to [7a] then:
B7b. If YES, please specify the length of time on ventilation overall in years?

| Years | ☐ Unknown |

Value should be no more than 25

7c. If answered "No" to [7a] then:
B7c. If NO, please specify the length of time on ventilation overall in months?

| Months | ☐ Unknown |

Value should be no more than 24

8a. B8a. Had there been a change from non-invasive to invasive ventilation?

    ○ Yes   ○ No   ○ Unable to answer

8b. If answered "Yes" to [8a] then:
B8b. If YES, how long had the patient been receiving invasive ventilation?

	Years

Value should be no more than 25

9a. B9a. Had there been a change from invasive to non-invasive ventilation?

    ○ Yes   ○ No   ○ Unable to answer

9b. If answered "Yes" to [9a] then:
B9b. If YES, how long had the patient been receiving non-invasive ventilation?

	Years

Value should be no more than 25

1a. C1a. Where was the patient admitted from?

☐ Home   ☐ Hospice/Respite care   ☐ Another hospital
☐ Unable to answer

Please specify any additional options here...

[   ]

1b. If answered "Another hospital" to [1a] then:
C1b. If the patient was admitted from another hospital what type of centre was this?
LTV centre is defined as one which provides this patient with the normal decision making, support and review of their ventilatory care.

○ LTV centre*   ○ Other centre   ○ Unable to answer

- -

2. If answered "Another hospital" to [1a] then:
C2. Please specify the duration of care in the previous hospital prior to transfer:

[Days]   ☐ Unknown

- -

3. If answered "Another hospital" to [1a] then:
C3. How was the patient transferred between the previous hospital and this hospital?

☐ Dedicated ambulance transfer service (including medical/nursing support)
☐ Normal ambulance service (ambulance/paramedic crew)
☐ Family car
☐ Unable to answer

Please specify any additional options here...

[   ]

- -

4a. If answered "Another hospital" to [1a] then:
C4a. In your opinion, was there a delay in transfer?

○ Yes   ○ No   ○ Unable to answer

4b. If answered "Another hospital" to [1a] and "Yes" to [4a] then:
C4b. If YES, did this impact on outcome?

○ Yes   ○ No   ○ Unable to answer

4c. If answered "Another hospital" to [1a] and "Yes" to [4a] and "Yes" to [4b] then:
C4c. If YES, please give details:

[   ]

- -

5a. If answered "Another hospital" to [1a] then:
C5a. In your opinion was the overall care provided in the previous hospital satisfactory?

○ Yes   ○ No   ○ Unable to answer

5b. If answered "Another hospital" to [1a] and "No" to [5a] then:
C5b. If NO please give details:

D. INITIAL ASSESSMENT

1a. D1a. Was the patient's respiratory rate recorded on initial assessment in hospital?

○ Yes   ○ No   ○ Unable to answer

1b. If answered "Yes" to [1a] then:
D1b. If YES, was this a set rate or patient initiated actual rate?

○ Set rate   ○ Patient initiated   ○ Unable to answer

1c. If answered "Yes" to [1a] then:
D1c. If YES, what was the first recorded respiratory rate?

| breaths per minute | ☐ Unknown

1d. If answered "Yes" to [1a] then:
D1d. If YES, what was the date of the first recorded respiratory rate?

1e. If answered "Yes" to [1a] then:
D1e. If YES, what was the time of the first recorded respiratory rate?

2a. D2a. Was O2 saturation recorded on admission initial assessment in hospital?

○ Yes   ○ No   ○ Unable to answer

2b. If answered "Yes" to [2a] then:
D2b. If YES, what was the first recorded O2 saturation?

| SpO2 | ☐ Unknown

2c. If answered "Yes" to [2a] then:
D2c. If YES, what was the date of the first recorded O2 saturation?

2d. If answered "Yes" to [2a] then:
D2d. If YES, what was the time of the first recorded O2 saturation?

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3. D3. How was the adequacy of respiratory support assessed? (Please tick all that apply)

☐ Clinical assessment   ☐ Non-invasive CO2 assessment
☐ Invasive assessment (blood gas)   ☐ Chest x-ray
☐ Not assessed   ☐ Unable to answer

Please specify any additional options here...

4a. D4a. Were there any problems with the airway identified?

