Physical Healthcare in Mental Health Hospitals: Clinician questionnaire

A. INTRODUCTION

What is this study about:
The aim of this study is to identify and explore remediable factors in the physical healthcare of adult patients admitted to an inpatient mental health facility

Inclusions
Data will be collected on patients aged 18 and older admitted to a mental health hospital/facility for a period of at least 1 week during the study period of 1st November 2018 - 31st October 2019 and who:
• Had one of the following physical health conditions: Diabetes mellitus (type 1 or 2), Asthma/ COPD or Cardiovascular disease
• Or were transferred to an acute secondary physical health hospital for assessment/ treatment/ stabilisation
• Or died during their admission (excluding suicides/ homicides/ self-harm) or within 30 days of discharge

Exclusions
Patients admitted to any of the following hospitals/ services are excluded from this study:
• Specialist/ tertiary mental health commissioned services including those for eating disorders, neuropsychiatry, brain injury rehabilitation units, dedicated learning disability, mother & baby units and tier 4 personality disorder inpatient settings
• Long-term care facilities including residential care homes and nursing homes
• Home-treatment periods of care that do not involve an admission to an inpatient setting over the episode of care
• Crisis houses
• Patients whose death is due to suicide/ homicide/ self-harm

Please contact phmh@ncepod.org.uk if you think this patient should be excluded from the study

Sampling
Eligible patients were identified from the mental health hospital and acute secondary hospital patient record system. Up to 4 patients per mental health hospital have been selected for review.

Completing the questionnaire
Please complete the questionnaire in relation to the stated admission/ episode of care in the mental health hospital (or mental health ward if in a hospital where mental and physical healthcare is integrated).

The questions chronologically follow the pathway of care from admission to the mental health hospital ward up to the transfer of care to the physical health hospital (or ward in hospital providing integrated care).

There are also questions on the re-admission/ transfer back to the mental health hospital ward, where this is appropriate. If any information for individual questions is not available, please select "unknown".

Please do not include any patient identifiers in the free text boxes

Who should complete this questionnaire?
This questionnaire should be completed by the consultant psychiatrist responsible for the patient at the time of the hospital admission.

Questions or help
A list of definitions can be found here:
https://www.ncepod.org.uk/pdf/current/phmh/PHMH_Definitionsforwebsite.pdf
If you have any queries about this study or this questionnaire please contact: phmh@ncepod.org.uk or telephone 020 7251 9060.
Further information can be found at https://www.ncepod.org.uk/phmh.html

About NCEPOD
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of

care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

Impact of NCEPOD

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:

Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) – following publication of the 2005 NCEPOD 'An Acute Problem' report.
Appointment of a National Clinical Director for Trauma Care – following publication of 'Trauma: Who Cares?' 2007.
Development of NICE Clinical Guidelines for Acute Kidney Injury, published 2013 – 'Adding Insult to Injury' 2009.
Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 – 'On the right trach?' 2014.
Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 – 'Time to Get Control' 2015.
Development of the British Thoracic Society's Quality Standards for NIV, published 2018 – 'InspiringChange' 2017.

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

B. PATIENT DETAILS

1a. Age

At time of presentation to hospital for this admission

Years ☐ Unknown

Value should be no more than 150

1b. Sex

○ Male ○ Female ○ Other ○ Unknown

1c. Ethnicity

○ White British/ White - other
○ Black/ African/ Caribbean/ Black British
○ Asian/ Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)
○ Mixed/ Multiple ethnic groups
○ Unknown

If not listed above, please specify here...

2. Summary of mental health hospital stay

Please use the box below to provide a summary of this case, using the case notes for adding any additional comments or information you feel is relevant. This will provide a useful case summary to the case reviewer - giving context and a narrative of the main events of the episode of care

C. ADMISSION TO THE MENTAL HEALTH HOSPITAL

1a. What was the primary reason for the admission to this mental health hospital*?
**Or to the mental health ward (if care is integrated at this hospital). Answers may be multiple*

- ☐ Increased risk to self/others
- ☐ Deterioration of known psychotic condition
- ☐ Deterioration of known affective condition
- ☐ New presentation of mental health condition (psychotic)
- ☐ New presentation of mental health condition (affective)
- ☐ New presentation of mental health condition (other)
- ☐ Substance misuse

Please specify any additional options here...

1b. If answered "New presentation of mental health condition (other)" to [1a] then: Please provide further details of the new presentation of "other" mental health condition:

2. Was the patient detained under the Mental Health Act (1983)* and/ or subject to recall under a Community Treatment Order for this admission?
**or equivalent*

◯ Yes ◯ No ◯ Unknown

3. Was the patient detained under Section 136 (or equivalent) prior to arrival on the ward?

◯ Yes ◯ No ◯ Unknown

4. Where was the patient admitted from?

- ◯ Usual place of residence
- ◯ Temporary place of residence
- ◯ Street-homeless team
- ◯ Residential home/ continuing care home/ nursing home
- ◯ Mental health inpatient unit
- ◯ Other NHS hospital: general ward/ emergency department
- ◯ Independent (non-NHS) hospital
- ◯ High security psychiatric accommodation in NHS/ Independent hospital
- ◯ Prison/ court/ police station
- ◯ Hospice
- ◯ Unknown

If not listed above, please specify here...

5a. Please enter the date the patient was admitted to this mental health hospital:
or mental health ward if care is integrated at this hospital

☐ Unknown

5b. Please enter the time the patient was admitted to this mental health hospital:
or mental health ward if care is integrated at this hospital

☐ Unknown

6a. Was this patient's capacity to consent for physical healthcare assessed during the admission process?

◯ Yes ◯ No ◯ Unknown

6b. If answered "Yes" to [6a] then:
When was this carried out?
(Within the first 24 hours of admission)

☐ Unknown

6c. If answered "Yes" to [6a] then:
Was the patient deemed to have capacity?

◯ Yes ◯ No ◯ Unknown

6d. If answered "No" to [6a] then:
Why was capacity not assessed?

7a. Please indicate the physical health conditions that the patient had on admission:
Answers may be multiple

- ☐ Physical disability
- ☐ Head injury
- ☐ Significant physical trauma
- ☐ Diabetes mellitus (type 1)
- ☐ Diabetes mellitus (type 2)
- ☐ Hypertension
- ☐ Renal dysfunction
- ☐ Chronic lung disease
- ☐ Heart disease
- ☐ Liver disease
- ☐ Neurological disease
- ☐ Cancer (ongoing or post treatment but under review)
- ☐ N/A - none

Please specify any additional options here...

