## Clinical Quality Indicators in Nursing Project

**Pilots 17 January 2005 - 25 February 2005**

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</tr>
<tr>
<td>Project Brief</td>
</tr>
</tbody>
</table>

#### Data Collection Forms:

<table>
<thead>
<tr>
<th>Data Collection Forms</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of healthcare acquired urinary tract infection catheter related (CAUTI)</td>
<td>1</td>
</tr>
<tr>
<td>Provision of nursing nutritional assessment and care planning</td>
<td>2</td>
</tr>
<tr>
<td>Patient experience of the provision of educational information and pain management</td>
<td>3</td>
</tr>
<tr>
<td>Incidence of healthcare acquired pressure sores</td>
<td>4</td>
</tr>
</tbody>
</table>
Clinical Quality Indicators in Nursing Project

Pilots 17 January 2005 - 25 February 2005

GENERAL ENQUIRIES/CONTACT LIST

If you have any comments or queries in relation to this project, please contact:

Ian Rodger
Project Manager
Practice Development Unit
NHS Quality Improvement Scotland (Glasgow Office)
Delta House
50 West Nile Street
GLASGOW G1 2NP
Tel: 0141 225 6871
ian.rodger@nhshealthquality.org

Michelle Richmond
Practice Development Project Co-ordinator
NHS Quality Improvement Scotland (Glasgow Office)
Delta House
50 West Nile Street
GLASGOW G1 2NP
Tel: 0141 225 6995
michelle.richmond@nhshealthquality.org

For indicator specific queries, please contact:

<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Incidence of healthcare acquired urinary tract infection catheter related (CAUTI)</td>
<td>Abigail Mullings, Senior Nurse, Scottish Centre for Infection and Environmental Health. Tel: 0141 300 1139 <a href="mailto:abigail.mullings@scieh.csa.scot.nhs.uk">abigail.mullings@scieh.csa.scot.nhs.uk</a></td>
</tr>
<tr>
<td>➢ Provision of nursing nutritional assessment and care planning</td>
<td>Mirian Morrison, Clinical Governance Manager, NHS Highland Tel: 01463 706808 <a href="mailto:mirian.morrison@hpct.scot.nhs.uk">mirian.morrison@hpct.scot.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td>Ron Burges, Clinical Effectiveness Facilitator, NHS Highland Tel: 01463 706825 <a href="mailto:ron.burges@hpct.scot.nhs.uk">ron.burges@hpct.scot.nhs.uk</a></td>
</tr>
<tr>
<td>➢ Patient experience of provision of education information and pain management</td>
<td>Judy Ramm, Picker Institute Europe Tel: 01865 208138 <a href="mailto:judy.ramm@pickereurope.ac.uk">judy.ramm@pickereurope.ac.uk</a></td>
</tr>
<tr>
<td></td>
<td>Rachel Reeves, Research Manager, Picker Institute Europe Tel: 01865 208112 <a href="mailto:rachel.reeves@pickereurope.ac.uk">rachel.reeves@pickereurope.ac.uk</a></td>
</tr>
<tr>
<td>➢ Incidence of healthcare acquired pressure sores</td>
<td>David Gray, Clinical Nurse Specialist Tissue Viability Service, NHS Grampian Tel: 01224 681818 <a href="mailto:david.gray@arh.grampian.scot.nhs.uk">david.gray@arh.grampian.scot.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td>Pam Cooper, Clinical Nurse Specialist, NHS Grampian Tel: 01224 681818 <a href="mailto:pam.cooper@arh.grampian.scot.nhs.uk">pam.cooper@arh.grampian.scot.nhs.uk</a></td>
</tr>
</tbody>
</table>
SUBMISSION OF DATA

Data should be submitted on a weekly basis to your local surveillance co-ordinator. Arrangements will be set in place, via the key individuals listed:

<table>
<thead>
<tr>
<th>Region</th>
<th>Contact Person</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borders</td>
<td>Ms Irene Gourlay, Senior Sister ITU, Borders General Hospital, Tel: 01896 826295 E-mail: <a href="mailto:irene.gourlay@borders.scot.nhs.uk">irene.gourlay@borders.scot.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>Highland</td>
<td>Ms Sheila Dickson, Clinical Effectiveness Department Raigmore Hospital (Extn 5641) Tel: 01463 705641 E-mail: <a href="mailto:sheila.dickson@haht.scot.nhs.uk">sheila.dickson@haht.scot.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Ms Diane Campbell, Associate Director of Nursing, Hairmyres Hospital Tel: 01355 584488 E-mail: <a href="mailto:diane.campbell@laht.scot.nhs.uk">diane.campbell@laht.scot.nhs.uk</a></td>
<td></td>
</tr>
</tbody>
</table>
Background
In 2002, Audit Scotland published a report ‘Planning Ward Nursing – Legacy or Design’ following an investigation into nurse staffing in NHSScotland.

