### Long-term ventilation: Admission to hospital questionnaire

### A. INTRODUCTION

### What is this study about?

The aim of this study is to identify remediable factors in the care of patients who are receiving, or have received, long-term ventilation (LTV) before their 25th birthday.

#### Inclusions:

Data has been collected on patients up to their 25th birthday who were receiving, or who had received, long-term ventilation between 1st April 2016 – 31st March 2018.

Long-Term Ventilation is defined as 'ventilation provided every day for 3 months (invasive and non-invasive) where the intention is/was to maintain the patient at home on continued ventilator support (not home oxygen)'.

### Who should complete this questionnaire?

For completion by the clinician in charge of the most recent acute admission during the study period (1st April 2016 – 31st March 2018).

We recognise that patients may be admitted/transferred to a number of different locations of care. This questionnaire has been designed to collect data for admissions to both specialist (LTV centres) and non-specialist (non-LTV centres) hospitals. If a patient was transferred from a non-specialist hospital to a specialist hospital, this questionnaire will need to be completed for both locations, and each clinician will be sent the questionnaire to complete for the different time points.

### Questions or help?

A list of definitions can be found here: https://www.ncepod.org.uk/ltv.html If you have any queries about this study or this questionnaire, please contact: ltv@ncepod.org.uk or telephone 020 7251 9060.

### **CPD** accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires 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.

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Child Health.

# B. CLINICIAN DETAILS AND STRUCTURED COMMENTARY

La.	Professional group:
lb.	Grade:
lc.	Specialty:
	Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

# C. HOSPITAL DETAILS

* LTV centre is defined as one which provides this patient with the normal decision making and review of their ventilatory care						
	O Non LTV* centre	O LTV* centre	Unknown			
1b.	Please indicate what	type of hospital this	is:			
	O DGH <500 beds O Specialist Paediatric O Independent Hospit	al	<ul><li>O DGH ≥500 beds</li><li>O University Teachin</li><li>O Unable to answer</li></ul>	ng Hospital		
	If not listed above, plea	se specify here				
1c.	How far is this hospi	tal from the patient's	normal residence?			
	O <25 miles O Unknown	O 25-50 miles	O 51-100 miles	○ >100 miles		
1d.	Is this hospital the le	ead centre for LTV pro	vided for this patient?	•		
	O Yes	O No	O Unknown			
1e.		s not admitted to the	ir usual place of LTV c n provides lead service			
1f.	If NO (the patient wa	If answered "No" to [1d] then: If NO (the patient was not admitted to their usual place of LTV care), please provide details of the HOSPITAL which provides lead services:				
1g.	. If answered "No" to [1d] then: If NO, how far is the lead LTV centre from the patient's normal residency?					
	O <25 miles O Unknown	O 25-50 miles	O 51-100 miles	○ >100 miles		
1h.	If answered "No" to [1d] then: If NO, are you part of the team who clinically manage the long-term care of the patient?					
	O Yes	O No	O Unknown			
1i.	If answered "No" to   If NO, are you this pa		for LTV in this hospita	l?		
	O Yes	O No	O Unknown			
1j.	If answered "No" to	[1i] then:				
	If NO, does the patie	nt have a named lead	clinician for LTV in th	is hospital?		

# D. PATIENT SPECIFIC DETAILS AND BACKGROUND 1a. Was the patient aged ≥2 years at the time of admission? ○ Yes ○ No ○ Unknown

	O Yes	O No		O Unknown		
1b.	If answered "Yes" to [1a] then: If YES, please specify the patients age in years:					
			Years	Unknown		
1c.	If answered "No If NO, please sp	o" to [1a] then: pecify the age in mo	nths:			
			Months	Unknown		
2.	Sex:					
	O Male	○ Female		○ Unknown		
3.	Weight:					
			kg	Unknown		
4a.	Had the patient	t been receiving ver	ntilation	for ≥2 years at the time of admission?		
	O Yes	O No		○ Unknown		
4b.		If answered "Yes" to [4a] then: If YES, please specify the length of time on ventilation overall in years?				
			Years	Unknown		
4c.	If answered "No" to [4a] then: If NO, please specify the length of time on ventilation overall in months?					
			Months	Unknown		
5.	Prior to admiss	ion, what type of LT	V was tl	he patient normally receiving?		
	O Invasive (Via.	Tracheostomy)		Non-invasive (Via. mask, prongs)		
6a.	How was ventil	ation delivered befo	ore admi	ssion to this hospital?		
	O Endotracheal O Unknown	tube/tracheostomy		Non-invasive ventilation		
6b.	What type of ve	entilation (if applica	ble) was	s delivered?		
	•	ositive Airway Pressur tive pressure ventilatio		<ul><li>Bi-level Positive Airway Pressure (BIPAP)</li><li>Not applicable</li></ul>		
	If not listed above	e, please specify here.				