7b. If answered "Physical disability" to [7a] then:
Please provide details of the physical disability:

7c. If answered "Physical disability" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's physical disability?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7d. If answered "Head injury" to [7a] then:
Please provide details of the head injury:

7e. If answered "Head injury" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's head injury?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7f. If answered "Significant physical trauma" to [7a] then:
Please provide details of the significant physical trauma:

7g. If answered "Significant physical trauma" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's significant physical trauma?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7h. If answered "Diabetes mellitus (type 1)" to [7a] then:
For patients with diabetes mellitus (type 1), was there any evidence of microvascular or macrovascular complications?

◯ Yes ◯ No ◯ Unknown

7i. If answered "Diabetes mellitus (type 1)" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's diabetes mellitus (type 1)?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Integrated community mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7j. If answered "Diabetes mellitus (type 2)" to [7a] then:
For patients with diabetes mellitus (type 2), was there any evidence of microvascular or macrovascular complications?

◯ Yes ◯ No ◯ Unknown

7k. If answered "Diabetes mellitus (type 2)" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's diabetes mellitus (type 2)?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7l. If answered "Hypertension" to [7a] then:
Please provide details of the hypertension:

7m. If answered "Hypertension" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's hypertension?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7n. If answered "Renal dysfunction" to [7a] then:
Please provide details of the renal dysfunction:

7o. If answered "Renal dysfunction" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's renal dysfunction?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7p. If answered "Chronic lung disease" to [7a] then:
Please provide details of the chronic lung disease:

7q. If answered "Chronic lung disease" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's chronic lung disease?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7r. If answered "Heart disease" to [7a] then:
Please provide details of the heart disease:

7s. If answered "Heart disease" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's heart disease?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7t. If answered "Liver disease" to [7a] then:
Please provide details of the liver disease:

7u. If answered "Liver disease" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's liver disease?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7v. If answered "Neurological disease" to [7a] then:
Please provide details of the neurological disease:

7w. If answered "Neurological disease" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's neurological disease?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7x. If answered "Cancer (ongoing or post treatment but under review)" to [7a] then:
Please provide details of the cancer:

7y. If answered "Cancer (ongoing or post treatment but under review)" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's cancer?

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital-based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

7z. If answered "Physical disability" to [7a] then:
Please provide further detail of other conditions:

7aa. If answered "Physical disability" to [7a] then:
Prior to admission, please state who primarily provided care for the patient's other physical health condition(s)

- ◯ General practitioner
- ◯ Community team
- ◯ Hospital team (clinical)
- ◯ Integrated community mental and physical health care team
- ◯ Integrated hospital based mental and physical health care team
- ◯ Unknown

If not listed above, please specify here...

D. ACCESS TO HEALTHCARE RECORDS

1. How was the physical health information for this patient recorded?
Answers may be multiple

- ☐ Standard paper proforma in paper case note records
- ☐ Chronologically documented with all other mental health information in paper case records
- ☐ Within a specific section for physical health care in paper case note records
- ☐ Chronologically documented with all other mental health information in the EPR
- ☐ A specific physical health section on the Electronic Patient Record (EPR) (free text)
- ☐ A specific physical health template on the EPR (includes ICD10 coding)
- ☐ Physical health conditions are not routinely recorded

Please specify any additional options here...

2a. Which of the following sources of information were used to complete the physical health assessment?

- ☐ Patient
- ☐ Carer / family member
- ☐ Primary care records
- ☐ Secondary care records
- ☐ Physical health / medical history section of mental health hospital records

Please specify any additional options here...

2b. If the patient was not a source of information, please explain further:

3a. Were the patient's primary care records immediately available?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable - primary care records were not required

3b. If answered "No" to [3a] then:
If No, how long did they take to obtain?

- ◯ ≤ 24 hours
- ◯ > 24 hours ≤ 48 hours
- ◯ > 48 hours ≤ 72 hours
- ◯ > 72 hours ≤ 1 week
- ◯ > 1 week
- ◯ Not applicable - these records were never obtained

3c. How were the patient's primary care records accessed?

- ◯ Immediate electronic access to primary care records
- ◯ Notes requested over email
- ◯ Physical (paper) notes requested/ sent
- ◯ Not applicable - unable to access primary care records

If not listed above, please specify here...

3d. Were the patient's primary care records considered a comprehensive and up-to-date source of information?

- ◯ Yes
- ◯ No
- ◯ Not applicable- the primary care records were not accessible

4a. Were there any other problems accessing the past medical history (relating to physical health) for this patient?

◯ Yes ◯ No ◯ Unknown

4b. If answered "Yes" to [4a] then:
If Yes, please provide further details:

E. INITIAL PHYSICAL HEALTH ASSESSMENT

1a. Was an initial physical health assessment of the patient carried out on admission at this hospital?

◯ Yes ◯ No ◯ Unknown

1b. If answered "No" to [1a] then:
if No, why was an initial physical health assessment not carried out at admission
Answers may be multiple

☐ Patient was not co-operative
☐ Unable to obtain consent
☐ Not considered necessary / clinical decision

Please specify any additional options here...

1c. If answered "Yes" to [1a] then:
If Yes, please specify which time frame this was completed within:

◯ ≤ 1 hour ◯ >1 hour ≤ 4 hours ◯ >4 hours ≤ 6 hours
◯ > 6 hours ≤ 12 hours ◯ > 12 hours ≤ 24 hours ◯ > 24 hours

1d. If answered "Yes" to [1a] and "> 24 hours" to [1c] then:
Please explain why the initial physical health assessment was carried out > 24 hours after admission:

1e. If answered "Yes" to [1a] then:
If Yes, which of the following healthcare professionals carried this out?
Please tick all that apply

☐ Consultant psychiatrist (or equivalent doctor)
☐ Other doctor
☐ Mental health nurse
☐ Out-of-hours (on-call) doctor
☐ Out-of-hours (on-call) nurse

Please specify any additional options here...

1f. If answered "Yes" to [1a] then:
If Yes, did the initial physical health assessment include:
Please select all that apply

☐ A physical health medical history
☐ Basic physical health observations/ Vital signs
☐ Early warning score (EWS) calculation e.g. NEWS2
☐ Physical health medications- reconciliation and prescribing
☐ Mental health medications currently prescribed
☐ Enquiry and documentation of allergies
☐ Smoking history
☐ Alcohol history
☐ Substance misuse history
☐ None of the above

Please specify any additional options here...

2a. If answered "Yes" to [1a] then:
Were any acute physical health issues identified at the time of the initial physical health assessment, that were not previously documented?
e.g. dehydration/ infection etc.