The report included two recommendations relating to quality of care for action by NHSScotland. These were that:
- Given the intrinsic risk to patient of poor quality care and the variation in the proxy measures of quality, NHSScotland needs to develop and agree quality of care measures which can focus on continuous improvement and measure these consistently
- NHS Boards should ensure that Trusts review quality indicators and take action when problems arise.

The report also suggested that, in order to meet these recommendations, more work is needed on developing and agreeing standards which can demonstrate quality of care is being provided rather than merely indicating the number of reported adverse incidents.

Definition and Objectives
As a result of Audit Scotland’s recommendations, this project was established with the aim of scoping, defining, developing and piloting Clinical Quality Indicators for nursing across NHSScotland. The project, commissioned by the Scottish Executive Health Department, is based within NHS QIS and supported by NHS Directors of Nursing; project steering and advice come from a multi-professional advisory group (Project Steering Group) including lay people and an Expert Practitioner Service Group.

Benefits
Clinical Quality Indicators for Nursing will contribute to the continuous improvement agenda within NHSScotland by providing:
- an integral part of the overall clinical governance agenda thus providing assurance to the board, patients and the public
- public reassurance and confidence through their involvement in the initial and continued development of the indicators
- evidence of nursing services efficacy and value for money
- the potential to inform nursing education and training plans, service re-design and the overall management of clinical risk.

Timelines
Key milestones for the project are as follows:

<table>
<thead>
<tr>
<th>Phase 1: Scoping</th>
<th>10/05/04 – 05/07/04</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data collection</td>
</tr>
<tr>
<td></td>
<td>Literature critique</td>
</tr>
<tr>
<td></td>
<td>Project initiation sign-off</td>
</tr>
<tr>
<td>Phase 2: Methodology</td>
<td>06/07/04 – 14/01/05</td>
</tr>
<tr>
<td></td>
<td>Consult, agree and issue methodology</td>
</tr>
<tr>
<td></td>
<td>Agree and scope indicators</td>
</tr>
<tr>
<td></td>
<td>Agree pilot sites</td>
</tr>
<tr>
<td>Phase 3: Piloting</td>
<td>17/01/05 – 25/02/05</td>
</tr>
<tr>
<td></td>
<td>Pilot clinical quality indicators in nursing</td>
</tr>
<tr>
<td>Phase 4: Consultation</td>
<td>25/02/05 – 08/06/05</td>
</tr>
<tr>
<td></td>
<td>Produce consultation report</td>
</tr>
<tr>
<td></td>
<td>6 week consultation period</td>
</tr>
<tr>
<td></td>
<td>Incorporation of consultation comments</td>
</tr>
<tr>
<td>Phase 5: Final Report</td>
<td>08/06/05 – 15/07/05</td>
</tr>
<tr>
<td></td>
<td>Produce final report</td>
</tr>
<tr>
<td></td>
<td>Sign-off final report</td>
</tr>
<tr>
<td>Printing and Distribution of Final Report</td>
<td>15/07/05 – 05/10/05</td>
</tr>
<tr>
<td></td>
<td>Print and distribute final report</td>
</tr>
</tbody>
</table>
### APPENDIX VII
Catheter-Associated UTI Surveillance
Ward Admission Worksheet

| Q1. Hospital Code |  |
| Q2. Specialty Name |  |
| Q2. Ward Code/Name |  |
| Q2. Surveillance Period (MONTH) |  |

<p>| No. of new patients admitted to the ward each day |  |</p>
<table>
<thead>
<tr>
<th>Day of month</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>30</td>
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<tr>
<td>31</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>

<p>| No. of patients in the ward each day |  |</p>
<table>
<thead>
<tr>
<th>Day of month</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>31</td>
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</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

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APPENDIX VI
Catheter-Associated UTI Surveillance
Admission Data Form

Please complete one form for each of the chosen specialties

<table>
<thead>
<tr>
<th>Q1. Hospital Code</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2. Surveillance Period (MONTH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3. Specialty chosen for surveillance (mark X inside one box)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td></td>
<td>General Surgery</td>
</tr>
<tr>
<td>General Medicine</td>
<td></td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td></td>
<td>Trauma &amp; Orthopaedics</td>
</tr>
<tr>
<td>Nephrology</td>
<td></td>
<td>Urology</td>
</tr>
<tr>
<td>Geriatric Psychiatric</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Q4. Total number of wards within chosen specialty |   |
| Q5. No. of wards within chosen specialty included in UTI surveillance |   |

If all wards within chosen specialty are included in the surveillance, complete Q6 & Q7. In addition, if you wish to have these results stratified by ward, also complete Q8.

| Q6. Total no. of admissions to chosen specialty for the surveillance period |   |
| Q7. Total no. of patient-days in chosen specialty for the surveillance period |   |

| Q8. Complete one line for each of the wards in the chosen specialty |
|---------------------|-------------|-------------|
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |
| Ward Code | No. of Admissions | No. of Patient Days |

Draft
### APPENDIX VII

**Catheter Associated Urinary Tract Infection Surveillance Form**

#### 3. Infection Details

- **Q12 Urinary Tract Infection Present?**
  - Yes
  - No (Please answer Q17 and onwards)

- **Q13 Date of Infection Onset**
  - DDMMYY
  - If N/R then enter 0909909

- **Q14 Criteria Used to Determine Catheter Associated UTI - Record all diagnostic criteria that apply**
  - Patient has Urinary Catheter in situ
  - ≥ 10⁷ Micro organisms per ml from CSU
  - Light growth
  - Heavy growth
  - Frequency
  - Urgency
  - Low pain
  - Fever (≥ 38°C skin temperature)
  - Patient had a Catheter removed within 3 days before UTI onset
  - ≥ 10⁷ Micro organisms per ml from MSU
  - Medium growth
  - Dysuria
  - Loch or suprapubic tenderness
  - Pyuria (≥ 10³ WBC per ml)
  - Physician diagnosed UTI and instituted appropriate antimicrobial therapy

#### Q15 Micro Organism 1

<table>
<thead>
<tr>
<th>Micro Organism Code</th>
<th>Sensitivity</th>
<th>Sensitive</th>
<th>Resistant</th>
</tr>
</thead>
</table>

#### Q16 Micro Organism 2

<table>
<thead>
<tr>
<th>Micro Organism Code</th>
<th>Sensitivity</th>
<th>Sensitive</th>
<th>Resistant</th>
</tr>
</thead>
</table>

#### Q17 Micro Organism 3

<table>
<thead>
<tr>
<th>Micro Organism Code</th>
<th>Sensitivity</th>
<th>Sensitive</th>
<th>Resistant</th>
</tr>
</thead>
</table>

#### 4. End of Surveillance

- **Q17 Date of Catheter Removal**
  - DDMMYY
  - If N/R then enter 0909909

- **Q18a Reason for Ending Surveillance**
  - Catheter removed plus 3 day follow-up
  - UTI Present
  - End of 30 day surveillance period
  - Transferred to another specialty within hospital
  - Discharged to home or other healthcare facility
  - NNR
  - Other

- **Q18b Other Reason for Ending Surveillance**
  - Enter

- **Q19 Date Surveillance Ended**
  - DDMMYY
  - If N/R then enter 0909909
BASELINE NUTRITION AUDIT
Admission and Initial Assessment

Standards from QIS state that:

‘When a person is admitted to hospital, there are certain criteria that are required to be identified and recorded within 1 day of admission by means of an initial medical/nursing assessment.’

Please indicate which of the following were identified and recorded by ticking the appropriate box.

*If a box is shaded please do not use it, as it indicates a response that would not be considered appropriate.*

*If the patient has been in hospital for longer than 6 months, or the original documentation is not available, please audit the current documentation in use.*

<table>
<thead>
<tr>
<th></th>
<th>Recorded within 1 day</th>
<th>Recorded but not within 1 day/date unknown</th>
<th>Not recorded/no evidence</th>
<th>Partly recorded</th>
<th>Does not apply to this patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patient’s height recorded?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Patient’s weight recorded?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Patient’s eating likes/dislikes recorded?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Patient’s drinking likes and dislikes recorded?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Is there evidence recorded of any food allergies the patient may have?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Are any therapeutic diets noted that the patient has been following?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Any cultural/religious/ethnic requirements recorded?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Any physical difficulties with eating identified?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Any physical difficulties with drinking identified?</td>
<td></td>
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</tr>
<tr>
<td>10.</td>
<td>Is the need for equipment to help with eating recorded?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11.</td>
<td>Is the need for equipment to help with drinking recorded?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12.</td>
<td>Is any special social/environmental mealtime requirement recorded?</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Detailed assessment and onward referral

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Does not apply to this patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13.</strong></td>
<td>Was a screen for malnutrition carried out? (If the answer to this question is ‘no’ or ‘not yet due’, go to question 15)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please state below which screening tool was used. If you are unsure of the name, please enclose a copy:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>14.</strong></td>
<td>Was a risk of malnutrition identified by initial nursing screen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>Was oral intake monitored on food charts for 3 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Was a dietetic referral made?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>Did the dietician see the patient?</td>
<td></td>
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</tr>
<tr>
<td><strong>18.</strong></td>
<td>Did the dietician see the patient within 2 days of referral?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>If the patient needed a dietician, and was not seen within 2 days did the dietician make other contact to offer advice?</td>
<td></td>
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</tr>
<tr>
<td><strong>20.</strong></td>
<td>Did the dietetic consultation result in a clear plan of action?</td>
<td></td>
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</tr>
<tr>
<td><strong>21.</strong></td>
<td>Did the initial screen identify the need to refer on to another specialist service, eg dental/SLT?</td>
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</tr>
<tr>
<td><strong>22.</strong></td>
<td>Was patient referred appropriately to the relevant specialist?</td>
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</tr>
<tr>
<td><strong>23.</strong></td>
<td>Was the patient seen by the relevant specialist?</td>
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</tr>
</tbody>
</table>

### Repeat Screening

Standards from QIS state that:

'Repeat screenings are undertaken in accordance with clinical need and at a frequency determined by the outcome of the initial and subsequent screenings.'

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Rescreening not yet due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24.</strong></td>
<td>Has a repeat screening taken place? (If the answer to this question is no or not yet due, go to question 27)</td>
<td></td>
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<tr>
<td><strong>25.</strong></td>
<td>Was the repeat screen undertaken at an appropriate time?</td>
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<tr>
<td><strong>26.</strong></td>
<td>Is the outcome of the repeat screen recorded?</td>
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</tbody>
</table>
**Care Planning**

Standards from QIS state that:

'A multidisciplinary care plan is followed, reviewed and refined.'

Standards give a number of criteria that should be included

<p>| | | |</p>
<table>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Partly</td>
</tr>
</tbody>
</table>

27. Is there evidence that a multidisciplinary nutritional care plan was required for this patient?

28. Is there a multidisciplinary nutritional care plan? (If the answer to this question is no or does not apply, go to question 37)

29. Does care plan include outcomes of initial assessment?

30. Does care plan include outcomes of screening for risk of malnutrition?

31. Does care plan include frequency and dates for repeat screening?

32. Does care plan include actions taken as a consequence of repeat screening?

33. Is there evidence of patient involvement in care planning?

34. Is there evidence of full implementation of the nutritional part of the care plan?

35. Is there evidence of evaluation of the care plan?

36. In your professional opinion, would the care plan allow someone with no knowledge of the patient to provide safe nutritional care for that person?

**Discharge Planning**

Standards from QIS state that:

'A discharge plan is developed with the patient and where appropriate, the carer.'

Standards give a number of criteria that should be included

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<td></td>
<td>Yes</td>
<td>No</td>
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</table>

37. Is there a discharge plan? (If the answer is no or does not apply, end here).

38. Did discharge planning start at admission?

39. Does discharge plan include information about the patient’s nutritional status?

40. Does discharge plan include information about any special dietary requirements?

41. Does discharge plan include information about any arrangements for follow up as regards nutrition?

42. Is there evidence that the patient/carer were involved in the discharge planning?
INPATIENT QUESTIONNAIRE

What is the survey about?
This survey is about your most recent experience as an inpatient at the National Health Service hospital named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?
The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire
For each question please tick clearly inside one box using a black or blue pen. Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.
Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.
Please do not write your name or address anywhere on the questionnaire.

Questions or help?
If you have any queries about the questionnaire, please call the helpline number given in the letter enclosed with this questionnaire.

Please return to: Picker Institute Europe FREEPOST (SCE10829) Oxford OX1 1YE

Your participation in this survey is voluntary. Your answers will be treated in confidence.
Please remember, this questionnaire is about your most recent stay at the hospital named in the accompanying letter.

**ADMISSION TO HOSPITAL**

A1. Was your hospital stay planned in advance or an emergency?

1. □ Emergency/dialled 999/immediately referred by GP or NHS 24  ➔ Go to A2
2. □ Waiting list or planned in advance  ➔ Go to A5
3. □ Something else  ➔ Go to A5

**Emergency or immediately referred**

A2. How organised was the care you received in Accident & Emergency (or the Medical Admissions Unit)?

1. □ Not at all organised
2. □ Fairly organised
3. □ Very organised

A3. While you were in Accident & Emergency (or the Medical Admissions Unit), did you get enough information about your medical condition and treatment?

1. □ Yes, definitely
2. □ Yes, to some extent
3. □ No
4. □ I did not want information

A4. Following arrival at the hospital, how long did you wait before admission to a room or ward and bed?

1. □ Less than 1 hour  ➔ Go to A12
2. □ At least 1 hour but less than 2 hours  ➔ Go to A12
3. □ At least 2 hours but less than 4 hours  ➔ Go to A12
4. □ At least 4 hours but less than 8 hours  ➔ Go to A12
5. □ 8 hours or longer  ➔ Go to A12
6. □ Can’t remember  ➔ Go to A12
7. □ I did not have to wait  ➔ Go to A12

**Waiting list or planned admission**

A5. How do you feel about the length of time you were on the waiting list before your admission to hospital?

1. □ I was admitted as soon as I thought was necessary
2. □ I should have been admitted a bit sooner
3. □ I should have been admitted a lot sooner

A6. When you were told you would be going into hospital, were you given enough notice of your date of admission?

1. □ Yes, enough notice
2. □ No, not enough notice

A7. Were you given a choice of admission date?

1. □ Yes
2. □ No
3. □ Don’t know/Can’t remember
A8. Was your admission date changed by the hospital?

1. No
2. Yes, once
3. Yes, 2 or 3 times
4. Yes, 4 times or more

A9. Were you given a choice about which hospital you were admitted to?

1. Yes
2. No
3. Don’t know/Can’t remember

A10. Before being admitted to hospital, were you given any printed information about the hospital?

1. Yes
2. No

A11. Before being admitted to hospital, were you given any printed information about your condition or treatment?

1. Yes
2. No

A12. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

1. Yes, definitely
2. Yes, to some extent
3. No
A13. How would you rate the courtesy of the staff who admitted you?

1. ☐ Excellent
2. ☐ Very good
3. ☐ Good
4. ☐ Fair
5. ☐ Poor

---

**THE HOSPITAL & WARD**

B1. When you reached the ward, did you get enough information about ward routines, such as timetables and rules?

1. ☐ Yes, definitely
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ I did not need information

B2. During your stay in hospital, did you ever share a room or bay with patients of the opposite sex?

1. ☐ Yes  ➔ Go to B3
2. ☐ No  ➔ Go to B4

B3. Were you ever bothered or upset by having to share a room or bay with patients of the opposite sex?

1. ☐ Yes
2. ☐ No

B4. Were you ever bothered by noise at night from other patients?

1. ☐ Yes
2. ☐ No

B5. Were you ever bothered by noise at night from hospital staff?

1. ☐ Yes
2. ☐ No

B6. In your opinion, how clean was the hospital room or ward that you were in?

1. ☐ Very clean
2. ☐ Fairly clean
3. ☐ Not very clean
4. ☐ Not at all clean

B7. How clean were the toilets and bathrooms that you used in hospital?

1. ☐ Very clean
2. ☐ Fairly clean
3. ☐ Not very clean
4. ☐ Not at all clean
5. ☐ I did not use a toilet or bathroom

B8. How would you rate the hospital food?

1. ☐ Very good  ➔ Go to B9
2. ☐ Good  ➔ Go to B9
3. ☐ Fair  ➔ Go to B9
4. ☐ Poor  ➔ Go to B9
5. ☐ I did not have any hospital food  ➔ Go to C1

B9. Were you offered a choice of food?

1. ☐ Yes, always  ➔ Go to B10
2. ☐ Yes, sometimes  ➔ Go to B10
B10. Did you get the food you ordered?

1. Yes, always
2. Yes, sometimes
3. No

B11. How much food were you given?

1. Too much
2. The right amount
3. Too little

**doctors**

C1. When you had important questions to ask a doctor, did you get answers that you could understand?

1. Yes, always
2. Yes, sometimes
3. No
4. I had no need to ask

C2. Did you have confidence and trust in the doctors treating you?

1. Yes, always
2. Yes, sometimes
3. No

C3. Did doctors talk in front of you as if you weren’t there?

1. Yes, often
2. Yes, sometimes
3. No
nurses

D1. When you had important questions to ask a nurse, did you get answers that you could understand?

1. Yes, always
2. Yes, sometimes
3. No
4. I had no need to ask

D2. If you had any worries or fears about your condition or treatment, did a nurse discuss them with you?

1. Yes, completely
2. Yes, to some extent
3. No
4. I did not have worries or fears

D3. Did you have confidence and trust in the nurses treating you?

1. Yes, always
2. Yes, sometimes
3. No

D4. Did nurses talk in front of you as if you weren't there?

1. Yes, often
2. Yes, sometimes
3. No

D5. While you were in hospital, did nurses give you any information in a way that upset you?

1. Yes
2. No

D6. In your opinion, were there enough nurses on duty to care for you in hospital?

1. There were always or nearly always enough nurses
2. There were sometimes enough nurses
3. There were rarely or never enough nurses

D7. If you ever needed to talk to a nurse, did you get the opportunity to do so?

1. Yes, always
2. Yes, sometimes
3. No
4. I had no need to talk to a nurse

D8. How would you rate the courtesy of your nurses?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

D9. Did you ever think that nurses were deliberately not telling you certain things that you wanted to know?

1. Yes, often
2. Yes, sometimes
3. Yes, only once
4. No, never
D10. In your opinion, did the nurses who treated you know enough about your condition or treatment?

1. All of the nurses knew enough
2. Most of the nurses knew enough
3. Only some of the nurses knew enough
4. None of the nurses knew enough
5. Can’t say

E1. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

1. Yes, often
2. Yes, sometimes
3. No

E2. Were you involved as much as you wanted to be in decisions about your care and treatment?

1. Yes, definitely
2. Yes, to some extent
3. No

E3. How much information about your condition or treatment was given to you?

1. Not enough
2. The right amount
3. Too much

E4. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

1. Yes, definitely
2. Yes, to some extent
3. No
4. No family or friends were involved
5. My family did not want or need information
6. I did not want my family or friends to talk to a doctor

E5. How much information about your condition or treatment was given to your family or someone close to you?

1. Not enough
2. Right amount
3. Too much
4. No family or friends were involved
5. My family did not want or need information
6. I did not want my family or friends to have any information

E6. Did you find someone on the hospital staff to talk to about your worries and fears?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I had no worries or fears
E7. Were you given enough privacy when discussing your condition or treatment?
1. [ ] Yes, always
2. [ ] Yes, sometimes
3. [ ] No

E8. Were you given enough privacy when being examined or treated?
1. [ ] Yes, always
2. [ ] Yes, sometimes
3. [ ] No

E9. When you needed help from staff getting to the bathroom or toilet, did you get it in time?
1. [ ] Yes, always
2. [ ] Yes, sometimes
3. [ ] No
4. [ ] I did not need help

E10. When you needed help from staff in eating your meals, did you get it at the time you needed it?
1. [ ] Yes, always
2. [ ] Yes, sometimes
3. [ ] No
4. [ ] I did not need help

E11. How many minutes after you used the call button did it usually take before you got the help you needed?
1. [ ] 0 minutes/right away
2. [ ] 1-2 minutes
3. [ ] 3-5 minutes
4. [ ] More than 5 minutes
5. [ ] I never got help when I used the call button
6. [ ] I never used the call button

E12. During your stay in hospital, did you have any tests, x-rays or scans other than blood or urine tests?
1. [ ] Yes \( \Rightarrow \) Go to E13
2. [ ] No \( \Rightarrow \) Go to F1

E13. Were your scheduled tests, x-rays or scans performed on time?
1. [ ] Yes, always
2. [ ] Yes, sometimes
3. [ ] No

F1. Were you ever in any pain?
1. [ ] Yes \( \Rightarrow \) Go to F2
2. [ ] No \( \Rightarrow \) Go to G1
F2. When you had pain, was it usually severe, moderate or mild?

1  ☐ Severe
2  ☐ Moderate
3  ☐ Mild

F3. During your stay in hospital, how much of the time were you in pain?

1  ☐ All or most of the time
2  ☐ Some of the time
3  ☐ Occasionally

F4. Did you ever request pain medicine?

1  ☐ Yes  ➤ Go to F5
2  ☐ No  ➤ Go to F6

F5. How many minutes after you requested pain medicine did it usually take before you got it?

1  ☐ 0 minutes/right away
2  ☐ 1-5 minutes
3  ☐ 6-10 minutes
4  ☐ 11-15 minutes
5  ☐ 16-30 minutes
6  ☐ More than 30 minutes
7  ☐ I never got pain medicine when I asked for it

F6. While you were in hospital, were you given any medicine to help with your pain (such as tablets, a spray or pump), which you could decide when to take without having to ask hospital staff?

1  ☐ Yes

F7. Do you think the hospital staff did everything they could to help control your pain?

1  ☐ Yes, definitely
2  ☐ Yes, to some extent
3  ☐ No

F8. Overall, how much pain medicine did you get?

1  ☐ Enough
2  ☐ Not enough
3  ☐ Too much

leaving hospital

G1. On the day you left hospital, was your discharge delayed for any reason?

1  ☐ Yes  ➤ Go to G2
2  ☐ No  ➤ Go to G4

G2. What was the main reason for the delay? (Tick ONE only)

1  ☐ I had to wait for medicines
2  ☐ I had to wait to see the doctor
3  ☐ I had to wait for an ambulance
4  ☐ Something else

G3. How long was the delay?

1  ☐ Up to 1 hour
2  ☐ Longer than 1 hour but no longer than 2 hours
3  ☐ Longer than 2 hours but no longer than 4 hours
4  ☐ Longer than 4 hours
The impact of nursing on patient clinical outcomes Appendix 7

G4. Before you left hospital, did the doctors and nurses spend enough time telling you about what would happen during your recovery at home?

1  ☐ Yes, enough time
2  ☐ No, they spent some time, but not enough
3  ☐ No, they spent no time at all

G5. Before you left hospital, were you given any written or printed information about what you should or should not do during your recovery after leaving hospital?

1  ☐ Yes
2  ☐ No

G6. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

1  ☐ Yes, completely ➔ Go to G7
2  ☐ Yes, to some extent ➔ Go to G7
3  ☐ No ➔ Go to G7
4  ☐ I did not need an explanation ➔ Go to G7
5  ☐ I had no medicines ➔ Go to G8

G7. Did a member of staff tell you about medication side effects to watch for when you went home?

1  ☐ Yes, completely
2  ☐ Yes, to some extent
3  ☐ No
4  ☐ I did not need an explanation

G8. Did a member of staff tell you about any danger signals you should watch for after you went home?

1  ☐ Yes, completely
2  ☐ Yes, to some extent
3  ☐ No
4  ☐ It was not necessary

G9. Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?

1  ☐ Yes, definitely
2  ☐ Yes, to some extent
3  ☐ No
4  ☐ No family or friends were involved
5  ☐ My family or friends did not want or need information

G10. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

1  ☐ Yes
2  ☐ No
3  ☐ Don’t know/Can’t remember
overall

H1. Overall, did you feel you were treated with respect and dignity while you were in the hospital?
   1. Yes, always
   2. Yes, sometimes
   3. No

H2. How would you rate how well the doctors and nurses worked together?
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor

H3. Overall, how would you rate the care you received?
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor

this text white

ABOUT YOU

J1. Are you male or female?
   1. Male
   2. Female

J2. What was your year of birth?
   (Please write in) e.g. 1934

J3. How old were you when you left full-time education?
   1. 16 years or less
   2. 17 or 18 years
   3. 19 years or over
   4. Still in full-time education

J4. Overall, how would you rate your health during the past 4 weeks?
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor
   6. Very poor
J5. To which of these ethnic groups would you say you belong? **(Tick ONE only)**

a. WHITE

1. □ British
2. □ Irish
3. □ Any other White background *(please write in)*

b. MIXED

4. □ White and Black Caribbean
5. □ White and Black African
6. □ White and Asian
7. □ Any other Mixed background *(please write in)*

c. ASIAN OR ASIAN BRITISH

8. □ Indian
9. □ Pakistani
10. □ Bangladeshi
11. □ Any other Asian background *(please write in)*

d. BLACK OR BLACK BRITISH

12. □ Caribbean
13. □ African
14. □ Any other Black background *(please write in)*

e. CHINESE OR OTHER ETHNIC GROUP

15. □ Chinese
16. □ Any other *(please write in)*
OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the hospital, please do so here.

Was there anything particularly good about your hospital care?

Was there anything that could have been improved?

Any other comments?
THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.
# Pressure ulcer incidence and prevalence data collection form

**Week Beginning: ** _ _ / _ _ / _ _ _ _

**Hospital** ____________________________  **Ward** ____________________________

<table>
<thead>
<tr>
<th>Patient Identifier No:</th>
<th>Patient Name</th>
<th>Site of Sore (code)</th>
<th>Grade of Sore (code)</th>
<th>Skin Intact on Admission Yes/No</th>
<th>If No where did it occur (code)</th>
<th>Patient Continence Status (code)</th>
<th>Bed occupancy/ Patient throughput</th>
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</table>
All codes are a number. Please match up the appropriate location, grade, care setting and incontinence and record the associated number.

Table 1

<table>
<thead>
<tr>
<th>SITES FOR PRESSURE ULCERS - (CODES)</th>
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</thead>
<tbody>
<tr>
<td>1. SACRUM 8. SPINE</td>
</tr>
<tr>
<td>2. BUTTOCKS 9. SHOULDERS</td>
</tr>
<tr>
<td>3. ISCHIA 10. OCCIPUT</td>
</tr>
<tr>
<td>4. HIPS 11. ELBOW</td>
</tr>
<tr>
<td>5. HEELS 12. EAR</td>
</tr>
<tr>
<td>6. MALLEOLI 13. OTHER</td>
</tr>
</tbody>
</table>

Table 2

Grade of Sore - Stirling Pressure Ulcer Severity Scale

<table>
<thead>
<tr>
<th>Patient location where tissue breakdown occurred:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other hospital (specify) __________________________________</td>
</tr>
<tr>
<td>2. Home ____________________________________________</td>
</tr>
<tr>
<td>3. Nursing Home ___________________________________</td>
</tr>
<tr>
<td>4. Residential home __________________________________</td>
</tr>
<tr>
<td>5. Other (specify) ___________________________________</td>
</tr>
</tbody>
</table>

Table 3

Type of incontinence - (codes)

| 1. Urinary |
| 2. Faecally |
| 3. Urine / faecal |
| 4. None |
### Table 1

**SITES FOR PRESSURE ULCERS - (CODES)**

| 1. SACRUM | 8. SPINE |
| 2. BUTTOCKS | 9. SHOULDERS |
| 3. ISCHIA | 10. OCCIPUT |
| 4. HIPS | 11. ELBOW |
| 5. HEELS | 12. EAR |
| 6. MALLEOLI | 13. OTHER |

### Table 2

**Grade of Sore - Stirling Pressure Ulcer Severity Scale**

### Table 3

**Patient location where tissue breakdown occurred:**

| 1. Other hospital (specify) |
| 2. Home |
| 3. Nursing Home |
| 4. Residential home |
| 5. Other (specify) |

### Table 4

**Type of incontinence - (codes)**

| 5. Urinary |
| 6. Faecally |
| 7. Urine / faecal |
| 8. None |
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We can also provide this information:

• by email
• in large print
• on audio tape or CD
• in Braille, and
• in community languages.

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