# Mental Health in General Hospitals

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## QA: GENERAL HOSPITAL CLINICIAN QUESTIONNAIRE

## CONFIDENTIAL

**DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE**

**Grade:** ____________________ **Specialty:** ____________________

## What is this study about?

The aim of this study is to explore the overall quality of mental health and physical health care provided to patients with significant mental health conditions (listed in study population criteria) who are admitted to a general hospital during the study timeframe and to look for remediable factors in the care of these patients.

**Inclusions**

Patients aged 18 years or older are eligible for inclusion in the study if they were admitted to an acute (general) hospital between 13/10/14 – 13/11/14 and:

1) Were detained under the mental health act OR
2) Coded by your hospital's central records with an ICD10 code for one or more of the listed mental health conditions (further details can be found at http://www.ncepod.org.uk/pmhc.htm)

Eligible cases have been identified from the Trust's central record system and 5 cases per hospital have been selected for review.

**Exclusions**

1) Pregnant women up to 1 year post partum (covered by MBRRACE UK)
2) Day cases

## CPD accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. It also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

## How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Was the patient's mental health condition documented at admission to hospital?

☒ Yes ☐ No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

■ Yes ☒ No

## Questions or help?

If you have any queries about this study or this questionnaire, please contact

mentalhealth@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in winter 2016.

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please clearly supply your email address below.

☐

**NCEPOD number:** ☐☐☐☐☐☐

## CODES FOR SPECIALTY

### SURGICAL SPECIALTIES

100 = General Surgery
101 = Urology
103 = Breast Surgery
104 = Colorectal Surgery
105 = Hepatobiliary & Pancreatic Surgery
106 = Upper GI Surgery
107 = Vascular Surgery
110 = Trauma & Orthopaedics
120 = Ear, Nose & Throat (ENT)
130 = Ophthalmology
140 = Oral Surgery
145 = Oral & Maxillo-Facial Surgery
150 = Neurosurgery
160 = Plastic Surgery
161 = Burns Care
170 = Cardiothoracic Surgery
172 = Cardiac Surgery
173 = Thoracic Surgery
180 = Accident & Emergency
190 = Anaesthetics
192 = Critical/Intensive Care medicine

### MEDICAL SPECIALTIES

300 = General Medicine
301 = Gastroenterology
302 = Endocrinology
303 = Clinical Haematology
306 = Hepatology
307 = Diabetic Medicine
314 = Rehabilitation
315 = Palliative Medicine
320 = Cardiology
326 = Acute internal medicine
330 = Dermatology
340 = Respiratory Medicine
350 = Infectious Diseases
360 = Genito-Urinary Medicine
361 = Nephrology
370 = Medical Oncology
400 = Neurology
410 = Rheumatology
430 = Geriatric Medicine
500 = Obstetrics & Gynaecology
502 = Gynaecology
800 = Clinical Oncology
810 = Radiology
820 = General Pathology
823 = Haematology

### PSYCHIATRIC SPECIALTIES

700 = Learning disability
710 = Adult mental illness
711 = Child/Adolescent psychiatry
712 = Forensic psychiatry
713 = Psychotherapy
715 = Old age psychiatry

## STAFF CODES

01 - Consultant (medical/surgical specialties)
02 - Staff grade/Associate specialist
03 - Trainee with CCT
04 - Senior specialist trainee (ST3+ or equivalent)
05 - Junior specialist trainee (ST1&ST2 or CT equivalent)
06 - Basic grade (HO/FY1 or SHO/FY2 or equivalent)
07 - Specialist Nurse (Nurse consultant,Nurse practitioner, clinical nurse specialist
08 - Senior staff nurse,enrolled nurse (EN) etc)
09 - 1st Level nurse, staff nurse (RGN)
10 - Consultant liaison psychiatrist
11 - Consultant psychiatrist (other)
12 - Senior trainee psychiatrist
13 - Junior trainee psychiatrist
14 - Basic grade psychiatrist
15 - Specialist psychiatric nurse
16 - Senior psychiatric nurse
17 - Junior psychiatric nurse
18 - Occupational therapist
19 - Physiotherapist
20 - Speech & language therapist
21 - Non-registered healthcare staff HCA, therapy assistant
22- Security staff
23 - Police officer