liameter) (Pleas		
What were the m (Please tick all t		em failure(s) which led to this patient needing LTV?
Respiratory mu	uscle weakness	☐ Central drive
Upper airway o		Skeletal deformity e.g. Scoliosis
Spinal cord inju	=	Obesity hypoventilation
☐ Neurodisability	<i>'</i>	Unknown
Please specify any	additional options here	
	have other significan	t co-morbidities/associated problems? (Please tick
Did this patient I all that apply)  Poor cough Nutritional prol	_	t co-morbidities/associated problems? (Please tick  Unsafe swallow Congenital abnormalities of Head/Neck
all that apply)  Poor cough	_	☐ Unsafe swallow
all that apply)  Poor cough  Nutritional prol  None	_	<ul><li>Unsafe swallow</li><li>Congenital abnormalities of Head/Neck</li><li>Unknown</li></ul>
all that apply)  Poor cough  Nutritional prol  None	blems	<ul><li>Unsafe swallow</li><li>Congenital abnormalities of Head/Neck</li><li>Unknown</li></ul>
all that apply)  Poor cough  Nutritional prol  None  Please specify any	blems additional options here	<ul><li>Unsafe swallow</li><li>Congenital abnormalities of Head/Neck</li><li>Unknown</li></ul>
all that apply)  Poor cough Nutritional prol None  Please specify any	blems additional options here	Unsafe swallow Congenital abnormalities of Head/Neck Unknown
all that apply)  Poor cough Nutritional prol None  Please specify any  Was the patient Yes	dependent on other of No.  "" to [9a] then:	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  c  equipment/technologies?
all that apply)  Poor cough  Nutritional prol None  Please specify any  Was the patient  Yes  If answered "Yes	dependent on other of No  "" to [9a] then: ecify:	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  c  equipment/technologies?
all that apply)  Poor cough Nutritional prol None  Please specify any  Was the patient Yes If answered "Yes If YES, please sp Artificial feedin Artificial feedin	dependent on other of No  s" to [9a] then: ecify: ng - tube	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  c  equipment/technologies?
all that apply)  Poor cough Nutritional prol None  Please specify any  Was the patient Yes If answered "Yes If YES, please sp Artificial feedin Mheelchair	dependent on other of No s" to [9a] then: ecify: ng - tube ng - PEG	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  equipment/technologies? Unknown
all that apply)  Poor cough Nutritional prol None  Please specify any  Was the patient Yes If answered "Yes If YES, please sp Artificial feedin Artificial feedin Devices to assi	dependent on other of No  " to [9a] then: ecify: ng - tube ng - PEG ist with communication,	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  equipment/technologies? Unknown
all that apply)  Poor cough Nutritional prol None  Please specify any  Was the patient Yes If answered "Yes If YES, please sp Artificial feedin Artificial feedin Devices to assi Cough assist d	dependent on other of No  " to [9a] then: ecify: ng - tube ng - PEG ist with communication,	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  equipment/technologies? Unknown
all that apply)  Poor cough Nutritional prol None  Please specify any  Was the patient Yes If answered "Yes If YES, please sp Artificial feedin Artificial feedin Devices to assi	dependent on other of No  " to [9a] then: ecify: ng - tube ng - PEG ist with communication,	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  equipment/technologies? Unknown
all that apply)  Poor cough Nutritional prol None  Please specify any  Was the patient Yes If answered "Yes If YES, please sp Artificial feedin Artificial feedin Devices to assi Cough assist d Unknown	dependent on other of No  " to [9a] then: ecify: ng - tube ng - PEG ist with communication,	Unsafe swallow Congenital abnormalities of Head/Neck Unknown  equipment/technologies? Unknown  hearing or vision

# E. ARRIVAL 1a. Date of arrival: 1b. Time of arrival: Please use 24hr clock 2a. What was the location of care prior to admission to this hospital? O Home O Hospice/Respite care LTV unit Another hospital Unknown If not listed above, please specify here... 2b. If answered "Another hospital" to [2a] then: If ANOTHER HOSPITAL, please specify the duration of care in the previous hospital prior to transfer: Please round up to nearest half day ☐ Unknown Davs 2c. If answered "Another hospital" to [2a] then: If ANOTHER HOSPITAL, please specify the name of the TRUST/HEALTH BOARD: 2d. If answered "Another hospital" to [2a] then: If ANOTHER HOSPITAL, please specify the name of the HOSPITAL: 3a. How was this patient transported to this hospital? Ambulance (normal 999 service) Family car O Dedicated ambulance transfer service (including medical/nursing support) Unknown If not listed above, please specify here... 3b. Were there any problems during transportation to this hospital? Unknown Yes ( No 3c. If answered "Yes" to [3b] then: If YES what did these include? (Please tick all that apply) Equipment failure □ Lack of availability of equipment ☐ Tracheostomy problems ☐ Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) ☐ Issues with appropriate special ambulance for safe transfer (size/equipment) ☐ Issues with appropriate staff competences for safe transfer □ Unknown Please specify any additional options here...

a. What was the date of the first assessment on arrival to this hospital?				
٠.	What was the time of the first assessment on arrival to this hospital?  Please use 24hr clock			
a.	What was the g	rade of the first assessor o	n arrival at this hospital?	
	<ul> <li>Trainee with C</li> <li>Senior special</li> <li>Junior special</li> <li>Basic grade (H</li> <li>Specialist Nurs</li> <li>Senior staff nu</li> <li>1st Level nurs</li> </ul>	ist trainee (ST3+ or equivalent st trainee (ST1&ST2 or CT equi IO/FY1 or SHO/FY2 or equivale	ivalent)	
		, please specify here		
L	NAMES ASSESSED OF THE PROPERTY		r on arrival at this hospital?	
	Critical care m Paediatrics Paediatric care Accident and o General medic Respiratory m Rehabilitation Ear, nose and Anaesthetics Other	diology emergency (A&E) tine edicine	<ul> <li>Paediatric intensive care</li> <li>Paediatric respiratory medicine</li> <li>Paediatric neurology</li> <li>Paediatric cardiology</li> <li>Acute internal medicine</li> <li>Neurology</li> <li>Palliative medicine</li> <li>Paediatric surgery</li> <li>General surgery</li> </ul>	
6.	Where was the	patient first assessed on ar	rival?	
	O Paediatric Crit	ical Care unit - Level 1 ical Care unit - Level 3 I) Critical Care unit - Level 3	<ul> <li>Admissions unit</li> <li>Paediatric Critical Care unit - Level 2</li> <li>Adult (General) Critical Care unit - Level 2</li> <li>Neonatal unit</li> <li>Unknown</li> </ul>	
	If not listed above	, please specify here		
 'a	Did the nations	have a fast track admission	nlan/nathway in place?	
<b>a</b> .	Yes	have a fast track admission  () No	Unknown	
	If answered "Ye If YES, was this	s" to [7a] then:	•	
	O Yes	() No	○ Unknown	

sport?  Not applicable							
admission?							
Not applicable							
viding?							
9c. If answered "Yes" to [9a] then: If YES, did the patient/carers have a copy of this plan?							
an?							
•							