◯ Yes ◯ No ◯ Unknown

2b. If answered "Yes" to [1a] and "Yes" to [2a] then:
Please list any previously undocumented physical health issues:

2c. If answered "Yes" to [2a] and "Yes" to [1a] then:
What action(s) were taken?

- ☐ Treatment commenced by mental health hospital staff during admission
- ☐ Referral to specialist
- ☐ Further investigations requested
- ☐ No action during the admission, but information included on discharge summary to GP
- ☐ None of the above

Please specify any additional options here...

3a. With the benefit of hindsight, were there any long-term health conditions omitted that should have been documented as part of the admission clerking?

◯ Yes ◯ No ◯ Unknown

3b. If answered "Yes" to [3a] then:
Please provide further details about any long-term health conditions that were omitted:

4. If answered "Basic physical health observations/ Vital signs" to [1f] then:
What vital signs were recorded?

- ☐ Heart rate/ Pulse
- ☐ Blood pressure
- ☐ SpO2/ Saturation
- ☐ Respiratory rate
- ☐ Temperature
- ☐ Blood glucose
- ☐ Urine drug screen
- ☐ Urine multistix

Please specify any additional options here...

5a. If answered "Early warning score (EWS) calculation e.g. NEWS2" to [1f] then:
Which Early Warning Score was used?

◯ NEWS ◯ NEWS2 ◯ MEWS

If not listed above, please specify here...

5b. If answered "Early warning score (EWS) calculation e.g. NEWS2" to [1f] then:
What score was recorded?

Score ☐ Unknown

6a. If answered "Yes" to [1a] then:
Was a plan for monitoring physical health observations for this patient put in place at the time of the initial physical health assessment?

◯ Yes ◯ No ◯ Unknown

6b. If answered "Yes" to [6a] then:
What was the planned frequency of physical health observations?

◯ ≤1 hourly ◯ >1 - ≤ every 2 hours ◯ >2 - ≤ every 4 hours
◯ >4 - ≤ every 6 hours ◯ >6 - ≤ every 12 hours ◯ >12 - ≤ every 24 hours
◯ >24 - ≤ every 48 hours ◯ > every 48 hours

If not listed above, please specify here...

6c. If answered "Yes" to [6a] then:
Were there details of escalation of care in the event of patient refusal or abnormal results?

◯ Yes ◯ No ◯ Unknown

6d. If answered "Yes" to [6c] then:
Please provide details of the plan for escalation of care:

6e. If answered "Yes" to [6a] then:
Was it documented who should be notified in the case of physical health concerns?

◯ Yes ◯ No ◯ Unknown

7a. Were there any physical health conditions that could have impacted patient safety in the event of restraint/ rapid tranquillisation (RT)?

◯ Yes ◯ No ◯ Unknown

7b. If answered "Yes" to [7a] then:
If Yes, please select which conditions:

☐ Reduced respiratory function ☐ Cardiac condition

Please specify any additional options here...

7c. If answered "Yes" to [7a] then:
If Yes, was this:

- ☐ Placed as an alert
- ☐ Verbally communicated to the nursing team
- ☐ None of the above
- ☐ Documented clearly in the patient's care plan
- ☐ Correspondence was sent to the patient's GP

Please specify any additional options here...

8. If answered "Yes" to [1a] then:
Was frailty assessed?

- ◯ Yes
- ◯ No
- ◯ Not applicable - not appropriate for this patient
- ◯ Unknown

9a. If answered "Yes" to [1a] then:
Was a physical health risk assessment formulated for this patient on admission?

- ◯ Yes
- ◯ No
- ◯ Unknown

9b. If answered "Yes" to [9a] and "Yes" to [1a] then:
Please provide details of the physical health risk assessment:

9c. If answered "No" to [9a] and "Yes" to [1a] then:
Please provide details of why a physical health risk assessment was not done:

9d. If answered "Yes" to [9a] and "Yes" to [1a] then:
Was there a plan in place to manage the identified risks?

- ◯ Yes
- ◯ No
- ◯ Unknown

9e. If answered "Yes" to [9a] and "Yes" to [9d] and "Yes" to [1a] then:
Please provide details of the risk management plan

9f. If answered "Yes" to [9a] and "No" to [9d] and "Yes" to [1a] then:
Please provide details of why a risk management plan was not done:

F. COMPREHENSIVE PHYSICAL HEALTH REVIEW & FIRST 7 DAYS OF ADMISSION

1a. Please indicate which of the following tasks (relating to a comprehensive review of physical health) were completed during the hospital stay:
Please select all that apply

- ☐ BMI Calculation
- ☐ Weight measurement
- ☐ Height measurement
- ☐ Diet history
- ☐ Cholesterol measurement
- ☐ Blood glucose measurement
- ☐ Past Medical History / Family medical history
- ☐ Blood pressure measurement
- ☐ ECG
- ☐ Respiratory rate measurement
- ☐ Venous thromboembolism (VTE) assessment
- ☐ Tissue viability/ pressure ulcer check
- ☐ Nutritional screening assessment (MUST or similar)
- ☐ Swallow assessment
- ☐ Hydration status/ fluid balance assessment
- ☐ Engagement with routine NHS disease screening programmes
- ☐ Smoking history
- ☐ Immunisation history
- ☐ Alcohol history
- ☐ Substance misuse history
- ☐ Dental health/ hygiene history
- ☐ Sexual/ Reproductive health history
- ☐ Full systems / physical health examination
- ☐ Blood tests
- ☐ Not applicable- none of these tasks were carried out

Please specify any additional options here...

1b. Please specify the time-frame when the tasks indicated above were completed:

- ◯ within 6 hours of admission
- ◯ within 12 hours of admission
- ◯ within 24 hours of admission
- ◯ within 48 hours of admission
- ◯ within 72 hours of admission
- ◯ within 1 week of admission
- ◯ > 1 week from admission
- ◯ Unknown
- ◯ Not applicable - no tasks relating to a comprehensive review of physical heath were performed

If not listed above, please specify here...

2a. Was an electrocardiogram (ECG) offered to this patient?
12 lead electrocardiogram (ECG)

◯ Yes ◯ No ◯ Unknown

2b. If answered "No" to [2a] then:
If No, why was an ECG not performed?

- ◯ Already done prior to admission
- ◯ Patient not co-operative
- ◯ 3 Lead ECG was used
- ◯ Patient not fit
- ◯ Not part of routine hospital policy
- ◯ Not available at this hospital

If not listed above, please specify here...

2c. If answered "Yes" to [2a] then:
When was the ECG completed?

☐ Unknown

3. If answered "Full systems / physical health examination" to [1a] then:
When did the full systems/ physical health examination take place?

