

8c. If NO, please give details

9a. Specialty of clinician performing the initial assessment?

9b. In your opinion, was this an appropriate specialty clinician to perform the initial assessment?

Yes No Unable to answer

9c. If NO, please give details

10a. Was the grade of the most senior clinician performing the initial assessment recorded in the casenotes?

Yes No Unable to answer

10b. If YES, please specify

10c. In your opinion, was this an appropriate grade clinician to perform the initial assessment?

Yes No Unable to answer

10d. If NO, please give details

11a. Was a management plan initiated following the patients initial assessment?

Yes No Unable to answer

11b. If YES, did this include:

Triage of the patient

Yes No Unable to answer

Formal clerking of the patient

Yes No Unable to answer

12. If the initial assessment was not undertaken by a consultant, was the patient assessed by a consultant later?

Yes No Unable to answer

13. Based on the patient's history, examination, requested investigations, differential diagnosis and management plan, please grade the initial assessment.

Good

Adequate

Poor

Unacceptable

Unable to answer

D. FIRST CONSULTANT REVIEW

14. Date and time of first consultant review:

Time:
 h h m m

Date:

 d d m m y y

Unable to answer

15. Time from arrival to first consultant review

 h h m m

Unable to answer

16a. Was the time to the first consultant review acceptable? Yes No Unable to answer

16b. If NO, could this have affected the diagnosis? Yes No Unable to answer

16c. If YES, please give details

16d. If NO to 16a, could this have affected the outcome? Yes No Unable to answer

16e. If YES, please give details

17a. Was there any delay in a consultant reviewing the patient? Yes No Unable to answer

17b. If YES, please give details

18a. While the admitting consultant was on-take, did they have other commitments? Yes No Unable to answer

18b. If YES, please specify.

- | On-take | 24 hours post take |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Care of emergency admissions |
| <input type="checkbox"/> | <input type="checkbox"/> Outpatient clinic |
| <input type="checkbox"/> | <input type="checkbox"/> Elective operating list |
| <input type="checkbox"/> | <input type="checkbox"/> Inpatient ward care for existing inpatients |
| <input type="checkbox"/> | <input type="checkbox"/> Elective diagnostic and interventional procedures |
| <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) <input style="width: 450px;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> Unable to answer |

E. NECESSITY FOR ADMISSION

19a. Was this admission necessary? Yes No Unable to answer

19b. If NO, why was the admission unnecessary?

19c. How could the unnecessary admission have been avoided?

F. AVAILABILITY OF INVESTIGATIONS AND NOTES

20a. Were all the appropriate investigations requested during the first 24 hours of hospital admission? Yes No Unable to answer

20b. If NO, list the investigations that should have been requested

20c. If NO to 20a, could this have affected the diagnosis? Yes No Unable to answer

20d. If YES, please give details

20e. If NO to 20a, could this have affected the outcome? Yes No Unable to answer

20f. If YES, please give details

21a. Were any inappropriate investigations requested? Yes No Unable to answer

21b. If YES, please give details

22a. Was the time from requesting investigations to obtaining the results prolonged? Yes No Unable to answer

22b. If YES to 17a, could this have affected the diagnosis? Yes No Unable to answer

22c. If YES, please give details

22d. If YES to 17a, could this have affected the outcome? Yes No Unable to answer

22e. If YES, please give details

23. Were the results of all investigations recorded in the patient notes with a date and time? Yes No Unable to answer

G. TRANSFERS

24. Was the patient transferred to an inpatient ward which was appropriate for their clinical condition? Yes No Unable to answer

- 25a. Were there an excessive number of ward transfers between clinical locations for this patient? Yes No Unable to answer

- 25b. If YES, could this have affected the diagnosis? Yes No Unable to answer

- 25c. If YES, please give details

- 25d. If YES, could this have affected the outcome? Yes No Unable to answer

- 25e. If YES, please give details

H. HANDOVER

26. Is there an agreed clinical procedure for handing over the care of patients among clinical teams between working shifts? Yes No Unable to answer

27. Were there any problems with the handover of care of this patient among clinical teams between shifts? Yes No Unable to answer

I. REVIEWS AND OBSERVATIONS

- 28a. Did this patient have appropriate frequency of clinical reviews for their clinical condition? Yes No Unable to answer

- 28b. If NO to 28a, could this have affected the diagnosis? Yes No Unable to answer

- 28c. If YES, please give details

- 28d. If NO to 28a, could this have affected the outcome? Yes No Unable to answer

- 28e. If YES, please give details

- 29a. Were the observations recorded appropriate for the severity of the patient's condition? Yes No Unable to answer
- 29b. If YES, was the frequency of these observations adequate? Yes No Unable to answer
- 29c. If NO to 24a, which observations should have been recorded?

J. RECORD KEEPING

30. Were the medical records legible? Yes No Unable to answer
31. Were a majority of the notes signed, dated and timed and include a clear designation? Yes No Unable to answer