# F. ADMISSION

a. Please specify the date of admission to this hospital?						
lease specify the time of ac lease use 24hr clock	lmission to this	hospital?				
-	= -	r respite)				
) Unknown	, g,					
hat was the main reason fo	or admission to	this hospital?				
Acute illness Planned respiratory review	•		O Urg	ent surgery known		
not listed above, please specif	fy here					
High (Level 1) Ser	vere (Level 2)  urs of ventilator	O Priority (Lev		O Unknown  y?		
		_				
		the patient's st	able/us	ual LTV pattern and		
) Yes O No	•	Unknown				
YES, what was the previou	s (normal) LTV					
High (Level 1) Se	vere (Level 2)	O Priority (Lev	el 3)	O Unknown		
ad the number of ventilato ospital?	r-free breathing	hours changed	d prior	to admission to this		
) Yes O No		Unknown				
		ntilator-free ho	urs?			
	Hours	Unknown				
Hours Unknown						
lere there any other issues	relating to LTV	which resulted	in the	patient being unstable?		
	Vas the admission to this hore  (I) Planned/Scheduled (e.g. for emerger)  (I) Unplanned (e.g. for emerger)  (I) Unknown  (I) Acute illness (I) Planned respiratory review explained respiratory review explained above, please specific ease see definitions: https://w/ (I) High (Level 1)	Vas the admission to this hospital:  (In Planned/Scheduled (e.g. for surgery, review of the dead of the time of admission to this hospital of the time of admission to this hospital?  (In Yes O No answered "Yes" to [4c] then:  YES, what was the previous (normal) LTV (lease see definitions: https://www.ncepod.org.un.)  (In High (Level 1) O Severe (Level 2) of the number of ventilator-free breathing ospital?  (In Yes O No answered "Yes" to [4e] then:  Yes, what was the previous number of ventilator-free breathing ospital?	Vas the admission to this hospital:  (as the admission to this hospital:  (b) Planned/Scheduled (e.g. for surgery, review or respite)  (c) Unplanned (e.g. for emergency/urgent care)  (c) Unknown  (c) Acute illness	As the admission to this hospital:  (as the admission to this hospital:  (b) Planned/Scheduled (e.g. for surgery, review or respite)  (c) Unplanned (e.g. for emergency/urgent care)  (c) Unknown  (c) Acute illness		

ii 123, picase	es" to [4g] then: specify:		
. Were there pro	oblems with LTV appa	rent at admission to this	hospital?
O Yes	○ No	Unknown	
	es" to [5a] then: ere these problems? (	Please tick all that apply)	
Mask issues Tracheoston Humidification Patient comp Changing or Problems with	ability of equipment (fit etc.) ny problems on problems oliance increasing ventilator rec	urations, increased oxygen n	eeds)
. Were there otl admission?	ner contributing social	l or delivery of care factor	rs which led to this hospital
O Yes	○ No	Unknown	
	es" to [6a] then: ere these? (Please tic	k all that apply)	
_		are team or leadership	
☐ Family issue ☐ Lack of local ☐ Unknown	respite care		
Lack of local Unknown	respite care ny additional options her	re	
Lack of local Unknown  Please specify a			

Could this adm	nission have been prevented	1?	
Yes	O No	() Unknown	Not applicable
•	es" to [7c] then:		
f YES, please			
	lanned/Scheduled (e.g. for		
f PLANNED/SC	Planned/Scheduled (e.g. for CHEDULED admission, was t		
If PLANNED/SC hospital?	HEDULED admission, was t	here any difficulty in	
f PLANNED/SC nospital?			
of PLANNED/SC nospital?	HEDULED admission, was t	here any difficulty in	
of PLANNED/SC chospital?  Yes  Where was the	CHEDULED admission, was the No	here any difficulty in	
If PLANNED/SC hospital?  Yes  Where was the	No  Parient first admitted to?  ritical Care unit - Level 1	O Paediatric Critic	admitting the patient to
f PLANNED/SC hospital?  Yes  Where was the Paediatric Co	No  Patient first admitted to?  ritical Care unit - Level 1  ritical Care unit - Level 3	Unknown  Paediatric Critic Adult (General)	admitting the patient to
f PLANNED/SC hospital?  Yes  Where was the Paediatric Co Paediatric Co Adult (General	No  Parient first admitted to?  ritical Care unit - Level 1	O Paediatric Critic	admitting the patient to
Mere was the Paediatric Conception Adult (General Specialist re	No  Patient first admitted to?  ritical Care unit - Level 1 ritical Care unit - Level 3 ral) Critical Care unit - Level 3 spiratory ward	O Paediatric Critic O Adult (General) O Neonatal unit	admitting the patient to
Mere was the Paediatric Conception Adult (General Specialist re	No  Patient first admitted to?  ritical Care unit - Level 1  ritical Care unit - Level 3  ral) Critical Care unit - Level 3	O Paediatric Critic O Adult (General) O Neonatal unit	admitting the patient to
f PLANNED/SC nospital?  Yes  Where was the Paediatric Co Paediatric Co Adult (General Specialist re	No  Patient first admitted to?  ritical Care unit - Level 1 ritical Care unit - Level 3 ral) Critical Care unit - Level 3 spiratory ward	O Paediatric Critic O Adult (General) O Neonatal unit	admitting the patient to
f PLANNED/SC nospital?  Yes  Where was the Paediatric Co Paediatric Co Adult (General Specialist re f not listed above	No  Patient first admitted to?  ritical Care unit - Level 1 ritical Care unit - Level 3 ral) Critical Care unit - Level 3 spiratory ward	O Unknown O Paediatric Critic O Adult (General) O Neonatal unit O Unknown	admitting the patient to

10b.If answered "Yes" to [10a] then:  If YES, did these relate to: (please tick all that apply)							
<ul> <li>Need for intensive resuscitation/stabilisation prior to transfer to appropriate ward/bed space/location</li> <li>Appropriate equipment/equipment support</li> <li>Appropriate trained staff</li> <li>Unknown</li> </ul>							
Please specify a	ny additional options her	e					
11a.What was the hospital?	date of the first consu	Itant assessment following admission, in this					
11b.What was the hospital? Please use 24hr		Itant assessment following admission, in this					
		review documented in the case notes?					
O Yes	O No	Unknown ew (ST3+) documented in the case notes?					
O Yes	O No	O Unknown					
12a.Were there an hospital?	y significant problems	with delivery of care during admission to this					
O Yes	O No	Unknown					
12b.If answered "Y If YES did thes		k all that apply)					
☐ Need for into ☐ Appropriate ☐ Appropriate	If YES did these relate to: (Please tick all that apply)  Need for intensive resuscitation/stabilisation prior to transfer to appropriate ward/bed space Appropriate bed space/location Appropriate equipment/equipment support Appropriate trained staff (dependency and competency) Unknown						
Please specify a	ny additional options here	e					