☐ Unknown

4a. If answered "Smoking history" to [1a] then:
Please describe the smoking history of this patient:

- ◯ Current smoker
- ◯ Ex-smoker (< 5 years)
- ◯ Ex-smoker (> 5 years)
- ◯ Never smoked

4b. If answered "Smoking history" to [1a] then:
Please state daily cigarette usage

per day ☐ Not Applicable ☐ Unknown

4c. If answered "Smoking history" to [1a] and "Current smoker" to [4a] then:
If a current smoker, was the patient referred to a smoking cessation service?

- ◯ Yes
- ◯ No
- ◯ Unknown

4d. If answered "Smoking history" to [1a] and "Current smoker" to [4a] then:
If a current smoker, was nicotine replacement therapy (NRT) offered to this patient?

- ◯ Yes
- ◯ No
- ◯ Unknown

4e. If answered "Smoking history" to [1a] and "Current smoker" to [4a] and "Yes" to [4d] then:
Please state the date and time NRT was commenced:

☐ Not Applicable ☐ Unknown

4f. If answered "Smoking history" to [1a] and "Current smoker" to [4a] then:
Was a plan put in place to support smoking cessation post discharge?

- ◯ Yes
- ◯ No
- ◯ Unknown

5a. If answered "Alcohol history" to [1a] then:
Was a plan put in place to support ongoing intervention/ treatment for alcohol misuse post discharge?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable- not required for this patient

5b. If answered "Substance misuse history" to [1a] then:
Was a plan put in place to support ongoing intervention/ treatment for substance misuse post discharge?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable- not required for this patient

5c. If answered "Sexual/ Reproductive health history" to [1a] then:
If there were any sexual/ reproductive health issues, was a follow-up plan put in place post discharge?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable - no sexual/ reproductive health issues were identified

5d. If answered "Immunisation history" to [1a] then:
If there were any issues with the patient's immunisation status, was a follow-up plan put in place post discharge?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable - no current issues with immunisation status

5e. If answered "Nutritional screening assessment (MUST or similar)" to [1a] then:
If there were any issues identified with nutrition, was a follow-up plan put in place post discharge?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable - no issues with nutrition were identified

5f. If answered "Dental health/ hygiene history" to [1a] then:
If there were any dental health issues, was a follow-up plan put in place post discharge?

- ◯ Yes
- ◯ No
- ◯ Not applicable - No dental health issues were identified

5g. If answered "Swallow assessment" to [1a] then:
If there were any swallowing issues identified, was a follow-up plan put in place post discharge?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable - No issues were identified with swallowing

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6a. Were there any previously arranged physical health appointments documented in the case notes during this hospital stay?

◯ Yes ◯ No ◯ Unknown

6b. If answered "Yes" to [6a] then:
If Yes, were these appointments attended?

◯ Yes ◯ No ◯ Unknown

6c. If answered "No" to [6b] and "Yes" to [6a] then:
Why were these appointments not attended?

- ☐ Patient declined
- ☐ Cancelled by physical health clinic/ hospital
- ☐ Ward team forgot to arrange
- ☐ Patient deemed too unwell by psychiatric staff
- ☐ No transport available

Please specify any additional options here...

7a. If a plan for monitoring physical health observations was not already in place at the time of admission, was it done at any time during the first 7 days of the hospital stay?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ N/A - monitoring plan for physical health observations was in place

If not listed above, please specify here...

7b. If answered "Yes" to [7a] then:
Please indicate when the physical health monitoring plan was initiated:

☐ Unknown

7c. If answered "Yes" to [7a] then:
What was the initial planned frequency of physical health observations?

- ◯ ≤ 1 hourly
- ◯ >1 - ≤ every 2 hours
- ◯ >2 - ≤ every 4 hours
- ◯ >4 - ≤ every 6 hours
- ◯ >6 - ≤ every 12 hours
- ◯ > 12 - ≤ every 24 hours
- ◯ > 24 hours
- ◯ Unknown

If not listed above, please specify here...

7d. If answered "Yes" to [7a] then:
Were there details of escalation in the event of patient refusal or abnormal results?

◯ Yes ◯ No ◯ Unknown

7e. If answered "Yes" to [7a] then:
Was it documented who should be notified in the case of physical health concerns?

◯ Yes ◯ No ◯ Unknown

7f. Please indicate when the physical health monitoring plan was reviewed:
If it was reviewed multiple times, please give details of the first time

☐ Not Applicable ☐ Unknown

7g. Please indicate from the list below, the physical health monitoring that was regularly carried out during the patient's hospital stay?

- ☐ Basic physical health observations/ vital signs
- ☐ Heart rate
- ☐ Bloods
- ☐ Finger prick blood glucose estimate
- ☐ VTE risk assessment
- ☐ Food chart
- ☐ None of the above
- ☐ Early warning score calculation
- ☐ Glasgow coma scale (GCS)
- ☐ ECG
- ☐ Pressure ulcer risk
- ☐ Weight
- ☐ Fluid balance

Please specify any additional options here...

7h. If answered "Bloods" to [7g] then:
Please specify which blood tests were done:
eg. FBC, LFTs, WCC. CRP, Bone profile, Renal function etc

8a. Following the initial physical health assessment, were there any newly identified physical health conditions diagnosed during the first 7 days of the hospital stay?

◯ Yes ◯ No ◯ Unknown

8b. If answered "Yes" to [8a] then:
If Yes, please give details of any newly identified conditions:

8c. If answered "Yes" to [8a] then:
Was a referral to a specialist indicated?

◯ Yes ◯ No ◯ Unknown

8d. If answered "Yes" to [8a] and "Yes" to [8c] then:
If Yes, was a referral made to a specialist?

◯ Yes ◯ No ◯ Unknown

8e. If answered "Yes" to [8a] and "Yes" to [8d] and "Yes" to [8c] then:
If Yes, when was the referral made?

☐ Unknown

8f. If answered "Yes" to [8a] then:
Was treatment initiated for any newly identified conditions?

◯ Yes ◯ No ◯ Unknown

8g. If answered "Yes" to [8f] and "Yes" to [8a] then:
Please provide details of the treatment:

8h. If answered "Yes" to [8f] and "Yes" to [8a] then:
When was treatment initiated?

☐ Unknown

9a. Is it documented in the notes that the outcomes of the physical health assessment(s) were discussed with the patient?

◯ Yes ◯ No ◯ Unknown ◯ Not applicable

9b. Is it documented in the notes that the outcomes of the physical health assessment(s) were discussed with the patient's family/ carer?

