

Appendix 1: Review Form 1 (RF1)

NZQHS

NEW ZEALAND QUALITY OF HEALTHCARE STUDY

CONFIDENTIAL

NURSE REVIEW FORM (RF1)

HEALTH CARE USER No. _____

PATIENT NAME: _____
(Surname) (Given Names)

STUDY NUMBER

_____ Hospital No _____ Record No.

DATE OF BIRTH

_____ D D M M Y Y Y Y

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. RED for corrections or deletions.
4. This page to be removed and destroyed by project manager ONLY after all review elements are completed and prior to removal of review forms from the hospital.

DO NOT FILE IN THE MEDICAL RECORD

IF FOUND RETURN TO THE ADDRESS BELOW

Screener ID Number: _____

Study Number: _____

Date of Birth: _____
 D D M M Y Y Y Y

Sex: _____

Date of Admission: _____
 D D M M Y Y Y Y

Date of Discharge: _____
 D D M M Y Y Y Y

Time Commenced Review: _____
 (use 24 hour clock)

Time Review Finished: _____
 (use 24 hour clock)

Total time spent reviewing in minutes: _____
 (Do not include interruption time off)

Date of review _____
 D D M M Y Y Y Y

SECTION I SUMMARY AND DOCUMENTATION

1. PLEASE PROVIDE A BRIEF CLINICAL SUMMARY

2. MEDICAL DOCUMENTATION ADEQUATE TO SUPPORT QUESTIONNAIRE:

- 1=Yes **If YES**, continue ↓
 2=No **If NO**, continue
 3=Record Not found
 4=Day Stay patient
 5=Other

3. IF YOU ANSWERED 'YES' TO QUESTION "2" WAS THERE:

- | | | |
|--------------------------------|---|---------|
| 1. Initial medical assessment | — | 1 = Yes |
| 2. Medical progress notes | — | 2 = No |
| 3. Nursing progress notes | — | 3 = N/A |
| 4. Procedure documentation | — | |
| 5. Pathology reports | — | |
| 6. Discharge summary | — | |
| 7. Other (give details): _____ | — | |

4. CRITERIA PRESENT:

- 1 = Yes **If Yes**, continue ↓
 2 = No **If No**, continue ↓

SECTION II SCREENING CRITERIA

1. Unplanned admission (including readmission) as a result of any healthcare management prior to this admission. — 1 = Yes, within 12 mths prior to this admission
2 = Yes, more than 12 mths prior to this admission
3 = No

2. Unplanned admission to any hospital, post this discharge. — 1 = Yes, within 12 mths post this discharge
2 = Yes, more than 12 mths post this discharge
3 = No

3. Hospital-incurred patient accident or injury. — 1 = Yes
2 = No

4. Adverse drug reaction. — 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. Unplanned return to the operating room 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 (e.g. AMI, 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 disease during this hospitalisation). — 1 = Yes
2 = No

12. Inappropriate discharge. — 1 = Yes
2 = No

13. Cardiac/respiratory arrest, low APGAR score. — 1 = Yes
2 = No

14. Injury or complications related to abortion 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 of the other criteria). — 1 = Yes
2 = No

SECTION IV ADVERSE EVENT DETERMINATION

20. DID THE PATIENT SUSTAIN AN UNINTENDED INJURY RESULTING IN
A TEMPORARY OR PERMANENT DISABILITY AND/OR PROLONGED
LENGTH OF STAY, AS A CONSEQUENCE OF HEALTH CARE MANAGEMENT?

— 1 = Yes
2 = No