### G. PREVIOUS ADMISSIONS

If there were multiple admissions, please answer the following questions in relation to the most recent admission prior to the index admission  $\frac{1}{2} \frac{1}{2} \frac{1}{$ 

Unknown  If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes  No  Unknown  If answered "Yes" to [1] and "Yes" to [5a] then:	If answered "Yes" to [1] then:  Was this admission  Planned/Scheduled (e.g. for surgery, review or respite)  Unplanned (e.g. for emergency/urgent care)  Unknown  If answered "Yes" to [1] then: What was the main reason for admission?  Acute illness  Planned Surgery  Urgent surgery  Planned respiratory review  Respite  Changes in ventilation status (increased dependency or ineffective ventilation)  Changing or increasing oxygen requirements  Unknown  If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes  No  Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Humidification problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)  Unknown	O Yes	O No	O Unknown
f answered "Yes" to [1] then:  Vas this admission  Planned/Scheduled (e.g. for surgery, review or respite)  Unplanned (e.g. for emergency/urgent care)  Unknown  f answered "Yes" to [1] then:  What was the main reason for admission?  Acute illness  Planned Surgery  Urgent surgery  Planned respiratory review  Respite  Changes in ventilation status (increased dependency or ineffective ventilation)  Changing or increasing oxygen requirements  Unknown  f not listed above, please specify here  f answered "Yes" to [1] then:  oid the admission include problems with the delivery of LTV?  Yes  No  Unknown  f answered "Yes" to [1] and "Yes" to [5a] then:  f YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)	f answered "Yes" to [1] then: Vas this admission  Planned/Scheduled (e.g. for surgery, review or respite)  Unplanned (e.g. for emergency/urgent care)  Unknown  f answered "Yes" to [1] then: Vhat was the main reason for admission?  Acute illness Planned Surgery  Urgent surgery  Planned respiratory review  Respite Changes in ventilation status (increased dependency or ineffective ventilation)  Changing or increasing oxygen requirements  Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: bid the admission include problems with the delivery of LTV?  Yes  No  Unknown  f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)  Unknown			
Planned/Scheduled (e.g. for surgery, review or respite) Unplanned (e.g. for emergency/urgent care) Unknown  f answered "Yes" to [1] then: What was the main reason for admission? Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Planned/Scheduled (e.g. for surgery, review or respite) Unplanned (e.g. for emergency/urgent care) Unknown  f answered "Yes" to [1] then: What was the main reason for admission? Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No No Unknown  f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown			Admissions
Planned/Scheduled (e.g. for surgery, review or respite) Unplanned (e.g. for emergency/urgent care) Unknown  If answered "Yes" to [1] then: What was the main reason for admission? Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Planned/Scheduled (e.g. for surgery, review or respite) Unplanned (e.g. for emergency/urgent care) Unknown  If answered "Yes" to [1] then: What was the main reason for admission? Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown			
Unplanned (e.g. for emergency/urgent care) Unknown  f answered "Yes" to [1] then: What was the main reason for admission? Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply)  Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Unplanned (e.g. for emergency/urgent care) Unknown  f answered "Yes" to [1] then: What was the main reason for admission? Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Oid the admission include problems with the delivery of LTV? Yes No Unknown  f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown			
What was the main reason for admission?  Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	What was the main reason for admission?  Acute illness Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  if Yes, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	O Unplanned (e		
Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown			sion?
Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Planned Surgery Urgent surgery Planned respiratory review Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown			
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Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply) Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Respite Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV? Yes No Unknown  f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply)  Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	•		
Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  f answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes	Changes in ventilation status (increased dependency or ineffective ventilation) Changing or increasing oxygen requirements Unknown  Intervention for the intervention of the intervention	O Planned resp	ratory review	
Changing or increasing oxygen requirements Unknown  f not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes  No  Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)	Changing or increasing oxygen requirements Unknown  If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes  No  Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)  Unknown	Respite		
If answered "Yes" to [1] and "Yes" to [5a] then:  If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)	If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes	Changes in v	entilation status (increas	sed dependency or ineffective ventilation)
If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes	If not listed above, please specify here  If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes	Changing or i	ncreasing oxygen require	ements
If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)	If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes ONO Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)  Unknown	Unknown		
If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes No Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)	If answered "Yes" to [1] then: Did the admission include problems with the delivery of LTV?  Yes ONO Unknown  If answered "Yes" to [1] and "Yes" to [5a] then: If YES, what were these problems? (Please tick all that apply)  Equipment failure  Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)  Unknown	If not listed above	a planca chacify bara	
Did the admission include problems with the delivery of LTV?  Yes	Did the admission include problems with the delivery of LTV?  Yes	ir not listed above	s, please specify nere	
Did the admission include problems with the delivery of LTV?  Yes	Did the admission include problems with the delivery of LTV?  Yes			
Did the admission include problems with the delivery of LTV?  Yes	Did the admission include problems with the delivery of LTV?  Yes			
Yes	Yes	f answered "Ye	es" to [1] then:	
f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply)  Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	f answered "Yes" to [1] and "Yes" to [5a] then: f YES, what were these problems? (Please tick all that apply)  Equipment failure Lack of availability of equipment Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	Did the admiss	on include problems v	with the delivery of LTV?
f YES, what were these problems? (Please tick all that apply)    Equipment failure	f YES, what were these problems? (Please tick all that apply)    Equipment failure	⊃ Yes	O No	O Unknown
Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)	Lack of availability of equipment  Mask issues (fit etc.)  Tracheostomy problems  Humidification problems  Changing or increasing ventilator requirements  Problems with oxygenation (poor saturations, increased oxygen needs)  Unknown			
Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Mask issues (fit etc.) Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	🔲 Equipment fa	ilure	
Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Tracheostomy problems Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	Lack of availa	ibility of equipment	
Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Humidification problems Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	Mack issues (	fit etc.)	
Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs)	Changing or increasing ventilator requirements Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	Mask issues (	v problems	
Problems with oxygenation (poor saturations, increased oxygen needs)	Problems with oxygenation (poor saturations, increased oxygen needs) Unknown	_	7 1	
	Unknown	Tracheostom	= -	
		Tracheostom Humidificatio	n problems	uirements
Please specify any additional options here	None of the second different authors !	☐ Tracheostom☐ Humidificatio☐ Changing or i☐ Problems witl	n problems ncreasing ventilator requ	