◯ Yes ◯ No ◯ Unknown ◯ Not Applicable

9c. Were there efforts and/ or strategies to engage the patient in the physical health assessment process?
eg. exploring health beliefs, concerns, goals, health literacy

◯ Yes ◯ No ◯ Unknown

9d. If answered "Yes" to [9c] then:
Please provide further details of strategies for patient engagement:

10a. Were there any other physical health assessments or investigations carried out for this patient?

◯ Yes ◯ No ◯ Unknown

10b. If answered "Yes" to [10a] then:
If Yes, please provide further details:

10c. If answered "No" to [10a] then:
If No, should there have been?

◯ Yes ◯ No ◯ Unknown

10d. If answered "No" to [10a] and "Yes" to [10c] then:
If Yes, please provide further details:

11a. Was there a physical health care plan formulated for this patient?

◯ Yes ◯ No ◯ Unknown

11b. If answered "Yes" to [11a] then:
If Yes, did the physical health care plan specify MDT roles in helping implement the plan?

◯ Yes ◯ No ◯ Unknown

11c. If answered "Yes" to [11a] then:
Did the physical health care plan formulate how the patient's mental health may impact on their ability to care for their physical health needs?

◯ Yes ◯ No ◯ Unknown

12a. Were any local care pathways / pre-existing arrangements with physical health providers utilised as part of the care plan for this patient?

◯ Yes ◯ No ◯ Unknown

12b. If answered "Yes" to [12a] then:
If Yes, please indicate which care pathway(s) / pre-existing arrangements were utilised?
Answers may be multiple

☐ Diabetes care Pathway
☐ Cardiac care pathway
☐ Older adult/ geriatric care pathway
☐ COPD care pathway

Please specify any additional options here...

G. PHYSICAL HEALTH MEDICATION

1a. Were any physical health medications prescribed during this hospital stay?

◯ Yes ◯ No ◯ Unknown

1b. If answered "Yes" to [1a] then:
If Yes, please select which physical health medications were prescribed?

- ☐ Diabetes medication (not including insulin)
- ☐ Insulin
- ☐ Anti-hypertension medication
- ☐ Inhaler
- ☐ Antibiotics
- ☐ Cardiac medication - Statins/antiplatelets/anti-arrhythmic drugs

Please specify any additional options here...

1c. If answered "Yes" to [1a] and "Diabetes medication (not including insulin)" to [1b] then:
If diabetes medication (not including insulin), were there any delays in prescription or administration?

◯ Yes ◯ No ◯ Unknown

1d. If answered "Yes" to [1a] and "Diabetes medication (not including insulin)" to [1b] and "Yes" to [1c] then:
If Yes, was this:

◯ 1 missed dose ◯ 1 missed day ◯ > 1 missed day

If not listed above, please specify here...

1e. If answered "Insulin" to [1b] and "Yes" to [1a] then:
Was the patient allowed to keep their own insulin for self-administration?

◯ Yes ◯ No ◯ Unknown

1f. If answered "Yes" to [1a] and "Insulin" to [1b] then:
If insulin, were there any delays in prescription or administration?

◯ Yes ◯ No ◯ Unknown

1g. If answered "Yes" to [1a] and "Insulin" to [1b] and "Yes" to [1f] then:
If Yes, was this:

◯ 1 missed dose ◯ 1 missed day ◯ > 1 missed day

If not listed above, please specify here...

1h. If answered "Insulin" to [1b] and "Yes" to [1a] then:
Was the patient reviewed for capability/ inclination to self-administer insulin during the admission?

◯ Yes ◯ No ◯ Unknown

1i. If answered "Insulin" to [1b] and "Yes" to [1a] then:
Was PRN (as required) treatment for hypoglycaemia prescribed?

◯ Yes ◯ No ◯ Unknown

1j. If answered "Yes" to [1a] and "Anti-hypertension medication" to [1b] then:
If medication for hypertension was prescribed, were there any delays in prescription or administration?

◯ Yes ◯ No ◯ Unknown

1k. If answered "Yes" to [1a] and "Anti-hypertension medication" to [1b] and "Yes" to [1j] then:
If Yes, was this:

◯ 1 missed dose ◯ 1 missed day ◯ > 1 missed day

If not listed above, please specify here...

1l. If answered "Yes" to [1a] and "Cardiac medication - Statins/antiplatelets/anti-arrhythmic drugs" to [1b] then:
If cardiac medication was prescribed, were there any delays in prescription or administration?

◯ Yes ◯ No ◯ Unknown

1m. If answered "Yes" to [1a] and "Cardiac medication - Statins/antiplatelets/anti-arrhythmic drugs" to [1b] and "Yes" to [1l] then:
If Yes, was this:

◯ 1 missed dose ◯ 1 missed day ◯ > 1 missed day

If not listed above, please specify here...

1n. If answered "Yes" to [1a] and "Inhaler" to [1b] then:
If an inhaler was prescribed, were there any delays were there any delays in prescription or administration?

◯ Yes ◯ No ◯ Unknown

1o. If answered "Yes" to [1a] and "Inhaler" to [1b] and "Yes" to [1n] then:
If Yes, was this:

◯ 1 missed dose ◯ 1 missed day ◯ > 1 missed day

If not listed above, please specify here...

1p. If answered "Yes" to [1a] and "Antibiotics" to [1b] then:
If antibiotics were prescribed, were there any delays in prescription or administration?

◯ Yes ◯ No ◯ Unknown

1q. If answered "Yes" to [1a] and "Antibiotics" to [1b] and "Yes" to [1p] then:
If Yes, was this:

◯ 1 missed dose ◯ 1 missed day ◯ > 1 missed day

If not listed above, please specify here...

1r. If answered "Yes" to [1a] and "Diabetes medication (not including insulin)" to [1b] then:
If "other", please state which medication was prescribed:

1s. If answered "Yes" to [1a] and "Diabetes medication (not including insulin)" to [1b] then:
If "other", were there any delays in prescription or administration?

◯ Yes ◯ No ◯ Unknown

1t. If answered "Yes" to [1a] and "Diabetes medication (not including insulin)" to [1b] and "Yes" to [1s] then:
If Yes, was this:

◯ 1 missed dose ◯ 1 missed day ◯ > 1 missed day

If not listed above, please specify here...

2a. Did a full medicines reconciliation (including receiving indicated current prescription of medication) occur within 24 hours of admission?

◯ Yes ◯ No ◯ Unknown

2b. If answered "No" to [2a] then:
Please provide details of why full medicines reconciliation was not achieved within 24 hours:

2c. Were there any contraindications/ interactions with psychotropic medication documented?

◯ Yes ◯ No ◯ Unknown

2d. If answered "No" to [2c] then:
If No, should there have been?

