

**MEASURING HARM AND INFORMING QUALITY IMPROVEMENT
LONGITUDINALLY IN THE WELSH NHS**

CONFIDENTIAL

NURSE REVIEW FORM (RF1)

UNIQUE STUDY NUMBER:

HOSPITAL SITE:

DIRECTIONS:

1. For all criteria refer to definitions in RF1 Manual
2. For all criteria enter the appropriate number in the box
3. Please print or write response legibly in BLUE pen. Use RED for corrections or deletions.
4. This page to be removed and destroyed by team leader ONLY after all review elements are completed and prior to removal of review forms from the hospita

MEASURING HARM AND INFORMING QUALITY IMPROVEMENT LONGITUDINALLY IN THE
WELSH NHS STUDY

Healthcare Improvement Unit

Department of Primary Care and Public Health

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Heath Park

Cardiff CF14 4YS

TEL: XXXXXXXXXX

REVIEW ID

LENGTH OF STAY:

NUMBER:

AGE: SEX:

ADMISSION STATUS:

(A= Acute/E = Elective)

TIME COMMENCED REVIEW (24 HR CLOCK):

TIME REVIEW FINISHED (24 HR CLOCK):

TOTAL TIME SPENT REVIEWING IN MINUTES:
(DO NOT INCLUDE INTERRUPTION TIME OFF)

Please identify if the following are present: 1= Yes 2=No 3=N/A

1. Initial medical assessment

5. Laboratory/Pathology Reports

2. Medical progress notes

6. Discharge summary

3. Nursing/Midwifery

7. Other (give details)

4. Procedure documentation

Is the medical record documentation adequate to support the questionnaire? 1=Yes
2=No (Then STOP)

Please provide a brief clinical summary:

Referring to the screening criteria 1-18 on pages 4-6, please identify any potential adverse events

Are any Criteria present?

1= Yes

2= No (Then STOP)

ADVERSE EVENT DETERMINATION:

Did the patient sustain an unintended injury resulting in temporary or permanent disability and/or prolonged length of stay as a consequence of health care management?

1= Yes

2= No

CONFIDENCE IN ADVERSE EVENT DETERMINATION (SCORE 1-5):

1=Not at all confident

2=Not very confident

3=Neutral

4=Somewhat confident

5=Very confident

1. Unplanned admission within the 12 months prior to the index admission as a result of any health care management.

1=Yes

2=No

2. Unplanned admission to any hospital, post this discharge

1=Yes

2=No

3. Hospital-incurred patient accident or injury.

1=Yes

2=No

4. Adverse drug reaction/ drug error.

1=Yes

2=No

5. Unplanned transfer from general care to intensive care/ higher dependency.

1=Yes

2=No

6. Unplanned transfer to another acute care hospital.

1=Yes

2=No

7. A: Unplanned return to the theatre on this admission /B: Unplanned visit to the operating theatre on this admission.
- 1=Yes
 2=No
8. Unplanned removal, injury or repair of organ or structure during surgery, invasive procedure or vaginal delivery.
- 1=Yes
 2=No
9. Other patient complications to include: MI, DVT, CVA, PE etc.
- 1=Yes
 2=No
10. Development of neurological deficit not present on admission.
- 1=Yes
 2=No
11. Unexpected death (i.e. not an expected outcome of the disease during hospitalisation).
- 1=Yes
 2=No
12. Inappropriate discharge home, inadequate discharge plan.
- 1=Yes
 2=No
13. Cardiac/respiratory arrest.
- 1=Yes
 2=No
14. Injury or complications related to termination or labour and delivery including neonatal complications.
- 1=Yes
 2=No
15. Hospital acquired infection/sepsis.
- 1=Yes
 2=No
16. Patient/family dissatisfaction with care received documented in the medical record and/or evidence of complaint lodged.
- 1=Yes
 2=No
17. Documentation or correspondence indicating litigation, either contemplated or actual (e.g. letter from solicitor etc).
- 1=Yes
 2=No
18. Any other undesirable outcomes (not covered by any other criteria).
- 1=Yes
 2=No