6a.	<ul> <li>If answered "Yes" to [1] then:</li> <li>Were there other contributing social or delivery of care factors which led to the hospital admission?</li> </ul>						
	O Yes	O No	Unknown				
6b.		1] and "Yes" to [6a] th se? (Please tick all tha					
	<ul> <li>□ Availability of carers/breakdown of care team or leadership</li> <li>□ Family issues</li> <li>□ Lack of local respite care</li> <li>□ Unknown</li> </ul>						
	Please specify any addit	ional options here					
7a.	If answered "Yes" to [ Could this admission	[1] then: have been anticipated?	?				
	O Yes	O No	Unknown	O Not applicable			
7b.	If answered "Yes" to [ If YES, please give de	[1] and "Yes" to [7a] th tails:	en:				
7c.		have been prevented?					
	O Yes	O No	O Unknown	Not applicable			
, u.	If YES, please give de	1] and "Yes" to [7c] th	en.				
7e.	[3] then:	[1] and "Planned/Sched		-			
	O Yes	○ No	O Unknown				

### H. TRANSFERS (INCLUDES TRANSFERS WITHIN AND BETWEEN HOSPITALS)

1a.	Was the patient tra admission?	nsferred to another u	nit/ward in the same h	ospital during this
	O Yes	O No	Unknown	
1b.	If answered "Yes" t If YES, what ward a	o [1a] then: rea were they transfe	rred to:	
	<ul><li>Paediatric Critical</li><li>Paediatric Critical</li><li>Adult (General) Cr</li><li>Specialist respirat</li></ul>	Care unit - Level 3 ritical Care unit - Level 3	<ul><li>Paediatric Critica</li><li>Adult (General) C</li><li>Neonatal unit</li><li>Unknown</li></ul>	l Care unit - Level 2 ritical Care unit - Level 2
	If not listed above, ple	ease specify here		
1c.	If answered "Yes" t What was the reaso		(Please tick all that a	oply)
	☐ Escalation of care ☐ De-escalation of c ☐ Staffing competer ☐ Unknown		plexity of patients needs	
	Please specify any ad	ditional options here		
1d.	If answered "Yes" t Was there a delay i	o [1a] then: n organising this tran	sfer?	
	O Yes	O No	Unknown	
1e.	If answered "Yes" t If YES, how long wa	o [1a] and "Yes" to [10 is this delay?	d] then:	
		Hours	Unknown	
1f.	If answered "Yes" t What was the dura	o [1a] then: tion of care in this loca	ation?	
		Days	Unknown	
			_	
2a.	Was the patient tra	nsferred to another h	ospital during this adm	nission?
	O Yes	O No	O Unknown	
2b. If answered "Yes" to [2a] then: What was the date of transfer				
2c.	If answered "Yes" t What was the time Please use 24hr clock	of transfer		
2d.	If answered "Yes" t What was the dista		me/community care un	it to the transfer hospital?
	<25 miles Unknown	O 25-50 miles	O 50-100 miles	O >100 miles

Escalation of c		De-escalation of care	Unknown	
Please specify any	additional options	here		
f answered "Ye Was there a sigi		rganising this transf	er?	
⊃ Yes	O No	Unkno	wn	
	s" to [2a] and "Ye was this delay?	s" to [2f] then:		
		Days Unknow	vn	
f answered "Ye Nere there anv		ith LTV care prior to	transfer?	
Yes	O No	() Unkno		
•	s" to [1a] and "Ye	•		
	ive further details			
f answered "Ye	5" to [2a] then:			
		SPITAL, did the patic	ent undergo consultant reviev	w pri
f TRANSFERRED		SPITAL, did the patic	ent undergo consultant reviev	w pri
f TRANSFERRED to discharge?	TO ANOTHER HO	-	-	v pri
f TRANSFERRED o discharge?		SPITAL, did the patio	-	v pri
f TRANSFERRED o discharge?	TO ANOTHER HO	-	-	v pri
f TRANSFERRED to discharge?	TO ANOTHER HO	-	-	v pri
f TRANSFERRED  o discharge?  Yes	O TO ANOTHER HO	-	-	v pri
f TRANSFERRED to discharge? Yes f answered "Yes	O TO ANOTHER HO	O Unkno	-	v pri
f TRANSFERRED to discharge?  Yes  f answered "Yes How would you	No No s" to [2a] then: rate the inter-hos	○ Unkno pital transfer?	wn	
f TRANSFERRED to discharge?  Yes  f answered "Yes How would you  Good	No No [2a] then:	○ Unkno pital transfer?	-	
f TRANSFERRED to discharge?  Yes  f answered "Yes How would you  Good	No No s" to [2a] then: rate the inter-hos	○ Unkno pital transfer?	wn	
f TRANSFERRED to discharge?  Yes  f answered "Yes How would you Good Unknown	No No s" to [2a] then: rate the inter-hos	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown  f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn 	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED o discharge?  Yes  f answered "Yes dow would you Good Unknown f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown  f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown  f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown  f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown  f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown  f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown  f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f answered "Yes How would you Good Unknown	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	
f TRANSFERRED to discharge?  Yes  f answered "Yes  How would you  Good Unknown f answered "Yes	No No s" to [2a] then: rate the inter-hos Adequate s" to [2a] and "Go	Unkno  pital transfer?  Poor	wn  O Unacceptable	