◯ Yes ◯ No

2e. If answered "Yes" to [2d] then:
Please provide details:

H. CARE OF LONG-TERM PHYSICAL HEALTH CONDITION(S) FOR THE REMAINDER OF THE PATIENT'S HOSPITAL STAY

1a. Did this patient have any long-term physical health conditions?

◯ Yes ◯ No ◯ Unknown

If the patient did not have a long-term physical health condition please go to question 3a

1b. If answered "Yes" to [1a] then:
If Yes, please indicate which long-term physical health condition(s):

☐ Diabetes (Type 1)
☐ Diabetes (Type 2)
☐ Chronic obstructive pulmonary disease (COPD)
☐ Cardiovascular condition

Please specify any additional options here...

2a. If answered "Yes" to [1a] then:
During the remainder of the hospital stay, (with the benefit of hindsight) were there any issues with the monitoring of vital signs/ physical health observations?
In relation to the patient's long-term physical health condition(s)

◯ Yes ◯ No ◯ Unknown

2b. If answered "Yes" to [1a] and "Yes" to [2a] then:
If Yes, please provide further details:

2c. If answered "Yes" to [1a] then:
During the remainder of the hospital stay, (with the benefit of hindsight) were there any issues with the prescription of physical health medication(s)?

◯ Yes ◯ No ◯ Unknown

2d. If answered "Yes" to [1a] and "Yes" to [2c] then:
If Yes, please provide further details:

2e. If answered "Yes" to [1a] then:
During the remainder of the hospital stay were any referrals to/ attendance at clinical appointments managed appropriately?

◯ Yes ◯ No ◯ Unknown
◯ N/A- no clinical appointments

2f. If answered "Yes" to [1a] and "No" to [2e] then:
If No, please provide further details:

3a. During the remainder of the hospital stay, please indicate which (if any) of the following healthcare professionals examined / treated the patient?
(regarding their physical health needs. Please select all that apply)

- ☐ Occupational Therapist
- ☐ Dietitian
- ☐ Diabetes Nurse Specialist
- ☐ Dentist
- ☐ Audiologist
- ☐ Optometrist
- ☐ None of the above
- ☐ Physiotherapist
- ☐ Speech and Language Therapist
- ☐ Heart Failure Nurse Specialist
- ☐ Opthalmologist
- ☐ Podiatrist
- ☐ Prosthetist

Please specify any additional options here...

3b. In your opinion, during the remainder of the hospital stay, please indicate which (if any) of the following healthcare professionals should have, but did not examine / treat the patient?
(Regarding their physical health needs- please select all that apply)

- ☐ Occupational Therapist
- ☐ Dietitian
- ☐ Diabetes Nurse Specialist
- ☐ Dentist
- ☐ Audiologist
- ☐ Optometrist
- ☐ None of the above
- ☐ Physiotherapist
- ☐ Speech and Language Therapist
- ☐ Heart Failure Nurse Specialist
- ☐ Opthalmologist
- ☐ Podiatrist
- ☐ Prosthetist

Please specify any additional options here...

I. ACUTE EPISODE OF PHYSICAL HEALTHCARE/ TRANSFER TO PHYSICAL HEALTH HOSPITAL

1a. Did the patient have an acute episode that led to the transfer to a physical health hospital* for treatment?
**Or physical health ward (if care is integrated at this hospital)*

◯ Yes ◯ No ◯ Unknown

If the patient was not transferred to a physical health hospital please go to the next section
If there were multiple transfers to a physical health hospital during this episode of care at the mental health hospital, please answer the questions in relation to the first transfer

1b. If answered "Yes" to [1a] then:
During the week prior to transfer, was the patient being monitored using an Early Warning Score for their physical health?

◯ Yes ◯ No ◯ Unknown

1c. If answered "Yes" to [1a] and "Yes" to [1b] then:
Which Early Warning Score was used?

◯ NEWS2 ◯ NEWS ◯ MEWS ◯ Unknown

If not listed above, please specify here...

1d. If answered "Yes" to [1a] and "Yes" to [1b] then:
Please provide details of any change(s) in the EWS during the week prior to transfer:

2a. If answered "Yes" to [1a] then:
During the week prior to transfer to a physical health hospital, were there any changes made to the physical health monitoring plan regarding the frequency of monitoring physical health observations?

◯ Yes ◯ No ◯ N/A- no monitoring plan
◯ Unknown

2b. If answered "Yes" to [1a] and "Yes" to [2a] then:
If Yes, please provide details:

3a. If answered "Yes" to [1a] then:
During the week prior to transfer, were there any symptoms to indicate the acute episode of physical health deterioration?

◯ Yes ◯ No ◯ Unknown

3b. If answered "Yes" to [3a] and "Yes" to [1a] then:
Please select the relevant symptoms from the list below:
Answers may be multiple

- ☐ Cough
- ☐ Fever
- ☐ Diarrhoea
- ☐ Vomiting
- ☐ Abdominal pain
- ☐ Urinary symptoms
- ☐ Breathlessness
- ☐ Chest pain
- ☐ Palpitations
- ☐ Collapse
- ☐ Fall
- ☐ Seizure
- ☐ Stroke
- ☐ Change in consciousness

Please specify any additional options here...

4a. If answered "Yes" to [1a] then:
Please indicate any other indicators of the patient's deteriorating physical health that necessitated the transfer?
Answers may be multiple

- ☐ Blood glucose outside normal range
- ☐ ECG changes
- ☐ Urine output outside normal range
- ☐ Blood test results (e.g.LFT)
- ☐ Not applicable- there were no indicators

Please specify any additional options here...

4b. If answered "Yes" to [1a] and "Blood test results (e.g.LFT)" to [4a] then:
Please specify which blood test results:
eg LFT, Kidney function etc

5a. If answered "Yes" to [1a] then:
Were any other physical health investigations carried out?

◯ Yes ◯ No ◯ Unknown

5b. If answered "Yes" to [5a] and "Yes" to [1a] then:
Please provide details of any other physical health investigations carried out:

6. If answered "Yes" to [1a] then:
Who was responsible for the working diagnosis / clinical formulation?

- ☐ Consultant psychiatrist (or equivalent)
- ☐ Mental health nurse
- ☐ Out-of-hours (on-call) nurse
- ☐ Other doctor
- ☐ Out-of-hours (on-call) doctor

Please specify any additional options here...

7a. If answered "Yes" to [1a] then:
Was advice sought regarding the patient's acute physical health episode?

- ◯ Yes
- ◯ No
- ◯ Unknown

7b. If answered "Yes" to [1a] and "Yes" to [7a] then:
If Yes, who was advice sought from?