## DEFINITIONS

| | |
|---|---|
| **CCOT** | Critical Care Outreach Team: Specialised clinical team on hand on general/acute wards to deliver critical care to patients that become acutely unwell. |
| **Functional status ranking** | Slight disability: Generally able to carry out activities unaided but may require assistance with certain tasks; Moderate disability: Requiring some help but able to walk without assistance; Moderate to severe disability: Unable to walk without assistance and unable to attend to own bodily needs without assistance; Severe disability: Bedridden, incontinent and requiring constant nursing care and attention. |
| **IMCA** | Independent Mental Capacity Advocate. An NHS body has a duty to involve an IMCA when a vulnerable person who lacks mental capacity and without other support needs to make a decision about serious medical treatment. |
| **Levels of ward care** | LEVEL 0: Patients whose needs can be met through normal ward care in an acute hospital. LEVEL1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team. LEVEL2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care). LEVEL3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time). |
| **Liaison psychiatry team** | Liaison psychiatry teams are now present in most (but not all) acute hospitals and deliver acute trust based mental health servicesto patients with dual mental health and physical health needs |
| **Patient passport** | The Patient Passport is one of a variety of trial schemes that acts as a simple communication tool that articulates the normal everyday needs of a person. It can aid mainstream services, deliver person centred care and understand their individual needs and has been used for patients with learning difficulties or mental health conditions. |
| **Rapid Tranquilisation** | Rapid tranquillisation (RT) is defined by NICE as 'the use of psychotropic medication to control agitation, threatening or destructive psychotic behaviour'. Most Trusts have an RT policy whose aim is to reduce any risk to hospital staff or others, and allow them to receive the medical care that they need. |

**TIMEFRAME - QUESTIONNAIRES SHOULD BE COMPLETED FOR THE LAST ADMISSION RELATING TO THE STUDY PERIOD 13th OCTOBER-13th NOVEMBER 2014 INCLUSIVE**

## A. CASE SUMMARY

**1.** Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. Please write clearly for the benefit of the case reviewers. You may also continue on the back page of this form.

**NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.**

## B. PATIENT DETAILS

**2.** Age (on day 1 of hospital admission) ☐☐☐ years

**3.** Gender ☐ Male ☐ Female

**4.** Height ☐☐☐ cm **OR** ☐ feet ☐☐ inches ☐ Unknown

**5.** Weight ☐☐☐ kgs **OR** ☐☐ st ☐☐ lb ☐ Unknown

**6.** BMI ☐☐ ☐ Unknown

**7.** Ethnicity *(source: census data)*

☐ White British/ White-other

☐ Black /African/Caribbean/ Black British

☐ Mixed/Multiple ethnic groups

☐ Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)

☐ Unknown

☐ Other (please state):

**8.** What was the source of admission?:

☐ Usual place of residence

☐ Temporary place of residence

☐ Residential home

☐ Care home: NHS/independent

☐ Mental health inpatient unit

☐ Other NHS hospital:General ward/A&E department

☐ Non NHS run hospital

☐ High security psychiatric accommodation in NHS hospital/Trust

☐ Hospice

☐ Prison, court, police station

☐ Unknown

9. Please provide the primary medical reason for admission to hospital:

10a. Did the patient have any medical comorbidities? ☐ Yes ☐ No ☐ Unknown

10b. If YES, please select all that apply:

☐ Physical disability ☐ Head injury ☐ Significant trauma
☐ Diabetes mellitus Type 1 ☐ Diabetes mellitus Type 2 ☐ Hypertension
☐ Renal dysfunction ☐ Chronic lung disease ☐ Heart disease
☐ Liver disease ☐ Neurological ☐ Cancer
☐ Other (Please state):

11a. Was the patient's alcohol history recorded on admission? ☐ Yes ☐ No ☐ Not applicable

11b. If YES, what was the estimated weekly intake (units) ☐☐☐ ☐ Unknown

12a. Was alcohol misuse recorded on admission? ☐ Yes ☐ No

12b. If YES, had the patient been in contact with the Alcohol Misuse Service (or equivalent) prior to this admission? ☐ Yes ☐ No ☐ Unknown

13a. What was the tobacco smoking history of this patient?

☐ Current smoker (around the time of admission) ☐ Ex-smoker (>5 years) ☐ Unknown
☐ Ex-smoker (<5 years) ☐ Never smoked

13b. If the patient was a current smoker, what was their daily usage: ☐☐ cigarettes per day ☐ Unknown

14a. Was any other substance misuse recorded for this patient on admission? ☐ Yes ☐ No ☐ Unknown

14b. If YES, please provide details:

15a. Was the patient's mental health condition documented on admission to hospital? ☐ Yes ☐ No ☐ Unknown

15b. If YES, what was the patient's mental health condition/s?

