

SUBARACHNOID HAEMORRHAGE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data Collection Tool- Patients Repatriated to Secondary/Acute care

NHS Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Age (years):

--	--	--

2. Gender: ☐ Male ☐ Female

3. Day, date, time of SAH: Time:

--	--

--	--

 Date:

--	--

--	--

--	--

 Day:

--	--	--

h h m m d d m m y y

4. Day, date, time of intervention in NSC: Time:

--	--

--	--

 Date:

--	--

--	--

--	--

 Day:

--	--	--

h h m m d d m m y y

5. Day, date, time of first arrival in hospital (this admission): Time:

--	--

--	--

 Date:

--	--

--	--

--	--

 Day:

--	--	--

h h m m d d m m y y

6. Please indicate all the appropriate points on the pathway that apply to this patient's care (answers may be multiple)

☐ Transfer directly from NSC in different hospital ☐ Admitted to ward in secondary/acute care in other hospital immediately prior to this admission

☐ Transfer directly from NSC within same hospital

☐ Other (please state)

--

7. What was the patient's functional status on repatriation to the secondary care hospital

☐ No symptoms ☐ Slight disability ☐ Severe disability
☐ No disability despite symptoms ☐ Moderate disability ☐ Unable to answer

8. Was there documented formal assessment and/ or treatment of the patient by the following during the admission? (answers may be multiple)

☐ Physiotherapy ☐ Speech and language therapy ☐ None of these
☐ Occupational therapy ☐ Neuropsychology ☐ Not applicable
☐ Dedicated SAH nursing ☐ Specialist rehabilitation consultant
☐ Dedicated Rehabilitation nursing

9a. Was the inpatient rehabilitation of this patient adequate? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

9b. If NO, please expand on your answer

--

10. What was the patient's functional status on discharge

☐ No symptoms ☐ Slight disability ☐ Severe disability
☐ No disability despite symptoms ☐ Moderate disability ☐ Unable to answer
☐ Not applicable, patient died prior to discharge

- 11a. Was there adequate planning for rehabilitation post-discharge for this patient? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable- patient died prior to discharge
- 11b. If NO, please expand on your answer
12. What was the discharge destination of the patient? ☐ Discharge to previous place of residence
☐ Discharge to a rehabilitation unit ☐ Discharge to other hospital for further treatment
☐ Discharge to other hospital for palliative care ☐ Nursing home
☐ Other
☐ Not applicable, patient died prior to discharge ☐ Unable to answer
13. Is there any evidence of the following at time of discharge? (answers may be multiple)
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Referral to specialist case worker/ SAH nurse | <input type="checkbox"/> Physiotherapy referral | <input type="checkbox"/> Patient support via telephone contact | <input type="checkbox"/> Referral of patient to SAH support organisation |
| <input type="checkbox"/> Neuropsychology referral | <input type="checkbox"/> Not applicable- patient died prior to discharge | <input type="checkbox"/> Occupational therapy referral | <input type="checkbox"/> Speech and Language therapy referral |
| <input type="checkbox"/> Issuing patient/relatives with information on living post-SAH | <input type="checkbox"/> Unable to answer | <input type="checkbox"/> None of these | |
14. Is there any evidence of any delays in transfer to rehabilitation? ☐ Yes ☐ No ☐ Unable to answer
☐ Not applicable- patient was not transferred for rehabilitation ☐ Not applicable- patient died prior to discharge
15. Is there any evidence that the patient was discharged too soon? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable- patient died prior to discharge
- 16a. Was the post-discharge support planning adequate in your opinion? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable- Patient died prior to discharge
- 16b. If NO, please expand on your answer

PATIENTS THAT DIED IN SECONDARY/ ACUTE CARE

17. Was the death discussed at an mortality and morbidity meeting? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 18a. Was bain stem death testing performed? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 18b. If YES, was bain stem death diagnosed? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 19a. Was patient suitable for organ donation? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 19b. If YES, did organ donation occur? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable
- 19c. If NO, why not? ☐ Not considered by the medical team ☐ Refused by Next of Kin
 Other reason (please state):