E. INSERT - ADMISSION 3 (Immediately prior to death)

(A separate insert needs to be completed for each admission)

Please check this box if this is admission 3: □

Admission process
Advisor to refer to case notes (and for guidance, Questionnaire B Q6c):

1a. To which specialty was the patient first admitted?

□ Oncology □ Haemato-Oncology □ General Haematology
□ General Medicine □ General Surgery □ Palliative Care
□ MAU □ Direct to ICU/ITU/HDU □ Not Documented
□ Insufficient Data □ Other (Please Specify) □

Advisor to refer to case notes:

b. In your opinion, was the patient admitted under an appropriate first specialty?

□ Yes □ No □ Specialty Not Documented □ Insufficient Data

c. If NO, in your opinion, did this have a significant effect on the clinical outcome? (See Definitions)

□ Yes □ No □ Unknown (cannot provide opinion)

d. Please expand upon your answer:

□
2a. Please state the time and date the patient first being assessed by a doctor (all grades):

Time (24 hour clock) [ ] [ ]  [ ] [ ]

Date (dd/mm/yyyy) [ ] [ ] [ ] [ ] [ ] [ ]

☐ Not Documented  ☐ Insufficient Data

b. On what time and date is there evidence in the notes that the patient was first reviewed by a consultant physician or oncologist/haemato-oncologist?

Time (24 hour clock) [ ] [ ] [ ] [ ]

Date (dd/mm/yyyy) [ ] [ ] [ ] [ ] [ ] [ ]

☐ Not Documented  ☐ Insufficient Data

3a. If the patient was not admitted under the care of an oncologist/haemato-oncologist was the patient transferred to an oncologist or haemato-oncologist specialty?

☐ Yes  ☐ No

☐ Specialty Not Documented  ☐ Insufficient Data

☐ Not Applicable

b. If YES, please state the time and date of the transfer to oncology/haemato-oncology ward:

Time (24 hour clock) [ ] [ ] [ ] [ ]

Date (dd/mm/yyyy) [ ] [ ] [ ] [ ] [ ] [ ]

☐ Not Documented  ☐ Insufficient Data

☐ Not Applicable

4a. Is there evidence in the case notes of any delays in the admission process?

☐ Yes  ☐ No  ☐ Not Documented  ☐ Insufficient Data

b. Is there evidence in the case notes of a delay in the patient being assessed by a doctor (all grades)?

☐ Yes  ☐ No  ☐ Insufficient Data
4c. If YES, what was the the time interval between admission and assessment?

   [ ] hours (Please round up to the nearest hour) [ ] Not Documented

5. In your opinion, was the time to consultant review appropriate for the patient's condition?

   [ ] Yes [ ] No [ ] Not Documented [ ] Insufficient Data

6. Is there evidence in the case notes of a delay in transfer to the oncology/haemato-oncology ward?

   [ ] Yes [ ] No [ ] Not Documented [ ] Insufficient Data

Investigations

7a. In your opinion, were all appropriate investigations requested?

   [ ] Yes [ ] No [ ] Insufficient Data

   b. If NO, in your opinion which investigations were omitted?

      

   c. In your opinion, did this have a significant effect on the clinical outcome? (See Definitions)

      [ ] Yes [ ] No [ ] Unknown

   d. If YES, please expand upon your answer:

      

8a. In your opinion, were any inappropriate investigations requested?

   [ ] Yes [ ] No [ ] Insufficient Data

   b. If YES, in your opinion, did this have a significant effect on the clinical outcome? (See Definitions)

      [ ] Yes [ ] No [ ] Unknown
8 c. If YES, please expand upon your answer:


9. a. Is there evidence in the case notes of any delays in the **undertaking** of investigations?

   - Yes
   - No
   - Not Documented
   - Insufficient Data

b. Is there evidence in the case notes of any delays in the **reporting** of investigations?

   - Yes
   - No
   - Not Documented
   - Insufficient Data

10 a. If there were any delays in the patient's admission or investigations (i.e. if YES to either questions 4, 6, or 9, please provide a brief list of examples with timeline:


b. In your opinion, did the delay have a significant effect on the clinical outcome (See Definitions)?

   - Yes
   - No
   - Unknown

c. If YES, please expand on your answer:
To be completed by pharmacists (refer to questions 24-25 in the main AF)

NB: This section only needs to be completed if the answer to question 25a was YES in the main AF

11a. How was the grade 3/4 event treated e.g. with antibiotics, GCSF (please indicate "Not Documented" if there is not evidence in the notes, or "Insufficient Data" if notes missing):

- [ ] Unknown
- [ ] Insufficient Data
- [ ] Not Documented

b. Was this appropriate?
- [ ] Yes
- [ ] No
- [ ] Insufficient Data

c. If NO, please expand on your answer:

To be completed by advisor:

Appropriate End of Life Care

12a. Is there evidence in the case notes that a palliative care team was involved?

- [ ] Yes
- [ ] No
- [ ] Insufficient Data

To be completed by pharmacists (refer to Section E and case notes):

13a. Please list all supportive care medicine prescribed during this admission:

To be completed by advisor:

13b. Is there evidence in the case notes that all appropriate supportive care medicines were prescribed? (e.g. analgesics, anti-emetics etc.)

- [ ] Yes
- [ ] No
- [ ] Insufficient Data
13 c. If NO, what additional drugs should have been prescribed?


d. In your opinion, did this omission have a significant effect on the clinical outcome? (See Definitions)
   ■ Yes  ■ No  ■ Unknown (cannot provide opinion)

e. If YES, please expand upon your answer:


14. Is there evidence of the following in the case notes?
   a. An advanced directive  ■ Yes  ■ No  ■ Insufficient Data
   b. Preferred Place of Care certificate/information  ■ Yes  ■ No  ■ Insufficient Data
   c. End of Life Pathway  ■ Yes  ■ No  ■ Insufficient Data

15 a. Is there evidence in the case notes of a delay in the discharge planning process?
   ■ Yes  ■ Not Documented  ■ Insufficient Data

b. If YES, please expand upon your answer:


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Resuscitation status

16 a. Is there evidence in the case notes of a Do Not Attempt Resuscitation (DNAR) statement?
   (i.e. on a DNAR form/pro forma or written in the notes)
   □ Yes       □ No       □ Insufficient Data

b. Was a Do Not Attempt Resuscitation (DNAR) statement received?
   □ Yes       □ No

c. If YES to 16b, what grade of doctor signed the DNAR order?
   □ Consultant □ Associate Specialist
   □ Clinical Assistant □ Medical/Clinical Researcher/Fellow
   □ Staff Grade    □ SPR/ST3 or higher
   □ SHO/ST1-2     □ Not documented
   □ Other (Please specify) [ ]

d. If DNAR decision was made, is there evidence in the case notes that this decision was discussed with:
   i) The patient?  □ Yes       □ No       □ Insufficient Data
   ii) The patient’s relatives? □ Yes       □ No       □ Insufficient Data