# I. ADVERSE EVENTS/COMPLICATIONS

() Yes			
<b>O</b> 1.33	O No	Unknown	
If answered "Yes" to If YES, did these rela		of LTV?	
O Yes	O No	O Unknown	
If YES, what level of	severity were thes		lications?
O No patient harm O Unknown	O Low harm	O Moderate harm	O Severe harm
Were any other probadmission?	olems with LTV care	identified irrespective of	the cause for
O Yes	O No	O Unknown	
	If YES, what level of Please see definitions:  No patient harm Unknown  If answered "Yes" to If MODERATE OR SET  Were any other probadmission?  Yes  If answered "Yes" to	Please see definitions: https://www.ncepod.co  No patient harm Unknown  If answered "Yes" to [1a] and "Moderat If MODERATE OR SEVERE HARM occurred to the second se	If YES, what level of severity were these adverse events or comp  Please see definitions: https://www.ncepod.org.uk/ltv.html  No patient harm  Low harm  Moderate harm  Unknown  If answered "Yes" to [1a] and "Moderate harm" or "Severe harm"  If MODERATE OR SEVERE HARM occurred, please give details of  Were any other problems with LTV care identified irrespective of admission?  No  No  Unknown  Unknown  If answered "Yes" to [2a] then:

# 1a. Was the admission location appropriate for the patient's severity of illness/physiological status? Unknown Yes O No 1b. If answered "No" to [1a] then: If NO, why not? (Please specify): 2a. Was the admission location appropriate for the patient's overall needs? O Yes O No Unknown 2b. If answered "No" to [2a] then: If NO, why not? (Please specify): 3a. In general, was the staffing appropriate for the patient's overall needs? (Including number and skill mix) Unknown Yes O No 3b. If answered "No" to [3a] then: If NO, why not? 4a. Was the admission location appropriate for the patient's age? Yes O No Unknown

J. ONGOING/APPROPRIATENESS OF CARE THROUGHOUT THE ADMISSION

# K. OUTCOME

1a.	What was the outcom	ne following admission	to this hospital?
	O Discharged alive - n O Discharged alive (no O Discharged alive - of O Died	on LTV centre)	<ul><li>O Discharge alive – another hospital (LTV centre)</li><li>O Discharged alive – hospice</li><li>O Still an inpatient</li></ul>
	If not listed above, pleas	se specify here	
1b.	If answered "Discharg If discharged alive - o	ged alive - other" to [1a other, please specify:	a] then:
2a.	If answered "Died" to What was the date of		
2b.	If answered "Died" to What was the time of Please use 24hr clock		
3.	If answered "Died" to What were the events	[1a] then: s leading up to death?	Please give details:
4a.	If answered "Died" to Was the death expect		
	Expected	O Unexpected	O Unknown
4b.		[1a] and "Expected" to ected was a palliative c	
	O Yes	○ No	O Unknown

If YE	lation of LTV wl				
O Y	es	O No		O Unknown	
then					es" to [4b] and "Yes" to [4c]
O Y		O No	guidenne	() Unknown	s patient.
<u> </u>		<u> </u>		O onknown	
	swered "Died" t the death refer		oner or p	rocurator fisca	l?
O Y	es	O No		O Unknown	
Was	swered "Died" t the death refer ents with learni	red for other s		external revie	w? (e.g. CDOP, Review of
O Y	es	O No		O Unknown	
Has t inclu	ded the patient	discussed as s's multiprofes		am?	y/mortality meeting which
O Y	es	O No		Unknown	
(LTV "Disc What	charged alive - of the date of	harged alive (1 other" to [1a] to of discharge fr rged alive - no	non LTV of then: rom this h	centre)", "Dischnospital?	narge alive - another hospit narged alive - hospice" or narge alive - another hospit
(LTV "Disc What b. If an: (LTV	charged alive - of the date of	harged alive (1 other" to [1a] to of discharge fr rged alive - no harged alive (1 other" to [1a] t	non LTV of then: fom this h ormal res non LTV of then:	centre)", "Disch nospital? idence", "Disch centre)", "Disch	narged alive - hospice" or
(LTV "Disc What b. If and (LTV "Disc	charged alive - of twas the date of twas the date of twas swered "Dischacentre)", "Discontrey", "Dis	harged alive (1 other" to [1a] to of discharge fr rged alive - no harged alive (1 other" to [1a] t	non LTV of then: fom this h ormal res non LTV of then:	centre)", "Disch nospital? idence", "Disch centre)", "Disch	narged alive - hospice" or
b. If ans (LTV "Disc What "Disc What "Extended "LTV "Disc (LTV "Disc "Di	swered "Discha centre)", "Discharged alive - o t was the time o t was the time o centre)", "Discharged alive - o centre)", "Discharged alive - o charged alive - o charged alive - o	harged alive (in the property of discharge from the property o	ormal resonant resona	idence", "Disch nospital? idence", "Disch centre)", "Disch nospital? idence", "Disch centre)", "Disch	narged alive - hospice" or
b. If ans (LTV "Disc What "Disc What "Exp What "Exp What "Disc What "Exp What "Disc What "Disc What "Exp What "Disc What "Disc What "Exp What "Disc What "Exp What "Exp What "Disc What "Exp What "Exp What "Exp What "Disc What "Exp	swered "Discha centre)", "Discharged alive - o t was the time o t was the time o centre)", "Discharged alive - o centre)", "Discharged alive - o charged alive - o charged alive - o	harged alive (nother" to [1a] for discharge from the front control of th	ormal respondence then:  ormal respondence the res	idence", "Disch nospital? idence", "Disch centre)", "Disch nospital? idence", "Disch centre)", "Disch	narged alive - hospice" or harge alive - another hospit harged alive - hospice" or harge alive - another hospit harged alive - hospice" or
