

SUBARACHNOID HAEMORRHAGE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data Collection Tool- Tertiary Care

NHS Number

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PATIENT DETAILS

1. Age (years):

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2. Gender: ☐ Male ☐ Female
3. Day, date, time of SAH: Time:

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 Date:

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 Day:

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h h m m d d m m y y
4. Day, date, time of first arrival in hospital: Time:

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 Date:

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 Day:

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h h m m d d m m y y
5. Did the patient attend the ED? ☐ Yes ☐ No
6. What was the mode of admission to this NSC?

<input type="checkbox"/> GP referral direct to neurosurgery following clinical review in person	<input type="checkbox"/> Other transfer from secondary/acute care (different hospital)
<input type="checkbox"/> GP referral direct to neurosurgery following telephone consultation	<input type="checkbox"/> Referred to NSC following self referral to ED (this hospital)*
<input type="checkbox"/> GP referral to secondary/ acute care following clinical review in person (this hospital)*	<input type="checkbox"/> Referral and transfer following self referral to ED (other hospital)
<input type="checkbox"/> GP referral to secondary/ acute care following clinical review in person (other hospital)	<input type="checkbox"/> Referral to NSC following presentation to ED via ambulance/ 999 call (this hospital)*
<input type="checkbox"/> GP referral to secondary/ acute care following telephone consultation (this hospital)*	<input type="checkbox"/> Referral and transfer to NSC following presentation to ED via ambulance/ 999 call (other hospital)
<input type="checkbox"/> GP referral to secondary/ acute care following telephone consultation (other hospital)	<input type="checkbox"/> Other transfer from tertiary care (other NSC)
<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Referral from Outpatient clinic

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**If the patient presented to secondary /acute care in this hospital, the secondary/ acute care part of the SAH audit tool can also be completed*

PATIENTS ADMITTED TO NSC

- | | | | | | | |
|--|-------|---|-------|---|------|--|
| 7. Day, date, time of first arrival in NSC | Time: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>h h m m</small> | Date: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>d d m m y y</small> | Day: | <input type="text"/> <input type="text"/> <input type="text"/> |
| 8. Day, date, time of admission: | Time: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>h h m m</small> | Date: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>d d m m y y</small> | Day: | <input type="text"/> <input type="text"/> <input type="text"/> |
| 9. Please indicate the best description of the primary intervention (or lack thereof) undergone by this patient to secure the aneurysm : | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Endovascular coiling of the aneurysm </div> <div style="width: 30%;"> <input type="checkbox"/> Clipping following attempted coiling </div> <div style="width: 30%;"> <input type="checkbox"/> Neurosurgical clipping of the aneurysm </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> No procedure- decision to manage the patient conservatively </div> <div style="width: 45%;"> <input type="checkbox"/> No procedure- intervention planned but patient died before it was possible </div> </div> | | | | | | |
| 10. Did the patient undergo any emergency surgery in addition to the primary intervention? | | | | | | |
| <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer </div> | | | | | | |
| 11. Day, date, time that the primary intervention was performed? | | | | | | |
| | Time: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>h h m m</small> | Date: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>d d m m y y</small> | Day: | <input type="text"/> <input type="text"/> <input type="text"/> |
| 12a. Was there more than 48 hours between onset of aSAH and intervention? | | | | | | |
| <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer </div> | | | | | | |
| 12b. Was there more than 48 hours between admission to NSC and intervention? | | | | | | |
| <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer </div> | | | | | | |
| 13. In your opinion, was there a delay in performing the procedure? | | | | | | |
| <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer </div> | | | | | | |
| 14. If the primary intervention was delayed, what was the reason for this? (answers may be multiple) | | | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 30%;"> <input type="checkbox"/> Delayed presentation to hospital </div> <div style="width: 30%;"> <input type="checkbox"/> Delayed diagnosis in acute/secondary care </div> <div style="width: 30%;"> <input type="checkbox"/> Delayed referral in secondary care </div> <div style="width: 30%;"> <input type="checkbox"/> Lack of neurosurgeon able to clip the aneurysm- weekend </div> <div style="width: 30%;"> <input type="checkbox"/> Clinical reason- delay was appropriate/necessary </div> <div style="width: 30%;"> <input type="checkbox"/> Delayed acceptance by NSC </div> <div style="width: 30%;"> <input type="checkbox"/> Lack of neurosurgeon able to clip the aneurysm- Out of hours </div> <div style="width: 30%;"> <input type="checkbox"/> Lack of interventional radiology cover- weekend </div> <div style="width: 30%;"> <input type="checkbox"/> Awaiting review by other specialist clinician </div> <div style="width: 30%;"> <input type="checkbox"/> Unable to answer </div> <div style="width: 30%;"> <input type="checkbox"/> Lack of interventional radiology cover- Out of hours </div> <div style="width: 30%;"> <input type="checkbox"/> Lack of other resources </div> <div style="width: 30%;"> <input type="checkbox"/> Other (please state) <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> </div> </div> | | | | | | |
| 15a. What was the grade of the operating surgeon/ interventional neuroradiologist? | | | | | | |
| <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unable to answer </div> | | | | | | |
| 15b. If not a consultant, what was the level of consultant supervision? | | | | | | |
| <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 30%;"> <input type="checkbox"/> Present / scrubbed </div> <div style="width: 30%;"> <input type="checkbox"/> Support via telephone </div> <div style="width: 30%;"> <input type="checkbox"/> Present / unscrubbed </div> <div style="width: 30%;"> <input type="checkbox"/> None </div> <div style="width: 30%;"> <input type="checkbox"/> Unable to answer </div> </div> | | | | | | |
| 16. What was the patient's functional status on following the procedure (when discharged from theatre/recovery to ward/ICU/HDU etc.) | | | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 30%;"> <input type="checkbox"/> No symptoms </div> <div style="width: 30%;"> <input type="checkbox"/> Slight disability </div> <div style="width: 30%;"> <input type="checkbox"/> Severe disability </div> <div style="width: 30%;"> <input type="checkbox"/> No disability despite symptoms </div> <div style="width: 30%;"> <input type="checkbox"/> Moderate disability </div> <div style="width: 30%;"> <input type="checkbox"/> Unable to answer </div> </div> | | | | | | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Speech and language therapy | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Dedicated SAH nursing | <input type="checkbox"/> Specialist rehabilitation consultant | |
| <input type="checkbox"/> Dedicated rehabilitation nursing | | |

18a. Was the inpatient rehabilitation of this patient adequate? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

18b. If NO, please expand on your answer

19. What was the patient's functional status on discharge?

- | | | |
|--|--|--|
| <input type="checkbox"/> No symptoms | <input type="checkbox"/> Slight disability | <input type="checkbox"/> Severe disability |
| <input type="checkbox"/> No disability despite symptoms | <input type="checkbox"/> Moderate disability | <input type="checkbox"/> Unable to answer |
| <input type="checkbox"/> Not applicable, patient died prior to discharge | | |

20a. Was there adequate planning for rehabilitation for this patient? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable-patient died prior to discharge

20b. If NO, please expand on your answer

21. What was the discharge destination of the patient? ☐ Discharge to previous place of residence

- | | |
|--|--|
| <input type="checkbox"/> Discharge to a rehabilitation unit | <input type="checkbox"/> Discharge to other hospital for further treatment |
| <input type="checkbox"/> Discharge to other hospital for palliative care | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Other | <div></div> |
| <input type="checkbox"/> Not applicable, patient died prior to discharge | <input type="checkbox"/> Unable to answer |

22. 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"/> Patient support via telephone contact | <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"/> Physiotherapy referral | <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"/> Not applicable, patient died prior to discharge | <input type="checkbox"/> Insufficient data | <input type="checkbox"/> None of these |

23. Is there any evidence of any delays in transfer to specialist rehabilitation? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable-patient died prior to discharge

24. Is there any evidence that the patient was discharged too soon? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable-Patient died prior to discharge

25a. Was the post-discharge support planning adequate in your opinion? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable- patient died prior to discharge

26b. If NO, why not?

PATIENTS THAT DIED IN TERTIARY CARE/ NSC

27. Was the death discussed at an mortality and morbidity meeting? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

28a. Was bain stem death testing performed? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

28b. If YES, was bain stem death Diagnosed? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

29a. Was patient suitable for organ donation? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

29b. If YES, did organ donation occur? ☐ Yes ☐ No ☐ Unable to answer ☐ Not applicable

29c. If NO, why not? ☐ Not considered by medical staff ☐ Refused by next of kin

Other reason please state: