

What happened yesterday?



If a patient has been affected, please include their hospital number. Where there is nothing to report, write N/A in comments box.

1

Review details

Ward:
Scribe name: Role:
Date:

Team members present

<input type="checkbox"/> Clerk	<input type="checkbox"/> OT	<input type="checkbox"/> Discharge team	<input type="checkbox"/> CT
<input type="checkbox"/> HCA	<input type="checkbox"/> Nurse	<input type="checkbox"/> Consultant	<input type="checkbox"/> F2
<input type="checkbox"/> Physio	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> SpR	<input type="checkbox"/> F1

2

Concerns

Staffing levels

<input type="checkbox"/> Medical	<input type="text" value="Comment or N/A"/>
<input type="checkbox"/> Nursing	
<input type="checkbox"/> OT / PT	

Equipment

<input type="checkbox"/> Unavailable	<input type="text" value="Comment or N/A"/>
<input type="checkbox"/> Not working	

Services

<input type="checkbox"/> Phlebotomy	<input type="text" value="Comment or N/A"/>
<input type="checkbox"/> Echo	
<input type="checkbox"/> Radiology	
<input type="checkbox"/> Endoscopy	
<input type="checkbox"/> In-patient review	
<input type="checkbox"/> Delayed	
<input type="checkbox"/> Too junior	

Missed results / diagnosis

3

Events

Handover / communication problem

New hospital-acquired problem

<input type="checkbox"/> Pressure ulcer	<input type="checkbox"/> UTI	<input type="checkbox"/> C-Diff
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> MRSA	<input type="checkbox"/> Other

Patient deterioration

<input type="checkbox"/> Sepsis	<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Delirium	<input type="checkbox"/> Seen by medical team
<input type="checkbox"/> Fall	<input type="checkbox"/> Seen by outreach / ICU

Death

<input type="checkbox"/> Expected	<input type="text" value="Comment or N/A"/>
<input type="checkbox"/> Unexpected	

Patient not discharged as expected

4

Drug errors and other issues

<input type="checkbox"/> Prescription	<input type="checkbox"/> VTE	<input type="checkbox"/> Antibiotics
<input type="checkbox"/> Administration	<input type="checkbox"/> Analgesia	<input type="checkbox"/> Nutrition

5

What went really well?

6

Who will...

Arrange senior review / outreach for sick patient?	<input type="text" value="Name or N/A"/>
Change a prescription?	<input type="text" value="Name or N/A"/>
Escalate equipment problem / discharge delay?	<input type="text" value="Name or N/A"/>
Complete a DATIX?	<input type="text" value="Name or N/A"/>
Log patient for M&M discussion?	<input type="text" value="Name or N/A"/>
Other?	<input type="text" value="Name or N/A"/>