(LTV "Disc What (LTV	swered "Discha centre)", "Discharged alive - of twas the time of type of long to have ventilation swered "Discharged alive - of type of long to have ventilation swered "Discharged alive - of type of long to have ventilation swered "Discharged swered "Discharged swered "Discharged alive - of long to have ventilation swered "Discharged "Disch	rged alive - not harged alive (rether" to [1a] for wentilation	ormal response then:  from this has been been to the then:  from this has been then:  from this has been then:  from this has been then:  from then:  from then:  from then:  from this has been then:  from the then:  from this has been then.	idence", "Dischercentre)", "Di	narged alive - hospice" or  narge alive - another hospit narged alive - hospice" or  narge alive - another hospit narged alive - hospice" or
(LTV "Disc What (LTV "Disc	swered "Discha centre)", "Discharged alive - of twas the time of the centre)", "Discharged alive - of type of long to the centre)", "Discharged alive - of type of long to the centre)", "Discharged alive - of twas the level of twas the level of twas the level of the centre)", "Discharged alive - of twas the level of the centre)", "Discharged alive - of twas the level of	rged alive - not harged alive (1 other" to [1a] for ther to [1a] for ther to [1a] for the to [1a]	ormal resonant TV of then: from this has been been to the then: from this has been then: from this has been then: from this has been then: from then: from this has been then: from the the then: from the then: from the then: from the then: from the the then: from the the then: from the the then: from the then: from the then: from the then: from the the then: from the the the then: from the the the then: from the	idence", "Dischercentre)", "Di	narge alive - hospice" or harge alive - another hospit harged alive - hospice" or harge alive - hospice" or harge from this hospital?  O Unknown  harge alive - another hospit harged alive - hospice" or harged alive - hospice" or harged alive - hospice" or harged alive - hospice or harged alive - another hospit harge alive - another hospit harge alive - another hospit
(LTV "Disc What //eas O H (LTV "Disc What //eas	swered "Discha centre)", "Discharged alive - of twas the time of the centre)", "Discharged alive - of type of long to the centre)", "Discharged alive - of type of long to the centre)", "Discharged alive - of twas the level of twas the level of twas the level of the centre)", "Discharged alive - of twas the level of the centre)", "Discharged alive - of twas the level of	rged alive - not harged alive (not her" to [1a] to f dependency https://www.not harged alive - not harged alive (not harged alive - not harged alive - not harged alive - not harged alive (not harged alive - not harged alive - not harged alive - not harged alive - not harged alive (not harged alive - not harged alive (not harged alive - not harged alive - not harged alive - not harged alive (not harged alive - not harged alive -	ormal respondent then:  from this has been been to the then:  from this has been then:  from this has been then:  from this has been then:  from then:	idence", "Discherentre)", "Discherentre)	narged alive - hospice" or harge alive - another hospit harged alive - hospice" or harged alive - hospice" or harge from this hospital?  O Unknown harge alive - another hospit harged alive - hospice" or harged alive - hospice" or harged alive - hospice" or
b. If ans (LTV "Disc What "Disc What "Disc What Pleas O H	swered "Discha centre)", "Discharged alive - of twas the time of the centre)", "Discharged alive - of type of long to the centre)", "Discharged alive - of the centre)", "Discharged alive - of twas the level of	rged alive - not harged alive (not her" to [1a] to f dependency https://www.not harged alive - not harged alive (not harged alive - not harged alive - not harged alive - not harged alive (not harged alive - not harged alive - not harged alive - not harged alive - not harged alive (not harged alive - not harged alive (not harged alive - not harged alive - not harged alive - not harged alive (not harged alive - not harged alive -	ormal respondent then:  from this has been been to the then:  from this has been then:  from this has been then:  from this has been then:  from then:	idence", "Discherentre)", "Discherentre)	narged alive - hospice" or harge alive - another hospit harged alive - hospice" or harged alive - hospice" or harge from this hospital?  O Unknown harge alive - another hospit harged alive - hospice" or harged alive - hospice" or harged alive - hospice" or

