

## Admission Questionnaire

# CONFIDENTIAL

Hospital number of patient:

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Name of NCEPOD Local Reporter:

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### What is this study about?

The primary aim of this study is to identify remediable factors in the organisation of the immediate and continuing care of medical and surgical emergency admissions.

This study will include all adult ( $\geq 16$  years) medical and surgical patients, including gynaecological patients (including 1st trimester care), who were admitted as an emergency admission between **February 2nd 2005** and **February 8th 2005 AND**

- Subsequently died on or before midnight on day 7 **or**
- Were transferred to adult critical care on or before midnight on day 7 **or**
- Were discharged on or before 12 midnight on day 7, and subsequently died in the community within 7 days of discharge.

Where the day of admission is day 0.

#### Specific exclusions are:

- Palliative care patients.
- Psychiatric admissions.
- Obstetric cases (2nd and 3rd trimester).
- Patients who die within an hour of arrival.
- Patients who are brought in dead.

### Who should complete this questionnaire?

This questionnaire should be completed by the consultant who undertook the first review. Questionnaires have also been sent to the consultant responsible for the ongoing care of the patient. Please return completed questionnaires to NCEPOD in the stamped envelope provided.

### How to complete this questionnaire

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

Please use a black or blue pen. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

**Definitions:** Where <sup>(def)</sup> is indicated, a definition is provided on the back of the questionnaire.

### Questions or help

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

**emergencyadmissions@ncepod.org.uk**  
or **Tel: 020 7920 0999.**

Thank you for taking the time to complete this questionnaire.

## Instructions for completing this questionnaire

### Admission via A&E or assessment unit (Please complete all sections)

Information collected in this questionnaire relates to the time period from arrival at hospital until transfer from A&E or the assessment unit to an inpatient ward.

### Direct admission to an inpatient ward (Please complete sections A-D)

Information collected in this questionnaire relates to the first 24 hours of the patient's hospital admission.

## A THE PATIENT

1. Age on admission  (Patients <16 years of age are excluded)
- 
2. Sex  Male  Female
- 
3. Was this patient a medical or surgical patient?  Medical  Surgical  Unknown
- 
4. Which of the following occurred first between admission (day 0) and midnight on day 7?
- A  Death
- B  Transfer to critical care <sup>(def)</sup>
- C  Discharge and subsequent death in the community within 7 days of discharge\*

\*These cases will be identified by NCEPOD and questionnaires will be disseminated later this year.

## B ADMITTING CONSULTANT

5. Speciality of admitting consultant  If **other** please specify \_\_\_\_\_  
(Please see codes at end of questionnaire)

## C INITIAL ASSESSMENT

6. Location of initial assessment <sup>(def)</sup>
- A  A&E
- B  Assessment unit <sup>(def)</sup>
- C  Outpatient clinic
- D  Other, please specify \_\_\_\_\_
- E  Inpatient ward
- F  Unknown
- 
7. Speciality of person performing initial assessment  If **other** please specify \_\_\_\_\_  
(Please see codes at end of questionnaire)
- 
- a. If this person was a doctor or a nurse, what was their grade?  If **other** please specify \_\_\_\_\_  
(Please see codes at end of questionnaire)

## D FIRST CONSULTANT REVIEW

If the initial assessment was also the first consultant review, please go to question 10.

8. Location of first consultant review

- A  A&E  
 B  Assessment unit <sup>(def)</sup>  
 C  Outpatient clinic  
 D  Other, please specify \_\_\_\_\_  
 E  Inpatient ward  
 F  Unknown

9. Speciality of consultant reviewing patient  
 (Please see codes at end of questionnaire)

If **other** please specify \_\_\_\_\_

10. Time and date of first consultant review  
 (Please use 24-hour clock)

:   Unknown  
 h h m m  
    
 d d m m y y

11. Did a difficulty in obtaining the patient's pre-existing notes <sup>(def)</sup> delay diagnosis, admission or treatment?