○ Yes   ○ No   ○ Unable to answer

4b. If answered "Yes" to [4a] then:
D4b. If YES, please give details:

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4c. If answered "Yes" to [4a] then:
D4c. If YES to 4a, were these dealt with appropriately?

○ Yes   ○ No   ○ Unable to answer

4d. If answered "Yes" to [4a] and "No" to [4c] then:
D4d. If NO, please give details:

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5a. D5a. Was the overall initial assessment satisfactory?

○ Yes   ○ No   ○ Unable to answer

5b. If answered "No" to [5a] then:
D5b. If NO, please specify:

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6a. D6a. Were there any delays in initial assessment?

○ Yes   ○ No   ○ Unable to answer

6b. If answered "Yes" to [6a] then:
D6b. If YES, please specify:

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7a. D7a. Is there a record in the notes that an emergency health care plan was in place?

◯ Yes   ◯ No   ◯ Unable to answer

7b. If answered "Yes" to [7a] then:
D7b. If YES is there evidence that this was used in the assessment and admission process?

◯ Yes   ◯ No   ◯ Unable to answer

1. E1. Was this admission:

○ Directly related to LTV   ○ Not related to LTV   ○ Unable to answer

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2. E2. Was the patient triaged for early senior review on admission?

○ Yes   ○ No   ○ Unable to answer

3a. E3a. Was the patient admitted to an appropriate location?

○ Yes   ○ No   ○ Unable to answer

3b. If answered "No" to [3a] then:
E3b. If NO, please specify:

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4a. E4a. Which of the following contributed to the admission to hospital?

☐ Equipment failure
☐ Lack of availability of equipment
☐ Mask issues (fit etc.)
☐ Tracheostomy problems
☐ Humidification problems
☐ Patient compliance
☐ Changing or increasing ventilator requirements
☐ Interrogation of ventilator data
☐ Problems with oxygenation (poor saturations, increased oxygen needs)
☐ Other (please specify below)
☐ None
☐ Unable to answer

Please specify any additional options here...

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4b. If answered "Equipment failure", "Lack of availability of equipment", "Mask issues (fit etc.)", "Tracheostomy problems", "Humidification problems", "Patient compliance", "Changing or increasing ventilator requirements", "Interrogation of ventilator data", "Problems with oxygenation (poor saturations, increased oxygen needs)" or "Other (please specify below)" to [4a] then:
E4b. Were these avoidable?

○ Yes   ○ No   ○ Unable to answer

4c. If answered "Yes" to [4b] then:
E4c. If YES, please specify:

[   ]

5a. E5a. In your opinion, could this admission have been avoided?

◯ Yes   ◯ No   ◯ Unable to answer

5b. If answered "Yes" to [5a] then:
E5b. If YES, please specify:

[   ]

6a. E6a. Were there any delays in this admission?

◯ Yes   ◯ No   ◯ Unable to answer

6b. If answered "Yes" to [6a] then:
E6b. If YES, please give details:

[   ]

6c. If answered "Yes" to [6a] then:
E6c. If YES, in your opinion could these have been avoided?

◯ Yes   ◯ No   ◯ Unable to answer

6d. If answered "Yes" to [6a] and "Yes" to [6c] then:
   E6d. If YES, please give details:

F. RECENT/PREVIOUS ADMISSIONS

1a. F1a. Did the patient have any other admissions in the 6 months prior to the index admission?

○ Yes   ○ No   ○ Unable to answer

1b. If answered "Yes" to [1a] then:
F1b. If YES, were these: (please tick all that apply)

☐ Planned   ☐ Unplanned   ☐ Unable to answer

Please specify any additional options here...

1c. If answered "Yes" to [1a] then:
F1c. If YES to 1a, in your opinion could any of these have been avoided?

○ Yes   ○ No   ○ Unable to answer   ○ Not applicable

1d. If answered "Yes" to [1a] and "Yes" to [1c] then:
F1d. IF YES, please specify:

1e. If answered "Yes" to [1a] then:
F1e. If YES to 1a, in your opinion could any of these admissions have been anticipated?

○ Yes   ○ No   ○ Unable to answer

1f. If answered "Yes" to [1a] and "Yes" to [1e] then:
F1f. If YES to 1e, please specify:

1g. If answered "Yes" to [1a] then:
F1g. If the patient had repeated admissions, were these for the same indication as the current admission?