- ☐ Clinicians at physical health hospital (by telephone or other means of communication)
- ☐ Physical health liaison in this hospital
- ☐ GP / GP liaison
- ☐ Designated / in-house physical health liaison

Please specify any additional options here...

8a. If answered "Yes" to [1a] then:
Was any treatment offered at this hospital prior to the patient's transfer to the physical health hospital?

- ◯ Yes
- ◯ No
- ◯ Unknown

8b. If answered "Yes" to [1a] and "Yes" to [8a] then:
If Yes, please provide further details:

8c. If answered "Yes" to [1a] and "No" to [8a] then:
If No, in your opinion, should there have been?

- ◯ Yes
- ◯ No

9. If answered "Yes" to [1a] then:
In your opinion, were there any delays in identifying the acute deterioration in physical health?

- ◯ Yes
- ◯ No

10. If answered "Yes" to [1a] then:
In your opinion, were there any delays in acting on the identified acute deterioration in physical health ?

- ◯ Yes
- ◯ No

11. If answered "Yes" to [1a] then:
Which of the following clinicians were involved in the patient's referral process to the physical health hospital?

- ☐ Consultant psychiatrist (or equivalent)
- ☐ Mental health nurse
- ☐ Out-of-hours (on-call) doctor
- ☐ Other doctor
- ☐ Other nurse
- ☐ Out-of-hours (on-call) nurse

Please specify any additional options here...

12a. If answered "Yes" to [1a] then:
Please specify date/time of referral to physical health hospital:

☐ Unknown

12b. If answered "Yes" to [1a] then:
Please specify date and time of transfer to physical health hospital:

☐ Unknown

13. If answered "Yes" to [1a] then:
Did any of the following issues cause a delay to the transfer?
Please select all that apply

- ☐ Patient refusal
- ☐ Lack of staff to accompany patient
- ☐ Lack of bed availability at receiving hospital
- ☐ Logistics of organising transfer
- ☐ Shift handovers
- ☐ Severity of the physical health issue(s) were underestimated
- ☐ Problems in communicating the nature and/ or severity of the physical health issue(s)
- ☐ None of the above- there was no delay to the transfer

Please specify any additional options here...

14a. If answered "Yes" to [1a] then:
Were there any other difficulties in the transfer of this patient to the physical health hospital?

◯ Yes ◯ No ◯ Unknown

14b. If answered "Yes" to [1a] and "Yes" to [14a] then:
If Yes, please provide further details:

15a. If answered "Yes" to [1a] then:
Was the patient’s capacity to consent to transfer to a physical health hospital / physical health ward assessed?

◯ Yes ◯ No ◯ Unknown

15b. If answered "Yes" to [1a] and "Yes" to [15a] then:
What was the outcome of this assessment?

- ◯ Patient deemed to have capacity
- ◯ Patient not deemed to have capacity
- ◯ Unknown / not documented

15c. If answered "Yes" to [1a] and "Yes" to [15a] and "Patient not deemed to have capacity" to [15b] then:
Was an assessment made and documented of whether this transfer was in the best interest of the patient?

◯ Yes ◯ No ◯ Unknown ◯ Not applicable

---

16. If answered "Yes" to [1a] then:
Was the patient transferred to the physical health hospital whilst detained under section of the Mental Health Act (1983)?

◯ Yes ◯ No ◯ Unknown

17a. If answered "Yes" to [1a] then:
Did any staff from this hospital accompany the patient to the physical health hospital?

◯ Yes ◯ No ◯ Unknown

17b. If answered "Yes" to [1a] and "Yes" to [17a] then:
If Yes, please list which staff members accompanied the patient:
Please select all that apply

- ☐ Consultant psychiatrist (or equivalent)
- ☐ Staff grade/ Associate specialist doctor
- ☐ Senior specialist trainee (ST3 or above) doctor
- ☐ Junior specialist trainee (ST2 or below) doctor
- ☐ Basic grade (FY1/ FY2 or equivalent) doctor
- ☐ Specialist nurse (Nurse consultant/ Nurse practitioner/ Clinical nurse specialist)
- ☐ Registered mental health nurse
- ☐ Physician associate
- ☐ Ward manager
- ☐ Other member of MDT eg occupational therapist, psychologist
- ☐ Healthcare assistant
- ☐ Peer worker
- ☐ Assistant psychologist

Please specify any additional options here...

---

18. If answered "Yes" to [1a] then:
How were the patient's mental health notes transferred to the physical health hospital?

- ◯ Physical health hospital has complete electronic access to patient's mental health notes
- ◯ Treating clinical team from physical health hospital requested patient's mental health notes (paper/ele
- ◯ Mental health notes were sent with patient when transferred to physical health hospital
- ◯ Mental health notes were not sent

If not listed above, please specify here...

19a. If answered "Yes" to [1a] then:
Was the patient's family/ carer advised about deterioration in the patient's physical health?
if appropriate i.e. with patient's consent

◯ Yes ◯ No ◯ Unknown ◯ Not applicable

19b. If answered "Yes" to [1a] then:
Were the family/ carer informed about the transfer to a physical health hospital?
If appropriate i.e. with patient's consent

◯ Yes ◯ No ◯ Unknown ◯ Not applicable

19c. If answered "Yes" to [1a] then:
Was it documented in the notes that the patient was informed of what was happening and why?

◯ Yes
◯ No
◯ Unknown
◯ N/A - Not possible at this time (e.g. the patient was unconscious)

20a. If answered "Yes" to [1a] then:
Was this episode* reported as a serious incident (SI) or equivalent?
**i.e. the acute deterioration in physical health/ transfer to physical health hospital*

◯ Yes ◯ No ◯ Unknown

20b. If answered "Yes" to [1a] and "Yes" to [20a] then:
If Yes, please provide further details:

21a. If answered "Yes" to [1a] then:
Was the patient re-admitted* to this hospital following treatment at the physical health hospital?
**transferred back from the physical health hospital/ward to this mental health hospital/ ward for further/ongoing mental healthcare. The whole episode of care (including the spell on a physical health ward) may form part of one continuous inpatient stay at the mental health hospital*

◯ Yes ◯ No ◯ Unknown

21b. If answered "Yes" to [1a] and "Yes" to [21a] then:
If Yes, please specify the date and time of re-admission:

☐ Unknown

21c. If answered "Yes" to [1a] and "Yes" to [21a] then:
If Yes, in your opinion did the patient's handover back to this hospital include all the necessary information?