Yes  No  Unknown

a. If **YES**, please explain why the patient's pre-existing notes could not be obtained and how the difficulty in obtaining the notes delayed diagnosis, admission or treatment?

12. If requested, were the results of the following investigations available within an acceptable time frame during the first 24 hours, from time of arrival <sup>(def)</sup> at the hospital?

Investigation	Not requested	Results available			If NO, reason and impact of delay
		Yes	No	Unknown	
a. Conventional radiology e.g. chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. CT scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Biochemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## E COMMENTARY ON PATIENT'S MANAGEMENT

13. Please provide a clinical summary of the patient's care from the time of their initial assessment until their inpatient ward admission. This should include:

- presenting complaint
- patient's general condition
- working diagnosis
- first treatment(s).

## F HANDOVER

14. Is there an agreed procedure for handing over the care of patients among clinical teams <sup>(def)</sup> between working **shifts**?  Yes  No  Unknown

a. If **YES**, who is included in this procedure? A  Doctors only C  Doctor and nurses  
B  Nurses only D  Unknown

15. Were there any problems with the handover of care of **this** patient among clinical teams between shifts?  Yes  No  Unknown

a. If **YES**, please provide details and comment on whether these problems could have affected the patient's outcome.

## G WARD TRANSFERS

16. Which locations did the patient visit prior to their transfer to an inpatient ward?

(Please indicate the order of transfer by placing numbers in the relevant boxes)

- A  A&E
- B  Assessment unit
- C  Theatre
- D  Recovery area
- E  Other, please specify \_\_\_\_\_
- F  Endoscopy suite
- G  Radiology
- H  Corridor
- I  Unknown

a. Please comment on whether these were appropriate <sup>(def)</sup> environments for this patient's clinical condition.

## H ADVERSE EVENTS

17. Did any adverse events <sup>(def)</sup> occur during the time between the patient's initial assessment until their transfer to an inpatient ward?

Yes     No     Unknown

a. If **YES**, please describe the adverse event(s) and comment on whether there was any delay in recognising and/or initiating a response to these events and if so, the reasons for this delay.

## I CONSULTANT COMMITMENTS

18. While the admitting consultant is on-take, what are their other duties?

(Answers may be multiple)

- |   | On take                  | 24 hours post take       |   |
|---|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | <input type="checkbox"/> | Care of emergency admissions                      |
| B | <input type="checkbox"/> | <input type="checkbox"/> | Outpatient clinic                                 |
| C | <input type="checkbox"/> | <input type="checkbox"/> | Elective operating list                           |
| D | <input type="checkbox"/> | <input type="checkbox"/> | Inpatient ward-care for existing inpatients       |
| E | <input type="checkbox"/> | <input type="checkbox"/> | Elective diagnostic and interventional procedures |
| F | <input type="checkbox"/> | <input type="checkbox"/> | Other, please specify _____                       |
| G | <input type="checkbox"/> | <input type="checkbox"/> | Unknown   |

## J PATIENT OUTCOME

19. Did the patient die before transfer to an inpatient ward?

Yes

No

If **NO**, please go to section **K**

a. If **YES**, in your opinion, what was the anticipated risk of death on admission?

A  Expected

B  Unexpected but acceptable based on the clinical management and within the disease process

C  Unexpected

## K CONTINUING CARE

20. To which inpatient specialty was this patient referred?

If **other** please specify \_\_\_\_\_

(Please see codes at end of questionnaire)

a. Was this the specialty of your choice?

Yes

No

Unknown

i. If **NO**, please comment on why the patient was referred to another specialty.

## L ADDITIONAL COMMENTS

21. Please write clearly any additional observations you wish to report about the management of this patient.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

### CODES FOR SPECIALTY

#### SURGICAL

01 = Anaesthetics	07 = Neurosurgery	13 = Plastic surgery
02 = Cardiac surgery	08 = Ophthalmology	14 = Thoracic surgery
03 = Colon/Rectal surgery	09 = Oral/maxillofacial surgery	15 = Urological surgery
04 = Dental surgery	10 = Orthopaedic surgery	16 = Vascular surgery
05 = General surgery	11 = Otorhinolaryngology (ENT)	17 = Other surgical
06 = Gynaecology	12 = Paediatric surgery	18 = Unknown surgical

#### MEDICAL

19 = Cardiology	28 = Infectious disease	37 = Physical medicine
20 = Dermatology	29 = Intensive care	38 = Psychiatry
21 = Emergency	30 = Internal medicine	39 = Radiation therapy
22 = Endocrinology	31 = Medical oncology	40 = Radiology
23 = Family practice	32 = Neonatal	41 = Respiratory disease
24 = Gastroenterology	33 = Nephrology	42 = Rheumatology
25 = Geriatrics/care of the elderly	34 = Neurology	43 = Other medical
26 = Haematology	35 = Pathology	44 = Unknown medical
27 = Immunology and allergy	36 = Paediatrics	

#### OTHER

45 = General practitioner  
46 = Unknown  
47 = Nursing  
48 = Other

### CODES FOR GRADE

01 = Consultant	04 = SpR year 3 and over	07 = Nurse consultant
02 = Staff Grade	05 = SpR year 1/2	08 = Nurse practitioner
03 = Associate Specialist	06 = SHO	09 = Other

## Adverse events

An unintended injury caused by medical management rather than by the disease process and which is sufficiently serious to lead to prolongation of hospitalisation or to temporary or permanent impairment or disability to the patient at the time of discharge.

(Vincent C, Neale G, Woloshynowych M. Adverse events in British hospitals: preliminary retrospective record review. *BMJ* 2001; 322: 517/519.)

## Appropriate

The expected health benefits to an average patient exceed the expected health risks by a sufficiently wide margin to make the intervention worthwhile and that intervention is superior to alternatives (including no intervention).

(Consensus development methods, and their use in clinical guideline development. *Health Technology Assessment* 1998; 2: 3)

## Assessment unit

An area where adult emergency patients are assessed and initial management undertaken by inpatient hospital teams. The patient is only in this area while early assessment is made and is then moved to another ward or discharged.

The working of these units varies; some are purely for medical or surgical cases (MAU, SAU etc.) while some function across various specialties (CDU, AAU). For simplicity, the term assessment unit will be used.

(Cooke MW, Higgins J, Kidd P. Use of emergency observation and assessment wards: a systematic literature review. *Emerg Med J* 2003; 20:138 –142)

## Clinical teams

Doctors and/or nurses who care for patients.

## Critical care

Critical care includes Level 2 and Level 3 patients:

**Level 1:** 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.

**Level 2:** Patients requiring more detailed observation or intervention including support for a single failed organ system or post-operative care and those 'stepping down' from higher levels of care (e.g. HDU).

**Level 3:** Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems (e.g. ICU).

(Critical to success, Audit Commission, London, 1999)

## Emergency Admission

An admission that is unpredictable and at short notice because of clinical need, including:

- A&E or dental casualty department of the hospital (21)
- General practitioner: after a request for immediate admission has been made direct to a hospital, i.e. not through a bed bureau (22)
- Bed bureau (23)
- Consultant clinic, of this or another hospital (health care provider) (24)
- Patients admitted from the A&E department of another hospital where they had not been admitted (28).

(The NHS Data Dictionary Version 2.0 - April 2003. <http://www.nhsia.nhs.uk/datastandards>)

## Initial assessment

The patient's first assessment by a healthcare member of staff (medical or nursing) to identify healthcare needs. This may include the initial A&E assessment.

## Pre-existing notes

The notes of the patient from previous attendances to hospital, including outpatient clinics and referral letters from GPs and other hospitals.

## Time of arrival (at the hospital)

The time the patient arrived at the hospital as recorded on PAS or the admission notes.



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