○ Yes   ○ No   ○ Unable to answer

G. ADMISSION PATHWAY

1a. G1a. Was the patient admitted DIRECTLY to critical care?

○ Yes ○ No ○ Unable to answer

1b. If answered "Yes" to [1a] then:
G1b. If YES, please specify the level

○ Paediatric Critical Care unit - Level 1 ○ Paediatric Critical Care unit - Level 2
○ Paediatric Critical Care unit - Level 3 ○ Adult Critical Care - Level 2
○ Adult Critical Care - Level 3 ○ Unable to answer

If not listed above, please specify here...

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1c. If answered "No" to [1a] then:
G1c. If NO to 1a, in your opinion should they have been?

○ Yes ○ No ○ Unable to answer

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2. G2. Do the case notes include details of the ventilation settings?

○ Yes ○ No ○ Unable to answer

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3. G3. Do the case notes include details of what ventilation care the patient was receiving?
For example humidifcation, suction, tracheostomy care, etc.

○ Yes ○ No ○ Unable to answer

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4. G4. Do the case notes include details of the care package as a whole?

○ Yes ○ No ○ Unable to answer

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5. G5. Is there documentation in the case notes of an identified clinician responsible for ventilator care before hospital admission?

○ Yes ○ No ○ Unable to answer

6a. G6a. Is there evidence in the case notes of senior review (consultant or equivalent) within 14 hours of admission?

○ Yes ○ No ○ Unable to answer

6b. If answered "Yes" to [6a] then:
G6b. If YES, in your opinion was this review undertaken by an appropriate specialty?

○ Yes ○ No ○ Unable to answer

6c. If answered "Yes" to [6a] and "No" to [6b] then:
G6c. If NO to 6b, how long following admission was the first appropriate senior specialty review undertaken?

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                          Hours
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☐ Unknown

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7. G7. Is there documentation in the case notes of clinical leadership whilst in hospital?
(e.g. lead team, clinical nurse specialist)

○ Yes ○ No ○ Unable to answer

8a. G8a. Following review of the case notes, have you identified any areas of concern in relation to equipment?

○ Yes ○ No ○ Unable to answer

8b. If answered "Yes" to [8a] then:
G8b. If YES, please give details:

[ ]

9a. G9a. Following review of the case notes, have you identified any areas of clinical monitoring which could have been improved?

○ Yes   ○ No   ○ Unable to answer

9b. If answered "Yes" to [9a] then:
G9b. If YES, please specify:

[ ]

10a. G10a. Following review of the case notes have you identified any additional problems with day to day care that could have been improved?

○ Yes   ○ No   ○ Unable to answer

10b. If answered "Yes" to [10a] then:
G10b. If YES, please specify:

[ ]

11a. G11a. In your opinion, was there timely review by (when appropriate) AHPs?

○ Yes   ○ No   ○ Unable to answer   ○ Not applicable

11b. If answered "No" to [11a] then:

G11b. If NO, what specialty review was missing? (Please tick all that apply)

☐ Physiotherapy ☐ Occupational Therapy ☐ Speech & Language Therapy

☐ Dietetics ☐ Unable to answer

Please specify any additional options here...

[ ]

11c. If answered "No" to [11a] then:

G11c. Please give details further details:

[ ]

1. **H1. Whilst the patient was in this hospital was there evidence of inclusion of the patient's normal (community based) care team in everyday delivery of care? (involved in bedside care)**

   ○ Yes   ○ No   ○ Unable to answer

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2. **H2. Whilst the patient was in this hospital was there evidence of inclusion of the patient's parent carers in everyday delivery of care? (involved in bedside care)**

   ○ Yes   ○ No   ○ Unable to answer   ○ Not applicable

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3. **H3. Were members of the community care team included in MDT discussions during this admission where appropriate?**

   ○ Yes   ○ No   ○ Unable to answer   ○ Not applicable

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4. **H4. Whilst in hospital, was there evidence of the inclusion of the patient's usual team in the every day delivery of care?**

   ○ Yes   ○ No
   ○ Unknown   ○ Not applicable - admitted to tertiary centre

I. TRANSFERS

1a. I1a. Was the patient transferred to another unit/ward in the same hospital during this admission?

◯ Yes ◯ No ◯ Unable to answer

1b. If answered "Yes" to [1a] then:
I1b. If YES to 1a, in your opinion was this/were these transfers appropriate?

◯ Yes ◯ No ◯ Unable to answer

1c. If answered "Yes" to [1a] and "No" to [1b] then:
I1c. If NO to 1b, please specify:

1d. If answered "Yes" to [1a] then:
I1d. If YES to 1a, were there any delays or problems in organising transfers?

◯ Yes ◯ No ◯ Unable to answer

1e. If answered "Yes" to [1a] and "Yes" to [1d] then:
I1e. If YES to 1d, please specify:

1f. If answered "Yes" to [1a] then:
I1f. If YES to 1a, were there any adverse events related to the transfer?

◯ Yes ◯ No ◯ Unable to answer

1g. If answered "Yes" to [1a] and "Yes" to [1f] then:
I1g. If YES to 1f, please specify:

2a. I2a. Was the patient transferred to another hospital during this admission?

   ○ Yes   ○ No   ○ Unable to answer

2b. If answered "Yes" to [2a] then:
I2b. If YES to 2a, in your opinion was this transfer appropriate?

   ○ Yes   ○ No   ○ Unable to answer

2c. If answered "Yes" to [2a] and "No" to [2b] then:
I2c. If NO to 2b, please specify:

2d. If answered "Yes" to [2a] then:
I2d. If YES to 2a, hospital were there any delays in organising the inter hospital transfer?

   ○ Yes   ○ No   ○ Unable to answer

2e. If answered "Yes" to [2a] and "Yes" to [2d] then:
I2e. If YES to 2d, how long was the delay?

[Hours]   ☐ Unknown

2f. If answered "Yes" to [2a] then:
I2f. If YES to 2a, is there any evidence in the case notes of problems in organising the inter hospital transfer?

   ○ Yes   ○ No   ○ Unable to answer

2g. If answered "Yes" to [2a] and "Yes" to [2f] then:
I2g. If YES to 2f, please specify:

2h. If answered "Yes" to [2a] then:
I2h. If YES to 2a, were there any adverse events related to the transfer?

   ○ Yes   ○ No   ○ Unable to answer

2i. If answered "Yes" to [2a] and "Yes" to [2h] then:
I2i. If YES to 2h, please specify:

1a. J1a. Is there evidence in the case notes of any other adverse events or complications that occurred during this admission?

○ Yes　　　　　○ No　　　　　○ Unable to answer

1b. If answered "Yes" to [1a] then:
J1b. If YES to 1a, what were these? (Please specify)

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1c. If answered "Yes" to [1a] then:
J1c. If YES to 1a, did they relate to airway/LTV needs?

○ Yes　　　　　○ No　　　　　○ Unable to answer

1d. If answered "Yes" to [1a] then:
J1d. If YES to 1a, is it documented in the case notes that an incident form was completed?

○ Yes　　　　　○ No　　　　　○ Unable to answer

1e. If answered "Yes" to [1a] then:
J1e. If YES to 1a, in your opinion, were these adverse events or complications avoidable?

○ Yes　　　　　○ No　　　　　○ Unable to answer

1f. If answered "Yes" to [1a] and "Yes" to [1e] then:
J1f. If YES to 1e, please specify:

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1g. If answered "Yes" to [1a] then:
J1g. If YES to 1a, in your opinion, were these adverse events or complications well managed?

○ Yes　　　　　○ No　　　　　○ Unable to answer

1h. If answered "Yes" to [1a] and "No" to [1g] then:
    J1h. If NO to 1g, please specify:

1. K1. What was the outcome of this admission?

○ Died   ○ Discharged   ○ Unable to answer

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2. K2.What was the date of death/discharge?

[   ]

3a. If answered "Died" to [1] then:
   K3a. If the patient died, did this relate to an airway/LTV/respiratory complication?

○ Yes   ○ No   ○ Unable to answer

3b. If answered "Died" to [1] then:
   K3b. Was death:

○ Expected   ○ Unexpected   ○ Unable to answer

3c. If answered "Died" to [1] then:
   K3c. Please give details:

[   ]

4a. If answered "Discharged" to [1] then:
   K4a. What was the discharge destination?

