

**Clinical Audits** 

EXCELLENCE IN EMERGENCY MEDICINE

## Consultant Sign-off (2016/2017) Audit proforma

Data should be submitted at <u>https://rcem.l2s2.com</u> between 1 Aug 2016 - 31 Jan 2017

Orga	nisational audit – about your E	D			
Q1a-	e: Only one response per ED is e: Only non-English EDs should us run by HEE		h EDs should	d instead con	nplete the
Qla	How many patients attend main Emergency Department per year? (To nearest thousand per annum)	Leave blank if unknown			
Q1b	What is the casemix of your ED?	Adults only			
		Children only			
		Both adults and children			
Qlc	On a <b>weekday</b> , assuming all shifts are filled, how many staff would <b>usually</b>		Morning shift	Afternoon/ evening shift	Night shift
	be on each <b>clinical</b> shift?	Consultant	Leave	Leave	Leave
	(RCEM recommends using July 2016 as the census month)	Tier 4 (ST4+, senior clincial fellows, SaS)		blank if unknown	blank if unknown
		Tier 3 (CT3, clinical fellows, some GPs, junior SaS)			
		Tier 2 (F2, CT1,2 some GPs)			
		Tier 1 (FY1)			
		Non-medical practitioner (e.g. nurse)			
Q1d	On a <b>weekend</b> , assuming all shifts are filled, how many staff would <b>usually</b>		Morning shift	Afternoon/ evening shift	Night shift
	be on each <b>clinical</b> shift? (RCEM recommends using July 2016 as the census month)	Consultant	blank if b	Leave blank if unknown	Leave blank if unknown
		Tier 4 (ST4+, senior clincial fellows, SaS)			
		Tier 3 (CT3, clinical fellows, some GPs, junior SaS)			
		Tier 2 (F2, CT1,2 some GPs)			
		Tier 1 (FY1)			
		Non-medical practitioner (e.g. nurse)			

Qle	How many <b>vacant posts</b> do	Consultant	Leave blank if unknown
	you currently have?	Tier 4 (ST4+, senior clincial	
		fellows, SaS)	
	(RCEM recommends using	Tier 3 (CT3, clinical fellows,	
	July 2016 as the census	some GPs, junior SaS)	
	month)	Tier 2 (F2, CT1,2 some GPs)	
		Tier 1 (FY1)	
		Non-medical practitioner	
		(e.g. nurse)	

Orgo	Organisational audit – about consultant sign-off		
	Q1f-h: Only one response per ED is required Q1f-h: All EDs should complete this section		
Q1f	How easy is it to collect data about Consultant sign-off in your ED?	Fully automated	
		Straightforward	
		Problematic	
		Difficult	
Qlg		Yes	
	existence of the consultant sign-off standard have an effect on the clinical management of patients? If so, what are the effects?	No	
Q1h	In your opinion, does the existence of the consultant sign-off standard have an effect on the decision to admit or discharge patients? If so, what are the effects?	Yes	
		No	

Patien	Patient audit		
All ED:	All EDs should complete this section		
Q2	Patient reference		
Q3	Date of arrival (dd/mm/yyyy) dd/mm/yyyy		
Q4	Time of arrival (Use 24 hour clock e.g. 11.23pm = 23:23)	HH:MM	
		Atraumatic chest pain in patients aged 30 years and over	
		Fever in children under 1 year of age	
Q5	Patient group	Patients making an unscheduled return to the ED with the same condition within 72 hours of discharge	
		Abdominal pain in patients aged 70 years and over	
		Discharged from the ED	
Q6	Patient outcome	Patient died	
		Not recorded	
Q7a	Grade of most senior ED doctor to actually see and assess the patient in person	Consultant	
		Associate specialist	
		Staff grade/specialty doctor	
		Senior clinical fellow (registrar or equivalent)	

Royal College of Emergency Medicine 2016/17

		luniar aliniaal fallow (SUC) ar	
		Junior clinical fellow (SHO or	
		equivalent) ST4-7	
		ST3	
		ST1-2	
		FY1-2	
		Non-medical practitioner (e.g. nurse)	
		Yes	
Q7b	Was this doctor a locum?	No	
		N/A	
		Consultant	
		Associate specialist	
		Staff grade/specialty doctor	
		Senior clinical fellow (registrar or	
		equivalent)	
	Grade of most senior ED doctor with whom the patient was discussed during their visit to the ED	Junior clinical fellow (SHO or	
Q8a		equivalent)	
		ST4-7	
		ST3	
		STI-2	
		FY1-2	
		Non-medical practitioner (e.g. nurse)	
		Yes	
Q8b	Was this doctor a locum?	No	
		N/A	
		Consultant	
		Associate specialist	
		Staff grade/specialty doctor	
		Senior clinical fellow (registrar or	
		equivalent)	
	Crade of most conjer ED dector to	Junior clinical fellow (SHO or	
Q9a	Grade of most senior ED doctor to retrospectively review the patient's case following their visit to the ED	equivalent)	
Q/U		ST4-7	
		ST3	
		ST1-2	
		FY1-2	
		Non-medical practitioner (e.g. nurse)	
		Not reviewed	
		Yes	
Q9b	Was this doctor a locum?	No	
		N/A	

Notes

Question	Definition
Q1c-d	Do not include shifts by staff working pre-hospital unless this is part of this trust.
	Do not include non-clinical activity in the clinical shifts e.g. management, teaching (even if on the floor).