**16a.** Were there any previous admissions to this general hospital in the last 12 months? ☐ Yes ☐ No ☐ Unknown

**16b.** If YES, how many admissions in the last 12 months? ☐☐

**17.** If YES to Q16a, for each previous admission to this hospital, please state the dates of admission and discharge and (if recorded) the physical and mental health diagnoses at each discharge:

**If there were more than 5 admissions to this hospital in the previous 12 months, please use the most recent 5 admissions**

| Date of admission: DD / MM / YY | Date unknown | Date of discharge DD / MM / YY | Date unknown | Diagnoses at discharge |
|---|---|---|---|---|
| __ / __ / 20__ | ☐ | __ / __ / 20__ | ☐ | |
| __ / __ / 20__ | ☐ | __ / __ / 20__ | ☐ | |
| __ / __ / 20__ | ☐ | __ / __ / 20__ | ☐ | |
| __ / __ / 20__ | ☐ | __ / __ / 20__ | ☐ | |
| __ / __ / 20__ | ☐ | __ / __ / 20__ | ☐ | |

## C. CURRENT EPISODE- MODE OF ADMISSION

**18.** How did the patient present at this hospital? (please mark all that apply)

☐ Following outpatients appointment/telephone consultation ☐ GP referral ☐ Unknown

☐ Inter-hospital transfer ☐ Via the Emergency Department ☐ Other (please state)

**PATIENTS ADMITTED VIA GP REFERRAL** ☐ **Not applicable - please go to Q22**

**19.** If the patient was admitted to this hospital via a GP referral (answered in Q18 above), was this from:

☐ The patient's own GP ☐ An out-of-hours GP ☐ Walk-in centre

☐ Other (please state):

☐ Unknown

**20a.** Was a GP referral letter included in the case note record? ☐ Yes ☐ No

**20b.** If YES, was the mental health condition recorded in the referral letter? ☐ Yes ☐ No ☐ Not applicable

**21a.** In your opinion, were there any delays in the referral? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

**21b.** If YES, please give details:

## PATIENTS TRANSFERRED FROM ANOTHER HOSPITAL

**22.** If the patient was transferred from another hospital (answered in Q18) From what type of hospital was the patient transferred?

☐ **Not applicable - please go to Q32**

☐ Acute/general hospital ☐ Specialist tertiary care unit ☐ Independent hospital

☐ Mental health inpatient unit ☐ Community/Cottage hospital

☐ Other (please state): ____________________

**23.** If transferred, what was the reason for the inter-hospital transfer?

☐ Elective procedure ☐ Acute surgical care ☐ Acute medical care ☐ Specialist care

☐ HDU/ICU bed ☐ Palliative care ☐ Other (please state)

____________________

**24.** What was the time/date of referral from the transferring hospital

☐☐ ☐☐ 24 hr clock ☐ Time unknown ☐☐ ☐☐ 2 0 1 4 ☐ Date unknown

h h m m d d m m y y y y

**25.** What was the grade/specialty of the a) referring and b) receiving doctors?

**a) REFERRING**

☐☐ grade- see staff codes on page 2 ☐☐☐ specialty code - see page 2

**B) RECEIVING**

☐☐ grade- see staff codes on page 2 ☐☐☐ specialty code - see page 2

**26a.** Were the case notes transferred from the referring hopsital? ☐ Yes ☐ No ☐ Unknown

**26b.** Were the mental health case notes transferred from the referring hospital? ☐ Yes ☐ No ☐ Unknown

**26c.** If YES to 26a, was the mental health condition recorded in the accompanying documentation? ☐ Yes ☐ No

**27a.** Were there any delays in the referral from the referring hospital? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

**27b.** If YES, please give details: ____________________

**28a.** Were there any delays in the transfer? ☐ Yes ☐ No ☐ Unknown

**28b.** If YES, please give details: ____________________

**29a.** In your opinion, was there a delay in recognising the clinical condition (that led to the transfer at the referring hospital)? ☐ Yes ☐ No ☐ Unknown

**29b.** If YES, please give details: ____________________

**30a** In your opinion, was there a failure to recognise the urgency? ☐ Yes ☐ No ☐ Unknown

**30b.** If YES, please give details: ____________________

**31a.** If YES to any of 27a, 28a, 29a, 30a, did the patient's mental health condition contribute to this? ☐ Yes ☐ No ☐ Unknown

**31b.** If YES, please give details: ____________________

**PATIENTS PRESENTING VIA THE EMERGENCY DEPARTMENT** ☐ **Not applicable- please go to Q38**

**32.** If the patient presented via the emergency department (answered in Q18):
Please state the mode of presentation to the emergency department:

☐ Walk in/self presented ☐ Ambulance/ HEMS ☐ Via NHS 111 ☐ Via GP ☐ Accompanied by police/ transfer from prison

☐ Other (please state):

**33.** What was the time/date that the patient first arrived in the ED?

h h : m m 24 hr clock ☐ Time unknown d d / m m / 2 0 1 4 (y y y y) ☐ Date unknown

**34.** What was the time/date of triage (if different from above)?

h h : m m 24 hr clock ☐ Time unknown d d / m m / 2 0 1 4 (y y y y) ☐ Date unknown

**35.** What was the grade/specialty of the clinician performing a) triage; b) senior review in the ED?

**a) TRIAGE**

grade- see staff codes on page 2 specialty code- see page 2

**b) SENIOR REVIEW**

grade- see staff codes on page 2 specialty code- see page 2

**36.** Was the patient's mental health condition noted at this time? ☐ Yes ☐ No ☐ Unknown

**37a.** Did the patient receive any psychiatric input whilst in the ED? ☐ Yes ☐ No ☐ Unknown

**37b.** If NO, in your opinion, should there have been? ☐ Yes ☐ No ☐ Unknown

**37c.** If YES to 37a, was this: ☐ A full pyscho-social assessment ☐ An interim risk assessment or equivalent

☐ Other, please state:

## D. ADMISSION TO THE HOSPITAL WARD

**If admitted via the emergency department, this refers to the date that they were formally admitted on to a ward**

**38.** What was the time/date for the first recorded arrival on the ward

h h : m m 24 hr clock ☐ Time unknown d d / m m / 2 0 1 4 (y y y y) ☐ Date unknown

**39.** Was this admission: ☐ Elective ☐ Emergency ☐ Unknown

**40.** To which location was the patient first admitted?

☐ Acute medical ward ☐ Acute surgical ward ☐ General medical ward ☐ General surgical ward

☐ Specialist ward/unit ☐ Higher dependency care: level 2 (e.g. HDU or equivalent) ☐ Higher dependency care: level 3 (e.g. ICU or equivalent)

☐ Other (please state):

**41a.** Was the admission to the ward delayed? ☐ Yes ☐ No ☐ Unknown

**41b.** If YES, please give details:

**42a.** In your opinion, did the mental health condition of the patient contribute to this delay? ☐ Yes ☐ No ☐ Unknown

**42b.** If YES, please give details:

**43.** Was the patient admitted to hospital with a list of medications for their physical health condition? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

**44.** Was the patient admitted to hospital with a list of medications for their mental health condition? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

**45a.** Was any mental health legislation deployed at this time? ☐ Yes ☐ No ☐ Unknown

**45b.** If YES: ☐ Was the patient was transferred under Mental Health legislation from another hospital ☐ Was this in the ED at this hospital

☐ Other (please state)

## E. INITIAL ASSESSMENT / CLERKING & REVIEW

**46.** Please complete the table below with respect to the initial assesment (clerking) on the ward and the first consultant review by the general (non-psychiatry) consultant.

| | i) Initial assessment on the ward (clerking doctor) | ii) First consultant review following admission |
|---|---|---|
| **46a.** Date/time | ☐☐ ☐☐ 24 hr clock<br>h h m m<br>☐☐ ☐☐ 2 0 1 4<br>d d m m y y y y | ☐☐ ☐☐ 24 hr clock<br>h h m m<br>☐☐ ☐☐ 2 0 1 4<br>d d m m y y y y |
| **46b.** Grade/ specialty (see page 2 for codes) | ☐☐ grade ☐☐☐ specialty code | 0 1 grade ☐☐☐ specialty code |
| **46c.** i) Was a differential diagnosis made for the physical health condition? | ☐ Yes ☐ No<br>☐ Not applicable- differential diagnosis already made | ☐ Yes ☐ No<br>☐ Not applicable- differential diagnosis already made |
| ii) If YES, what was recorded? | | |

**Continued overleaf..**

Please complete the table below with respect to the initial assesment (clerking) on the ward and the first consultant review by the general (non-psychiatry) consultant.

| | i) Initial assessment on the ward (clerking doctor) | ii) First consultant review following admission |
|---|---|---|
| **46d.** i) Was the patient's mental health condition recorded? ii) If YES, what was recorded? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **46e.** i) Was the patient recorded as taking any medications for their physical health condition? ii) If YES, did medication reconciliation occur? | ☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown ☐ N/A | ☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown ☐ N/A |
| **46f.** Were any new medications prescribed for their physical health condition? | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |
| **46g.** i) Was the patient recorded as taking any medications for their mental health condition? ii) If YES, did medication reconciliation occur? | ☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown ☐ N/A | ☐ Yes ☐ No ☐ Unknown<br>☐ Yes ☐ No ☐ Unknown ☐ N/A |
| **46h.** Were any new medications prescribed for their mental health condition? | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |
| **46i.** i) Were any potential interactions between medications (for physical health and mental health) recorded? ii) If YES, what was recorded? | ☐ Yes ☐ No ☐ Unknown ☐ N/A | ☐ Yes ☐ No ☐ Unknown ☐ N/A |

**Continued overleaf..**

Please complete the table below with respect to the initial assesment (clerking) on the ward, the first review and first consultant review (if different to first senior review)

| | i) Initial assessment on the ward (clerking doctor) | ii) First consultant review following admission |
|---|---|---|
| **46j.** Was smoking cessation advice given/ referral made? | ☐ Yes ☐ No ☐ Unknown ☐ N/A | ☐ Yes ☐ No ☐ Unknown ☐ N/A |
| **46k.** i) Were any mental health risk issues recorded? ii) If YES, please give details | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |
| **46l.** i) Was capacity assessed? | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |
| ii) If YES, was the patient recorded as having capacity? | ☐ Yes ☐ No | ☐ Yes ☐ No |

**47a.** Following admission to the ward, was a referral made to the liaison psychiatry service? ☐ Yes ☐ No ☐ Unknown

**47b.** If NO, why not? ☐ Not available at this hospital ☐ Not available at this time ☐ Not considered that it was required ☐ Patient did not meet local criteria for referral ☐ Other reason (please state)

**48.** If YES to Q47a, who made the referral:

**(Please use the staff codes on page 2)**

☐ Other (please state): ☐ Unknown

**49a.** If YES to Q47a, please state the time and date the first referral to liaison psychiatry was first made?

h h m m 24 hr clock d d m m y y y y 2 0 1 4

☐ Unknown ☐ Unknown

**49b.** If YES to Q47a, please state the time and date the first assessment by liaison psychiatry was made?

2 0 1 4

☐ Unknown ☐ Unknown

**50a.** In your opinion, was there a delay in initial assessment by the liaison psychiatry team? ☐ Yes ☐ No ☐ Not applicable ☐ Unknown

**50b.** If YES, please give details:

**51.** If answered YES to question 47a, please complete the table with respect to the initial assessment and subsequent review by the liaison psychiatry team

| | i) Initial (first) assessment by liaison psychiatry team | ii) First input from consultant liaison psychiatrist (eg. input on decisions by telephone) | ii) First review (in person) by consultant liaison psychiatrist |
|---|---|---|---|
| | | ☐ Not applicable- first assessement was by a consultant<br>☐ Not applicable- never reviewed by a consultant | ☐ Not applicable- previous input/ first assessment was by a consultant<br>☐ Not applicable- never reviewed by a consultant |
| **51a.** Date/ time of assessment/ review by liaison psychiatry? | ☐ Date as stated in Q49b | ☐☐ : ☐☐ h h m m 24 hr clock<br>☐☐ / ☐☐ / 2 0 1 4<br>d d m m y y y y | ☐☐ : ☐☐ h h m m 24 hr clock<br>☐☐ / ☐☐ / 2 0 1 4<br>d d m m y y y y |
| **51b-j.** What was included in the assessment/ review by liaison psychiatry? | | | |
| b) Mental health risk assessment | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required |
| Please provide details | | | |
| c) Mental health risk management plan | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required |
| Please provide details | | | |
| d) Capacity assessment | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required |
| Please provide details | | | |
| e) Deployment of mental health legislation | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown ☐ No ☐ Not applicable - not required |
| Please provide details | | | |

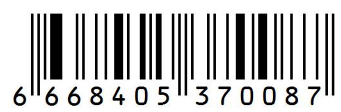
**Continued overleaf..**

**51. (continued).**

What was included in the assessment/ review by liaison psychiatry:

| | i) Initial assessment by liaison psychiatry team | ii) First input from consultant liaison psychiatrist (eg. input on decisions by telephone)<br>☐ Not applicable- first review/assessement was by a consultant<br>☐ Not applicable- No input from consultant | ii) First review (in person) by consultant liaison psychiatrist<br>☐ Not applicable- assessment was by a consultant<br>☐ Not applicable- never reviewed by a consultant |
|---|---|---|---|
| f) Reconciliation of psychotropic medication | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required |
| Please provide details | | | |
| g) Advice to Nursing/ medical staff on ward management | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required |
| Please provide details | | | |
| h) Mental health observation plan | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required |
| Please provide details | | | |
| i) Liaison with other mental health services | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required |
| Please provide details | | | |
| j) De-escalation of challenging situation | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required | ☐ Yes ☐ Unknown<br>☐ No ☐ Not applicable - not required |
| Please provide details | | | |





## F. CAPACITY & CONSENT

**52a.** Was the patient detained under any mental health legislation at any time during this admission? ☐ Yes ☐ No ☐ Unknown

**52b.** If YES, please provide details:

[ ]

**52c.** If YES, on which date did this occur? [ ][ ] [ ][ ] [2][0][1][4] (d d m m y y y y) ☐ Unknown

**52d.** If YES to Q52a, were there any errors in this process? ☐ Yes ☐ No ☐ Unknown

**53.** Was any mental capacity legislation deployed at any time during this admission? ☐ Yes ☐ No ☐ Unknown

**54a.** Was the patient's capacity assessed during this admission for any reason? ☐ Yes ☐ No ☐ Not formally but assessing clinician(s) judged that patient had capacity

**54b.** If YES, please state the times/dates/ reason for each time capacity was assessed during this admission (if more than than 3 times, please provide details in the COMMENTS box at the end of this form):

| Who made the assessment? | Time: | Date: | Reason |
|---|---|---|---|
| i) ☐ Treating general hospital team<br>☐ Treating liaison psychiatry team | [ ][ ] [ ][ ] (h h m m)<br>☐ Time unknown | [ ][ ] [ ][ ] [2][0][ ][ ] (d d m m y y y y)<br>☐ Date unknown | ☐ Wishing to leave against medical advice<br>☐ Refusing investigation<br>☐ Refusing treatment<br>☐ Refusing nutrition/hydration<br>☐ Other reason (please state): [ ] |
| ii) ☐ Treating general hospital team<br>☐ Treating liaison psychiatry team | [ ][ ] [ ][ ] (h h m m)<br>☐ Time unknown | [ ][ ] [ ][ ] [2][0][ ][ ] (d d m m y y y y)<br>☐ Date unknown | ☐ Wishing to leave against medical advice<br>☐ Refusing investigation<br>☐ Refusing treatment<br>☐ Refusing nutrition/hydration<br>☐ Other reason (please state): [ ] |
| iii) ☐ Treating general hospital team<br>☐ Treating liaison psychiatry team | [ ][ ] [ ][ ] (h h m m)<br>☐ Time unknown | [ ][ ] [ ][ ] [2][0][ ][ ] (d d m m y y y y)<br>☐ Date unknown | ☐ Wishing to leave against medical advice<br>☐ Refusing investigation<br>☐ Refusing treatment<br>☐ Refusing nutrition/hydration<br>☐ Other reason (please state): [ ] |

## G. COMMUNICATION, MANAGEMENT AND DECISION MAKING

**55.** Which specialty teams were caring for the patient during this hospital stay? **please use the specialty codes on page 2** ☐☐☐ ☐☐☐ ☐☐☐

**56.** Did any of the general hospital treating team have access to the mental health notes for this patient? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

**57a.** Was a patient passport* or other identification/note sharing system for patients with mental health conditions used for this patient? ☐ Yes ☐ No ☐ Unknown

***please see definitions on page 2**

**57b.** If YES, please give details: [ ]

**58a.** Was there an MDT meeting to discuss the care of this patient? ☐ Yes ☐ No ☐ Unknown

**58b.** If YES, was there representation from liaison psychiatry at this meeting? ☐ Yes ☐ No ☐ Unknown

**58c.** If NO, why not?
☐ Liaison psychiatry not available at this hospital
☐ Liaison psychiatry was not available at this time
☐ Not considered that it was required
☐ Patient did not meet local criteria to see liaison psychiatry team
☐ Not Trust policy for psychiatric liaison to attend the MDT meeting
☐ Other reason (please state)

[ ]

**59a.** Were there subsequent reviews by liaison psychiatry during this admission? ☐ Yes ☐ No

**59b.** If YES, in your opinion, were there any subsequent problems/delays? ☐ Yes ☐ No

**59c.** If YES, please provide details: [ ]

**60.** In your opinion, was there sufficient input from liaison psychiatry? ☐ Yes ☐ No

**61a.** Are there any gaps in the case note record where the patient has refused: (please mark all that apply)

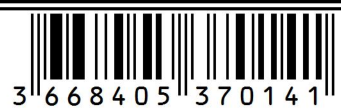
☐ physiological observations ☐ nutrition ☐ hydration ☐ treatment/ medication ☐ Other (please state)

[ ]

**61b.** If YES, was the patient's mental health condition a contributing factor? ☐ Yes ☐ No

**61c.** If YES, please provide times, dates, and details.

| | Time: | Date: | Details |
|---|---|---|---|
| i) | ☐☐ ☐☐ (h h m m) ☐ Time unknown | ☐☐ ☐☐ 2 0 ☐☐ (d d m m y y y y) ☐ Date unknown | |
| ii) | ☐☐ ☐☐ ☐ Time unknown | ☐☐ ☐☐ 2 0 ☐☐ ☐ Date unknown | |
| iii) | ☐☐ ☐☐ ☐ Time unknown | ☐☐ ☐☐ 2 0 ☐☐ ☐ Date unknown | |



**62a.** Was the patient physically restrained at any time during their admission? ☐ Yes ☐ No ☐ Unknown

**62b.** If YES, please provide details including method and duration:

| |
|---|
| |

**62c.** If YES to 62a, which hospital staff were involved in the restraint: **(Please use the staff codes on page 2)** ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

**63a.** Was rapid tranquilisation used at any time during this admission? ☐ Yes ☐ No ☐ Unknown

**63b.** If YES, please provide details including method and duration:

| |
|---|
| |

**64.** If YES to Q62a or Q63a, if restraint or rapid tranquilisation was used at any time, was an incident form completed? ☐ Yes ☐ No ☐ Unknown

**65a.** During the hospital admission, were there any medication errors/ missed doses of medication recorded? ☐ Yes ☐ No ☐ Unknown

**65b.** If YES, please provide details: ☐

**66a.** Did any other incidents occur during the hospital admission? ☐ Yes ☐ No ☐ Unknown

**66b.** If YES, please provide dates and details below (including any calls to the security team. N.B.if more than 3 incidents, please provide details in the COMMENTS box at the end of this form)

| Date: | Please provide details | Was the MH condition a contributing factor? | Was an incident form completed? |
|---|---|---|---|
| ☐☐ ☐☐ 2 0 ☐☐<br>d d m m y y y y | | ☐ Yes ☐ No<br>☐ Unknown | ☐ Yes<br>☐ No |
| ☐☐ ☐☐ 2 0 ☐☐<br>d d m m y y y y | | ☐ Yes ☐ No<br>☐ Unknown | ☐ Yes<br>☐ No |
| ☐☐ ☐☐ 2 0 ☐☐<br>d d m m y y y y | | ☐ Yes ☐ No<br>☐ Unknown | ☐ Yes<br>☐ No |

## H. SURGERY / INTERVENTIONS

**67a.** Did this patient require surgery or intervention(s) during their inpatient stay? ☐ Yes ☐ No

**IF NO SURGERY / INTERVENTIONS, PLEASE GO TO Q72**

**67b.** If YES, please list surgical procedures/ interventions performed, dates carried out: (if more than 3 procedures/ interventions performed during the hospital stay, please record the first 3)

| Procedure/intervention | d d m m y y y y | |
|---|---|---|
| | ☐☐ ☐☐ 2 0 ☐☐ | ☐ Unknown |
| | ☐☐ ☐☐ 2 0 ☐☐ | ☐ Unknown |
| | ☐☐ ☐☐ 2 0 ☐☐ | ☐ Unknown |

**68a.** Were any of the procedures/interventions as a result of the mental health condition e.g. self harm? ☐ Yes ☐ No

**68b.** If YES, please provide further details:

**69a.** Was the treating team aware of the mental health diagnosis pre-operatively? ☐ Yes ☐ No ☐ Unknown

**69b.** If YES, please answer whether the following additional measures were in place as a result of the patient's mental health condition (please provide any details in the box below):

**i.** Consent taken including appropriate involvement of others such as IMCAs* or family members in discussion? ☐ Yes ☐ No ☐ Unknown

***please see definitions on page 2**

**ii.** Continuity of essential drugs (e.g.antipsychotics)? ☐ Yes ☐ No ☐ Unknown

**iii.** Flexibility e.g: prioritising patient for treatment early in the day? ☐ Yes ☐ No ☐ Unknown

**iv.** Use of side rooms/ single rooms on the ward pre/post operatively? ☐ Yes ☐ No ☐ Unknown

**v.** Other measures (please give details): ☐ Yes ☐ No ☐ Unknown

**70.** If the mental health condition was only apparent post-operatively, did this provide any additional challenges to the following aspects of care? ( If YES, please provide any details in the box below):

**i.** Acute pain management ☐ Yes ☐ No ☐ Unknown

**ii.** Reintroduction of oral fluids/ diet? ☐ Yes ☐ No ☐ Unknown

**iii.** Possible drug interactions? ☐ Yes ☐ No ☐ Unknown

**iv.** Other challenges (please give details) ☐ Yes ☐ No ☐ Unknown

**71a.** Were there any other problems with the surgical pathway? ☐ Yes ☐ No ☐ Unknown

**71b.** If YES, did they relate to the patient's mental health condition? ☐ Yes ☐ No ☐ Unknown

**71c.** If YES, please give details:

## I. ESCALATION

**72.** Did the patient medically deteriorate at any time during the admission? ☐ Yes ☐ No ☐ Unknown

**73.** Were they seen by the CCOT* or equivalent? ☐ Yes ☐ No ☐ Unknown

***please see definitions on page 2**

**74a.** Was the patient considered for critical care (Level 2/3. e.g. HDU/ICU)*? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

***please see definitions on page 2**

**74b.** If NO, please provide details:

**74c.** If YES to 74a, was the patient accepted for critical care (Level 2/3, e.g HDU/ICU)? ☐ Yes ☐ No ☐ Unknown

**74d.** If YES, please state which level (eg HDU or Level 3 (eg ICU) and provide the date of admission and discharge to/from critical care:

| | Admission (dd mm yyyy) | | Discharge (dd mm yyyy) | |
|---|---|---|---|---|
| **i. LEVEL 2 (eg HDU)** | __ __ / __ __ / 2 0 __ __ | ☐ Unknown | __ __ / __ __ / 2 0 __ __ | ☐ Unknown |
| **ii. LEVEL 3 (eg ICU)** | __ __ / __ __ / 2 0 __ __ | ☐ Unknown | __ __ / __ __ / 2 0 __ __ | ☐ Unknown |

**74e.** If NO to Q74c, please explain:

## J. END OF LIFE CARE / DISCHARGE PLANNING

**75.** What was the discharge destination of the patient:

- ☐ Transferred to another hospital
- ☐ Still inpatient at 30 days
- ☐ Discharged home
- ☐ Transferred to a mental health unit outside the hospital
- ☐ Other (please state)
- ☐ Died

**76.** Please state the date of discharge/death: d d / m m / y y y y: __ __ / __ __ / 2 0 __ __

**PATIENTS ALIVE AT DISCHARGE: (if the patient died during the hospital stay, please go to question 79a)**

**77.** Who was involved in the discharge planning for this patient?

- ☐ Liaison psychiatry
- ☐ Psychology
- ☐ Physiotherapy
- ☐ Treating medical/ surgical team
- ☐ Other psychiatry
- ☐ Other community service (e.g. drugs/ alcohol team)
- ☐ Occupational therapy
- ☐ Rehabilitation specialist
- ☐ Community mental health team
- ☐ Other teams (please state):
- ☐ Social services
- ☐ Speech & Language therapy
- ☐ Not applicable- not required for this patient

**Please see definitions on page 2**

**78.** What was the functional status of the patient at discharge?

- ☐ No disability
- ☐ Slight disability
- ☐ Moderate disability
- ☐ Moderate-severe disability
- ☐ Severe disability
- ☐ Unknown

**79a.** Is there evidence that the patient was re-admitted to this hospital within 30 days of discharge? ☐ Yes ☐ No ☐ Not applicable

**79b.** If YES, please state the date of readmission to this hospital: d d / m m / y y y y: __ __ / __ __ / 2 0 __ __

## PATIENTS WHO DIED

**80a.** Was death anticipated? ☐ Yes ☐ No

**80b.** In your opinion, did the mental health condition of this patient contribute in any way to their death? ☐ Yes ☐ No

**80c.** If YES, please provide details:

**81a.** Was the patient managed on an end of life care pathway? ☐ Yes ☐ No

**81b.** If YES, please provide details:

**82a.** Was treatment limited or withdrawn? ☐ Yes ☐ No

**82b.** If YES, please provide details:

**82c.** If YES to 81a /82a, was this discussed with: i) The patient ☐ Yes ☐ No ☐ Not applicable

ii) The relative/s: ☐ Yes ☐ No ☐ Not applicable

☐ Other (please state)

**83.** Please state the level of care when the patient died:

☐ Level 0 ☐ Level 1 ☐ Level 2 ☐ Level 3 **Please see definitions on page 2**

**84.** Please state the cause of death (as noted on the death certificate):

1a

1b

1c

2

**85.** Was the case reported to the coroner? ☐ Yes ☐ No ☐ Unknown

**86.** Was an autopsy performed ☐ Yes ☐ No ☐ Unknown

**87.** Was the case discussed in an M&M meeting? ☐ Yes ☐ No ☐ Unknown

**88.** If there is anything relating to the case that you would like to add, specifically regarding the mental healthcare of this patient during their admission and how it impacted on their general healthcare, please do so here: (please continue overleaf if required).

**Many thanks for taking the time to complete this questionnaire**

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**NCEPOD**
**Ground Floor, Abbey House**
**74 - 76 St John Street**
**London**
**EC1M 4DZ**