○ Normal residence   ○ Another hospital (LTV centre)
○ Hospice   ○ Another hospital (non LTV centre)
○ Other   ○ Unable to answer

If not listed above, please specify here...
[   ]

4b. If answered "Discharged" to [1] and "Other" to [4a] then:
   K4b. If OTHER, please specify:

[   ]

4c. If answered "Discharged" to [1] and "Another hospital (LTV centre)", "Hospice", "Another hospital (non LTV centre)" or "Other" to [4a] then:
   K4c. If not discharged to the patients NORMAL RESIDENCE, was the reason for this documented?

○ Yes   ○ No   ○ Unable to answer

4d. If answered "Discharged" to [1] and "Yes" to [4c] and "Another hospital (LTV centre)", "Hospice", "Another hospital (non LTV centre)" or "Other" to [4a] then:
   K4d. If YES to 4c, was the reason:

○ Medical   ○ Non-medical   ○ Unable to answer

5a. If answered "Discharged" to [1] then:
K5a. Was there evidence in the notes that discharge planning started prior to discharge?

○ Yes ○ No ○ Unable to answer

5b. If answered "Discharged" to [1] and "Yes" to [5a] then:
K5b. If YES, what date was discharge planning started?

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6. If answered "Discharged" to [1] then:
K6. Is there evidence in the case notes that discharge planning included people involved in the ongoing care package?

○ Yes ○ No ○ Unable to answer ○ Not applicable

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7. If answered "Discharged" to [1] then:
K7. Is there evidence in the case notes of the involvement in discharge planning of the patients NORMAL COMMUNITY MULTIDISCIPLINARY TEAM?

○ Yes ○ No ○ Unable to answer ○ Not applicable

8a. If answered "Discharged" to [1] then:
K8a. Is there evidence in the case notes of the involvement in discharge planning of the patients NORMAL LTV TEAM?

○ Yes ○ No ○ Unable to answer ○ Not applicable

8b. If answered "Discharged" to [1] then:
K8b. Is there evidence in the case notes that the patients USUAL LTV LEAD was informed of discharge?

○ Yes ○ No ○ Unable to answer ○ Not applicable

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9. If answered "Discharged" to [1] then:
K9. Is there evidence in the case notes that the FAMILY were involved in discharge planning?

○ Yes ○ No ○ Unable to answer ○ Not applicable

10a. If answered "Discharged" to [1] then:
K10a. In your opinion, were there any delays in discharge?

○ Yes ○ No ○ Unable to answer

10b. If answered "Discharged" to [1] and "Yes" to [10a] then:
K10b. If YES, in your opinion were these delays avoidable?

○ Yes ○ No ○ Unable to answer

10c. If answered "Discharged" to [1] and "Yes" to [10a] and "Yes" to [10b] then:
K10c. If YES, please specify:

L. OVERALL ASSESSMENT OF CARE

1a. L1a. Please indicate what your overall view is of the case. Practice was:

- ☐ Good practice - A standard that you would expect from yourself, your trainees and your institution
- ☐ Room for improvement – Aspects of CLINICAL care that could have been better
- ☐ Room for improvement – Aspects of ORGANISATIONAL care that could have been better
- ☐ Room for improvement – Aspects of CLINICAL AND ORGANISATIONAL care that could have been better
- ☐ Less than satisfactory – SEVERAL ASPECTS OF CLINICAL AND/OR ORGANISATIONAL care that were well
- ☐ Insufficient data

1b. L1b. Please provide reasons for your grade:

M. CAUSE FOR CONCERN

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/Board concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues highlighted across the body of case notes.

This process has been agreed by the NCEPOD Steering group and the GMC. The medical director of the Trust/Board is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for ten years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

1. M1. Do you feel that this case should be considered cause for concern?

⚪ Yes   ⚪ No

1a. N1a. Are there any issues from this case that you feel should be highlighted in the final report?

    ◯ Yes   ◯ No   ◯ Unable to answer

1b. If answered "Yes" to [1a] then:
N1b. If Yes to a, please give details:

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2. N2. Do you think we should consider this as a case study/ vignette in the report

    ◯ Yes   ◯ No