4c. If answered "Died" to [1a] and "Expected" to [4a] and "Yes" to [4b] then:

10a.	(LTV centre)", "Discha" "Discharged alive - ot	irged alive (non LTV cei	ence", "Discharge alive - another hospital ntre)", "Discharged alive - hospice" or ye?
	O Yes	○ No	○ Unknown
10b.	(LTV centre)", "Discha" "Discharged alive - ot		
	Communication betw Additional structural Additional equipmen Change of residence	raining/team competences veen teams changes to patient enviro t	nment
	Please specify any addit	ional options here	
10c.	(LTV centre)", "Discha	rged alive (non LTV cer her" to [1a] and "Yes" t	ence", "Discharge alive - another hospital ntre)", "Discharged alive - hospice" or o [10a] then:
10d.	(LTV centre)", "Discha" "Discharged alive - ot	rged alive (non LTV ce her" to [1a] then:	ence", "Discharge alive - another hospital ntre)", "Discharged alive - hospice" or on to discharge from this hospital?
	○ Yes	○ No	○ Unknown
10e.	If answered "Discharg (LTV centre)", "Discha	ped alive - normal residence of the color of	ence", "Discharge alive - another hospital htre)", "Discharged alive - hospice" or

	If answered "Discharged ali (LTV centre)", "Discharged a "Discharged alive - other" to Were there any problems in	alive (non LTV centre) o [1a] then:	", "Discharge alive - another hospital ", "Discharged alive - hospice" or fety?
	O Yes	) O (	Inknown
11b		alive (non LTV centre)	", "Discharge alive - another hospital ", "Discharged alive - hospice" or La] then:
12a	(LTV centre)", "Discharged a "Discharged alive - other" to	alive (non LTV centre) o [1a] then:	", "Discharge alive - another hospital ", "Discharged alive - hospice" or at discharge from this hospital?
	O Yes	) O (	Inknown
12b		alive (non LTV centre) o [1a] then:	", "Discharge alive - another hospital ", "Discharged alive - hospice" or om this hospital?
	<ul><li>Yes</li><li>NA - transferred out</li></ul>	O No	O Unknown
12c.	NA - transferred out  If answered "Discharged ali (LTV centre)", "Discharged a "Discharged alive - other" to	ve - normal residence alive (non LTV centre) o [1a] and "Yes" to [12	", "Discharge alive - another hospital ", "Discharged alive - hospice" or
12c.	NA - transferred out  If answered "Discharged ali (LTV centre)", "Discharged a "Discharged alive - other" to If YES, which members of the	ve - normal residence alive (non LTV centre) [1a] and "Yes" to [12] [1a] e multi-professional to [12] [1a] Paediatrician [1a] Intensivist [1a] Physiotherapist	", "Discharge alive - another hospital ", "Discharged alive - hospice" or 2a] then: eam received a copy of the discharge  Respiratory physician Specialist tracheostomy nurse Occupational therapist
<b>12c</b> .	NA - transferred out  If answered "Discharged aliv (LTV centre)", "Discharged a "Discharged alive - other" to If YES, which members of th plan?  General Practitioner Paediatric intensivist Specialist other nurse Speech & language therapis Patient and Parent Carers	ve - normal residence alive (non LTV centre) [1a] and "Yes" to [12] [1a] e multi-professional to  Paediatrician Intensivist Physiotherapist [5t] Otorhinolaryngolog [6t] Dietitian [7t] Not documented	", "Discharge alive - another hospital ", "Discharged alive - hospice" or 2a] then: leam received a copy of the discharge  Respiratory physician Specialist tracheostomy nurse Occupational therapist gist Community based team
<b>12</b> c.	NA - transferred out  If answered "Discharged aliv (LTV centre)", "Discharged a "Discharged alive - other" to If YES, which members of the plan?  General Practitioner Paediatric intensivist Specialist other nurse Speech & language therapis Patient and Parent Carers None	ve - normal residence alive (non LTV centre) [1a] and "Yes" to [12] [1a] e multi-professional to  Paediatrician Intensivist Physiotherapist [5t] Otorhinolaryngolog [6t] Dietitian [7t] Not documented	", "Discharge alive - another hospital ", "Discharged alive - hospice" or 2a] then: leam received a copy of the discharge  Respiratory physician Specialist tracheostomy nurse Occupational therapist gist Community based team
	If answered "Discharged alive (LTV centre)", "Discharged alive - other" to If YES, which members of the plan?  General Practitioner Paediatric intensivist Specialist other nurse Speech & language therapist Patient and Parent Carers None  Please specify any additional of	ve - normal residence alive (non LTV centre) [1a] and "Yes" to [12] [1a] end "Yes" to [12] [1a] end "Yes" to [12] [1a] end "Yes" to [12] [1a] hen: [1a] not less to [12] [1a] then:	", "Discharge alive - another hospital ", "Discharged alive - hospice" or taa] then: ream received a copy of the discharge  Respiratory physician Specialist tracheostomy nurse Occupational therapist Community based team NA - transferred out  ", "Discharge alive - another hospital ", "Discharged alive - hospice" or
	If answered "Discharged alive - other" to If YES, which members of the plan?  General Practitioner Paediatric intensivist Specialist other nurse Speech & language therapist Patient and Parent Carers None  Please specify any additional of If answered "Discharged alive - other" to Its	ve - normal residence alive (non LTV centre) () [1a] and "Yes" to [12] () e multi-professional to [12] () Paediatrician () Intensivist () Physiotherapist () Otorhinolaryngolog () Dietitian () Not documented () Otions here () ve - normal residence alive (non LTV centre) () [1a] then: () from their usual LTV	", "Discharge alive - another hospital ", "Discharged alive - hospice" or taa] then: ream received a copy of the discharge  Respiratory physician Specialist tracheostomy nurse Occupational therapist Community based team NA - transferred out  ", "Discharge alive - another hospital ", "Discharged alive - hospice" or

14a	(LTV centre)", "Disch "Discharged alive - o	narged alive (non LTV ce other" to [1a] and "Yes"	lence", "Discharge alive - another hospital entre)", "Discharged alive - hospice" or to [13] then: long term respiratory care during this
	O Yes	O No	○ Unknown
14b	(LTV centre)", "Disch "Discharged alive - o	narged alive (non LTV ce	lence", "Discharge alive - another hospital entre)", "Discharged alive - hospice" or to [13] and "Yes" to [14a] then: at apply)
	☐ Care leadership (in	cluding transition of care)	☐ Ventilatory care
	Escalation plan		☐ Suction/airway clearance
	Humidification		☐ Mask type/fit
	☐ Tracheostomy tube		☐ Antibiotic use
	Oxygen prescriptio	n	
	Please specify any add	itional options here	
14c	(LTV centre)", "Disch "Discharged alive - c care" to [14b] then: If there were signific	narged alive (non LTV ce other" to [1a] and "Yes"	lence", "Discharge alive - another hospital entre)", "Discharged alive - hospice" or to [13] and "Yes" to [14a] and "Ventilatory to ventilator care made during this hat apply)
	☐ Change of ventilate	-	Change of ventilation mode(s)
	_	ration of ventilation	Additional oxygen
			<b>3</b> , , , , , , , , , , , , ,
	Please specify any add	itional options here	
15a	(LTV centre)", "Disch "Discharged alive - o		
	O Yes	○ No	O Unknown
15b	(LTV centre)", "Disch	narged alive (non LTV ce other" to [1a] and "Yes"	lence", "Discharge alive - another hospital entre)", "Discharged alive - hospice" or to [13] and "Yes" to [15a] then:
16a	(LTV centre)", "Disch "Discharged alive - o	narged alive (non LTV ce other" to [1a] and "Yes"	lence", "Discharge alive - another hospital entre)", "Discharged alive - hospice" or to [13] then: oals of treatment during this admission?

100	(LTV centre)", " "Discharged ali	Discharged alive (no	nai residence , Discharge alive - another hospital n LTV centre)", "Discharged alive - hospice" or d "Yes" to [13] and "Yes" to [16a] then: ecify)
	ii ies, wiiat we	re tilese: (Flease spe	cliy)
160	(LTV centre)", " "Discharged ali If YES, where si	Discharged alive (no ve - other" to [1a] and	nal residence", "Discharge alive - another hospital n LTV centre)", "Discharged alive - hospice" or d "Yes" to [13] and "Yes" to [16a] then: ere made in any areas of care/goals of treatment were arge plan?
	O Yes	O No	O Unknown
<b>16</b> d	"Discharged ali	ve - other" to [1a] and	nal residence", "Discharge alive - another hospital n LTV centre)", "Discharged alive - hospice" or d "Yes" to [13] and "Yes" to [16a] then: nunicated and fully accessible to family/carers at
	O Yes	O No	O Unknown
16e	(LTV centre)", " "Discharged ali If YES, was a re	Discharged alive (no ve - other" to [1a] and	nal residence", "Discharge alive - another hospital n LTV centre)", "Discharged alive - hospice" or d "Yes" to [13] and "Yes" to [16a] then: nunicated and fully accessible to the multi- harge?
	O Yes	O No	O Unknown