◯ Yes ◯ No

21d. If answered "Yes" to [1a] and "Yes" to [21a] then:
If Yes, in your opinion, was the patient transferred back from the physical health hospital at the right time (given the condition of patient's physical health at that time)?

◯ Yes ◯ No ◯ Unknown

21e. If answered "Yes" to [1a] and "No" to [21d] and "Yes" to [21a] then:
Please provide further details regarding the timing of the re-admission back to this mental health hospital:

22a. If answered "Yes" to [1a] and "Yes" to [21a] then:
Were there multiple re-admissions to/from the physical health hospital during this hospital stay?
**multiple transfers to/ from the physical health hospital. The whole episode of care may be considered as one continuous hospital stay in the mental health hospital*

◯ Yes ◯ No ◯ Unknown

22b. If answered "Yes" to [1a] and "Yes" to [21a] and "Yes" to [22a] then:
If Yes, please state how many times the patient was re-admitted to this hospital during the hospital stay:

times ☐ Unknown

22c. If answered "Yes" to [1a] and "Yes" to [22a] and "Yes" to [21a] then:
If Yes, following the first re-admission, was there any increase in the intensity of physical healthcare received by this patient?

◯ Yes ◯ No ◯ Unknown

22d. If answered "Yes" to [1a] and "Yes" to [22a] and "Yes" to [21a] and "Yes" to [22c] then:
If Yes, please select all that apply:
Additional options and further details of each option can be added to the box below

☐ Increased frequency of physical health observations
☐ Additional monitoring
☐ Additional staff caring for the physical health of this patient

Please specify any additional options here...

J. OUTCOME/ DISCHARGE FROM HOSPITAL

1a. What was the outcome for this patient?

- ◯ Patient was alive at discharge from this hospital
- ◯ Patient died prior to discharge from this hospital
- ◯ Patient is still an inpatient (at the time of completion of this form)
- ◯ Patient died in Physical Health hospital
- ◯ Unknown

If not listed above, please specify here...

1b. If answered "Patient was alive at discharge from this hospital" to [1a] then: Please specify the date and time of discharge:

☐ Unknown

1c. If answered "Patient died prior to discharge from this hospital" to [1a] then: Please specify the date and time of death:

☐ Unknown

2a. If answered "Patient was alive at discharge from this hospital" to [1a] then: Did the patient die within 30 days of discharge from this mental health hospital?

◯ Yes ◯ No ◯ Unknown

2b. If answered "Yes" to [2a] and "Patient was alive at discharge from this hospital" to [1a] then:
If Yes, please specify date and time of death:

☐ Unknown

3. If answered "Patient was alive at discharge from this hospital" to [1a] then: What was the discharge destination for this patient?

- ◯ Home/ temporary place of residence
- ◯ Nursing home/ residential home/ other care services
- ◯ Hospice
- ◯ Physical health hospital
- ◯ Other hospital/ non NHS run hospital

If not listed above, please specify here...

4a. If answered "Patient was alive at discharge from this hospital" to [1a] then: Please indicate which (if any) of the following aspects of care were documented on the discharge summary?

- ☐ Details of any mental health medication(s), including changes made since admission
- ☐ Special requirements regarding nutrition
- ☐ Special requirements regarding hydration
- ☐ Details of any physical health medication(s), including any changes made since admission
- ☐ Assessment of capacity to care for own physical health needs
- ☐ Details of any physical health condition(s), including any deterioration or changes during admission
- ☐ Details of any newly diagnosed physical health conditions
- ☐ Assessment of ability to self manage medications

Please specify any additional options here...

4b. If answered "Patient was alive at discharge from this hospital" to [1a] then: Please provide any further details of what was documented on the discharge summary:

4c. If answered "Patient was alive at discharge from this hospital" to [1a] then: Please provide further details of any omissions in the discharge summary regarding physical health status and care while an inpatient that may impact on ongoing continuity of care

5. If answered "Patient was alive at discharge from this hospital" to [1a] then: Is it documented that prior to discharge, the patient was given information regarding their physical health condition(s)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable

6a. If answered "Patient was alive at discharge from this hospital" to [1a] then: If alive at discharge, was the patient's GP informed of their physical health condition(s)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable - GP was already aware
- ◯ Not applicable - Not required

If not listed above, please specify here...

6b. If answered "Patient was alive at discharge from this hospital" to [1a] then: If alive at discharge, was the patient's GP informed of their transfer to a physical health hospital?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not applicable - patient was not transferred to a physical health hospital

If not listed above, please specify here...

7a. If answered "Patient was alive at discharge from this hospital" to [1a] then:
47a. If discharged alive, was a follow-up appointment organised for the patient's physical health condition(s)?

◯ Yes ◯ No ◯ Unknown ◯ N/A - not required

7b. If answered "Yes" to [7a] and "Patient was alive at discharge from this hospital" to [1a] then:
If Yes, which of the following services did the follow-up appointment involve?

☐ Nursing
☐ Occupational therapy
☐ Nutrition
☐ General practitioner (GP)
☐ Physiotherapy
☐ Speech and language therapy
☐ Diabetes nurse
☐ Physical health hospital-based services

Please specify any additional options here...

8a. Was this patient's care discussed at a joint learning/ Mortality & Morbidity meeting?

◯ Yes ◯ No ◯ Unknown

8b. If answered "Yes" to [8a] then:
If Yes, please provide further details:

9. Was this patient's care reviewed as part of any national or local audit of physical healthcare in a mental health setting?
e.g. National Clinical Audit of Psychosis

◯ Yes ◯ No ◯ Unknown

Death

Please answer the following for any patients who died in hospital or after discharge

10. Did this patient die, either during the admission or within 30 days of discharge?

◯ Yes ◯ No ◯ Unknown

11. If answered "Yes" to [10] then:
Please specify the place of death:

☐ Mental health hospital
☐ Usual place of residence/ home
☐ Physical health hospital
☐ In the community

Please specify any additional options here...

12. If answered "Yes" to [10] then:
In your opinion, was the death of this patient:

◯ Expected ◯ Unexpected ◯ Unknown

13a. If answered "Yes" to [10] then:
What was considered to be the primary cause of death?

13b. If answered "Yes" to [10] then:
What was considered to be the secondary cause of death?

14. If answered "Yes" to [10] then:
Was the patient's death linked to the physical health condition(s) detailed in this questionnaire?

◯ Yes ◯ No ◯ Unknown

15. Please use this text box for any other comments you have, regarding the patient's physical healthcare
e.g. Any issues with the management of medication, initial assessment of physical health conditions, monitoring of long-term physical health conditions, transfer or referral process to physical health hospital, delays throughout the pathway, access to records, communication between clinicians,

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE