

NCEPOD Managing the Flow?

Hospital Number _____

Patients presenting to secondary care

Recommendations	Data Collection Tool –Source Questionnaire	Data collection tool Question	Response		Action required
All patients presenting with acute severe headache in a secondary care hospital should have a thorough neurological examination performed and documented.	Secondary/Acute Care	Q11a – Is there evidence that the patient underwent a neurological examination at any time during the first 24 hours of arrival to secondary care/ prior to transfer?	Yes	No	
		Q13 – Did the neurological examination include:			
		A. Past medical history	Yes	No	
		B. Assessment of consciousness	Yes	No	
		C. Assessment of pupil response	Yes	No	
		D. Fundoscopy	Yes	No	
		E. Assessment of motor functions	Yes	No	
		F. Assessment of sensory functions	Yes	No	
		Q17a – Was the neurological examination satisfactory?	Yes	No	
		Q18 – Was the neurological examination adequately documented	Yes	No	
Q19- If the patient did not have a full neurological examination, why was this?	Refer to audit tool				

<p>A CT- scan should be performed immediately in this group of patients as defined by <i>the 'National Clinical Guideline for Stroke'</i>.</p>	<p>Secondary/Acute Care</p>	<p>Q22a- Did the patient undergo a CT scan in acute/ secondary care?</p> <p>Q22c- If NO, was this appropriate</p> <p>Q22d- If YES, what was the time/ date of the CT scan</p> <p>Q22e- If YES, was this more than 1 hour after arrival to hospital?</p>	<p>Yes</p> <p>Yes</p> <p>Refer to audit tool</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>	
<p>The nationally-agreed standard (<i>'National Clinical Guideline for Stroke'</i>) of securing ruptured aneurysms within 48 hours should be met consistently and comprehensively by healthcare professionals who treat this group of patients. This will require providers to assess the service they deliver and move towards a seven-day-service.</p>	<p>Secondary/Acute Care</p>	<p>Q3 Day, date & time of SAH</p> <p>Q4 Day, date & time of first arrival in hospital</p> <p>Q10a Day, date & time of initial assessment</p> <p>Q22d Day, date & time of CT scan</p> <p>Q23 Day, date & time of diagnosis confirmed</p> <p>Q24c Day, date & time of referral to NSC</p> <p>Q25b Day, date & time accepted by NSC</p> <p>Q25d Day, date & time transfer to NSC</p> <p>Q26a Was the transfer within 24 hours of arrival to hospital?</p> <p>Q26b Did this patient undergo an intervention in the NSC to secure the aneurysm?</p> <p>Q26c If YES, was this within 48 hours of onset of aneurysmal SAH?</p> <p>Q26d If NO, why was this?</p>	<p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Refer to audit tool</p> <p>Yes</p> <p>Refer to audit tool</p> <p>Yes</p> <p>Refer to audit tool</p>	<p>No</p> <p>No</p> <p>No</p>	

<p>Patients that died in secondary care:</p> <p>Organ donation rates following fatal aneurysmal subarachnoid haemorrhage should be audited and policies adopted to increase the frequency with which this occurs.</p>	<p>Secondary/Acute care</p>	<p>Q29a Was patient suitable for organ donation?</p> <p>Q29b If YES, did organ donation occur?</p> <p>Q29c If NO, why not?</p> <p>Not considered by medical staff</p> <p>Refused by Next of Kin</p> <p>Other Reason</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Refer to audit tool</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>	
<p>Patients repatriated to secondary care following their procedure :</p> <p>Appropriately funded rehabilitation for all patients following an aneurysmal subarachnoid haemorrhage should include, as a minimum, access to information for patients and relatives, specialist subarachnoid haemorrhage nurses and comprehensive in-patient and out-patient rehabilitation services including appropriate neuropsychological support.</p>	<p>Patients Repatriated to Secondary/Acute Care</p>	<p>Q7 What was the patient's functional status on repatriation to the secondary care hospital?</p> <p>Q8 Was there documented formal assessment and/or treatment of the patient by the following during the admission?</p> <ul style="list-style-type: none"> a) Physiotherapy b) Occupational therapy c) Dedicated SAH nurse d) Dedicated rehabilitation nursing e) Speech and language therapy f) Neuropsychology g) Specialist rehabilitation consultant h) None of the above i) Not applicable 	<p>Refer to audit tool</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>	

		Q9a Was the inpatient rehabilitation of this patient adequate?	Yes	No	
		Q9b If NO, please expand on your answer	Refer to audit tool		
		Q10 What was the patient's functional status on discharge?	Refer to audit tool		
		Q11a Was there adequate planning for rehabilitation post-discharge for this patient?	Yes	No	
		Q11b If NO, please expand on your answer	Refer to audit tool		
		Q13 Is there evidence for the following at time of discharge?			
		a) Referral to specialist case worker	Yes	No	
		b) Neuropsychology referral	Yes	No	
		c) Issuing patient/relatives with information on living post-SAH	Yes	No	
		d) Physiotherapy referral	Yes	No	
		e) Patient support via telephone	Yes	No	
		f) Occupational therapy referral	Yes	No	
		g) Referral of patient to SAH support group/organisation	Yes	No	
		h) Speech and language referral	Yes	No	
		i) Unable to answer	Yes	No	
		j) None of these	Yes	No	
		k) Not applicable	Yes	No	
		Q14 Is there evidence of any delays in transfer to rehabilitation?	Yes	No	
		Q15 Is there evidence that the patient was discharged too soon?	Yes	No	
		Q16a Was the post-discharge support planning adequate in your opinion?	Yes	No	
		Q16b If NO, please explain	Refer to audit tool		

Patients admitted to Tertiary care: Neurosurgical/Neurosciences centre (NSC)

Recommendations	Data Collection Tool –Source Questionnaire	Data collection tool	Response	Action required
The nationally-agreed standard (<i>'National Clinical Guideline for Stroke'</i>) of securing ruptured aneurysms within 48 hours should be met consistently and comprehensively by healthcare professionals who treat this group of patients. This will require providers to assess the service they deliver and move towards a seven-day-service.	Tertiary Care	Q3 Day, date and time of SAH	Refer to audit tool	
		Q4 Day, date and time of first arrival in hospital	Refer to audit tool	
		Q7 Day, date and time of first arrival in the NSC	Refer to audit tool	
		Q8 Day, date and time of admission to NSC	Refer to audit tool	
		Q9 Please indicate the best description of the primary intervention (or lack thereof) undergone by this patient to secure the aneurysm	Refer to audit tool	
		Q11 Day, date and time that the primary intervention was performed	Refer to audit tool	
		Q12a Was there more than 48 hours between onset of aSAH and intervention?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Q12b Was there more than 48 hours between admission to NSC and intervention?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Q13 In your opinion was there a delay in performing the procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Q14 If the primary intervention was delayed, what was the reason?	Refer to audit tool	

Neurosurgical/Neurosciences centres must ensure that trainees in neurosurgery and neuroradiology develop appropriate competencies for future consultant practice.	Tertiary Care	Q15a What was the grade of the operating surgeon/ interventional neuroradiologist? Q15b If not a consultant, what was the level of supervision?	Refer to audit tool Refer to audit tool	
Patients that remain in NSC following their procedure: Appropriately funded rehabilitation for all patients following an aneurysmal subarachnoid haemorrhage should include, as a minimum, access to information for patients and relatives, specialist subarachnoid haemorrhage nurses and comprehensive in-patient and out-patient rehabilitation services including appropriate neuropsychological support.	Tertiary Care	Q16 What was the patient's functional status following the procedure (when discharged from theatre/recovery to ward/ICU/HDU etc. Q17 Was there documented formal assessment and/or treatment of the patient by the following during the admission ? a) Physiotherapy b) Occupational therapy c) Dedicated SAH nursing d) Dedicated rehabilitation nursing e) Speech and language therapy f) Neuropsychology g) Specialist rehabilitation consultant h) None of these i) Not applicable j) Unknown Q18a Was the inpatient rehabilitation of this patient adequate? Q18b If NO, please explain Q19 What was the patient's functional status on discharge? Q20a Was there adequate rehabilitation planning for this patient?	Refer to audit tool Refer to audit tool Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Refer to audit tool Refer to audit tool Yes No	

		<p>Q20b If NO, please explain</p> <p>Q22 Is there evidence for the following at time of discharge?</p> <ul style="list-style-type: none"> a) Referral to specialist case worker b) Neuropsychology referral c) Issuing patient/relatives with information on living post-SAH d) Physiotherapy referral e) Patient support via telephone f) Occupational therapy referral g) Referral of patient to SAH support group/organisation h) Speech and language referral i) Unable to answer j) None of these k) Not applicable <p>Q23 Is there evidence of any delays in transfer to specialist rehabilitation?</p> <p>Q24 Is there evidence that the patient was discharged too soon?</p> <p>Q25a Was the post-discharge support planning adequate in your opinion?</p> <p>Q26b If NO, why not?</p>	<p>Refer to audit tool</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Refer to audit tool</p> <p>Yes No</p> <p>Yes No</p> <p>Refer to audit tool</p>	
<p>Patients that died in NSC:</p> <p>Organ donation rates following fatal aneurysmal subarachnoid haemorrhage should be audited and policies adopted to increase the frequency with which this occurs.</p>	Tertiary Care	<p>Q29a Was patient suitable for organ donation?</p> <p>Q29b If YES, did organ donation occur?</p> <p>Q29c If NO, why not?</p> <p>Not considered by medical staff</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	

		Refused by Next of Kin	Yes	No	
		Other Reason	Refer to audit tool		