

Department of Obstetrics &
Gynaecology

HOSPITAL SITE
CARE PLAN

T. A. H.

Name:

Unit Number:

Consultant:

Nursing Team:

Named Nurse:

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Total Abdominal Hysterectomy

Collaborative Care Plan

Aims

To enhance a team approach to patient care and to provide a comprehensive, integrated record of care.

Guidelines for Use

1. The care plan guidelines must not be applied slavishly or automatically. They are not substitutes for professional judgement.
2. If in your professional judgement the guidelines are inappropriate you must document the reason for the variation.
3. All professionals involved with the patient must document the care given.
4. Each entry must be signed and the name also written in capital letters.
5. Where both RGN/MED are identified to perform the care, it is appropriate for either professional to undertake the care.

REGISTRATION NUMBER:
 FIRST NAME
 SURNAME:
 ADDRESS:

D.O.B. AGE

CONSULTANT:

PATIENT HOME TEL No.

G.P. NAME & ADDRESS

 TELEPHONE NO.

ALLERGIES:
 (State allergen and describe effect on patient).

PATIENT PREFERS TO BE CALLED:	NAMED NURSE INFO:
MARITAL STATUS:	
PATIENT'S OCCUPATION:	

What is the patient's first language ?
 Do they need the services of an interpreter ? YES / NO
 Name of Link worker/Interpreter
 Contact point
 Patient's Religion:
 Chaplaincy Support:

Reason for Admission:

 Subsequent Diagnosis:

RELATIVES OR PERSONS TO BE CONTACTED - must be completed

NAME	PRIMARY / SECONDARY CONTACT (DELETE)
ADDRESS:	RELATIONSHIP:
TELEPHONE HOME:	AWARE OF ADMISSION: YES / NO
WORK:	CONTACT AT NIGHT: YES / NO
	COMMENTS:

NAME	PRIMARY / SECONDARY CONTACT (DELETE)
ADDRESS:	RELATIONSHIP:
TELEPHONE HOME:	AWARE OF ADMISSION: YES / NO
WORK:	CONTACT AT NIGHT: YES / NO
	COMMENTS:

ADMISSION DATE	TIME	TYPE OF ADMISSION	ACCOMPANIED BY:	I.D. BRACELET CHECKED & CORRECT	ADMITTED BY:							
WARD:	TRANSFERRED TO:	DATE:	TRANSFERRED TO:	DATE:								
ETHNIC GROU 243 Circle												
0A	1A	2A	2B	3A	4A	5A	6A	7A	8B	8C	8D	8A

**TOTAL ABDOMINAL
HYSTERECTOMY**

SURNAME:

FIRST NAME:

HOSPITAL NUMBER:

Number	Pre-operative Assessment Date:	Staff Discipline	Signature	Comments																										
	Medical clerking including physical examination	MED		}see clerking }sheet																										
	Consent	MED																												
	Investigations as per Pre-op assessment protocol	RGN/MED																												
	<table border="0"> <tr> <td></td> <td style="text-align: right;">Performed [Tick]</td> <td></td> </tr> <tr> <td>Full Blood Count</td> <td>[]</td> <td></td> </tr> <tr> <td>Group and Save</td> <td>[]</td> <td></td> </tr> <tr> <td>Crossmatch</td> <td>[]</td> <td></td> </tr> <tr> <td>Urea and Electrolytes</td> <td>[]</td> <td></td> </tr> <tr> <td>Chest X-ray</td> <td>[]</td> <td></td> </tr> <tr> <td>ECG</td> <td>[]</td> <td></td> </tr> <tr> <td>Other</td> <td>[]</td> <td></td> </tr> <tr> <td>MSU</td> <td>[]</td> <td></td> </tr> </table>		Performed [Tick]		Full Blood Count	[]		Group and Save	[]		Crossmatch	[]		Urea and Electrolytes	[]		Chest X-ray	[]		ECG	[]		Other	[]		MSU	[]			
	Performed [Tick]																													
Full Blood Count	[]																													
Group and Save	[]																													
Crossmatch	[]																													
Urea and Electrolytes	[]																													
Chest X-ray	[]																													
ECG	[]																													
Other	[]																													
MSU	[]																													
	Anaesthetic assessment	MED		see anaesthetic sheet																										
	Physiotherapy information/assessment	Physio																												
	Nursing assessment	RGN		}see nursing }admission																										
	Moving & Handling assessment	RGN		}sheets																										
	Discuss Care Plan	RGN/MED																												
	Instructions for Admission including contact numbers.	RGN																												
	Confirm information leaflets supplied.	RGN																												
	Ward visit offered.	S/W																												

Medical assessment

Date:

History of present complaint

LMP:

Proposed operation:

Indications:

Past gynaecological & obstetric history

G__ P__ (mode of delivery, any haemorrhage, recovery from confinements etc)

Menstrual cycle

Cervical smear record

Contraception

Other

Past medical & surgical history

Family & Social history

Smoker / Non smoker:

Alcohol:

Medication:

Allergies:

Findings on examination

Temp: Pulse: Blood Pressure: mmHg

Weight: Height: BMI: Waterlow score:

CVS:

RS:

Abdo:

Pelvis

Signature _____
Print Name _____

Surname _____ First name _____ page no.

Hospital number _____

Nursing assessment

Mobilising (usual mobility, aids used, risk of falls.)

Pain (describe location, type, duration & onset. What is used to relieve pain?)

Communication (problems with sight/hearing/speech. Any aids used? Any confusion?)

Personal Hygiene (preferred method & frequency of washing Any aids used? Skin condition.)

Eating & Drinking (any special diet? Any problems with eating? Dentures?)

Elimination

Bowels:

Bladder:

Sleeping & Rest (usual sleep pattern, method of relaxation.)

Cultural needs (any special needs or services required?)

Work & Play (convalescent period, exercise advice.)

Sexuality (any anxieties about privacy, procedure or operation?)

Discharge planning assessment

Full needs assessment required? Y / N

Home environment (description of accommodation, who patient lives with, any dependants?)

Services (any received or required?)

Transport arrangements (who is taking the patient home?)

Discharge address:

Signature _____

Print name _____

**TOTAL ABDOMINAL
HYSTERECTOMY**

SURNAME:

FIRST NAME:

HOSPITAL NUMBER:

number	Admission Day Date	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
1 .	Confirm pre-operative assessments complete	RGN			
2.	Recheck nursing assessment	S/W RGN			
3.	Introduce Named Nurse	RGN			
4.	Ward orientation	S/W RGN			
5.	Measure for stockings when required as per consultant guidelines	RGN			
6.	Check bowel activity - give enema if necessary	RGN S/W			
7.	Give prescribed medication	RGN			
8.	Fast a) from midnight b) from early 0700 breakfast	S/W RGN			
	Ensure pre-operative investigation results are available for theatre	MED/RGN			

**TOTAL ABDOMINAL
HYSTERECTOMY**

SURNAME:

FIRST NAME:

HOSPITAL NUMBER:

number	Day of Operation (07.00-06.59 hours) Date	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
1.	<p>Nil by mouth from (at least 6 hours Pre-op)</p> <p>a) Wash - Bath/Shower</p> <p>b) Shave - top inch</p> <p>c) Stockings</p> <p>d) Checklist - theatre</p> <p>e) Instruct patient to empty bladder</p> <p>f) Pre-medication (inc Heparin)</p>	<p>RGN S/W</p> <p>S/W RGN</p> <p>S/W RGN</p> <p>RGN</p> <p>RGN</p> <p>RGN</p>			
2.	Escort to theatre	S/W RGN			
3.	Prepare safe environment for return of patient to ward	S/W RGN			

OPERATION NOTES (including findings)

SURGEON:
ANAESTHETIST:
OPERATION:

DATE:

POST OPERATIVE INSTRUCTIONS:

Signature _____
Print Name _____

**TOTAL ABDOMINAL
HYSTERECTOMY**

**SURNAME:
FIRST NAME:
HOSPITAL NUMBER:**

number	Day of Operation (07.00-06.59 hours) Date	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
4.	<i>Post-op</i> Safely collect patient from Recovery	RGN			
5.	Maintain airway - O ² therapy until	RGN			
6.	Maintain T.P.R. and B.P. recordings - (observe pallor and general condition) frequencyx...../Review athours	RGN			
7.	Check dressings to wound site and drains frequency/Review at hours	RGN			
8.	Check vaginal bleeding frequencyx..... Review athours	RGN			
9.	Assess pain control and act accordingly	RGN MED			
10.	Pressure area assessment and Moving and handling re-assessment	RGN			
11.	Assess need for antiemetic and administer as required/prescribed a) Assess iv fluid regime requirements b) Maintain iv fluids/blood transfusion as prescribed. Monitor cannula site	MED RGN MED RGN			
12.	Assess urine output and need for residual urinary catheter if not passed urine within 12 hours	RGN			
13.	Check skin integrity and give pressure area care	RGN S/W			
14.	Give mouth care	RGN S/W			
15.	Encourage deep breathing and leg exercises	RGN S/W			
16.	Check emotional well being	RGN S/W			
17.	Assist patient to a comfortable position	RGN S/W			
18.	Assist with hygiene needs	RGN S/W			
19.	Discuss plan of care with a) Patient b) Relative	RGN MED			
20.	Observe sleep pattern	RGN S/W			

**TOTAL ABDOMINAL
HYSTERECTOMY**

SURNAME:

FIRST NAME:

HOSPITAL NUMBER:

number	DAY ONE (07.00-06.59 hours) Date:	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
1.	Assess pain control and act accordingly	RGN MED			
2.	Assess need for antiemetic and administer as required/prescribed	RGN			
3.	Maintain TPR and BP recordings as required.	RGN			
4.	Maintain iv fluids as prescribed and monitor cannula site	RGN			
5.	Assess urine output and need for continuous bladder drainage if required	RGN			
6.	Check dressings to wound site and drains site	RGN			
7.	Observe vaginal loss and wound drain output	RGN			
8.	Assist with hygiene needs.	S/W RGN			
9.	Pressure area assessment and Moving and Handling re-assessment	S/W RGN			
10.	Check for evidence of thrombosis/encourage leg and deep breathing exercise/mobilise out of bed	S/W RGN			
11.	Administer medications as prescribed.	RGN			
12.	Review by medical staff: Chest Abdomen Legs iv Fluid regime	MED			
13.	Check emotional well being.	S/W RGN			
14.	Discuss operation procedure, findings and plan of care with: a) Patient b) Relative (with Patient's consent)	MED			
15.	Discuss progress and care plan with: a) Patient b) Relative (with Patient's consent)	RGN			
16.	Assist patient to comfortable position.	RGN S/W			
17.	Observe sleep pattern.	RGN			

**TOTAL ABDOMINAL
HYSTERECTOMY**

SURNAME:
FIRST NAME:
HOSPITAL NUMBER:

number	DAY TWO (07.00-06.59 hours) Date	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
1.	Assess pain control and act accordingly.	RGN			
2.	Assess need for antiemetic and administer as required/prescribed.	RGN			
3.	Maintain TPR and BP recordings as required.	RGN			
4.	Commence light diet.	RGN S/W			
5.	Assess fluid intake oral/iv.	RGN			
5b	Assess urine output . Assess need for removal of urinary catheter if in situ and obtain CSU.	RGN			
5c	Observe for bowel activity.	RGN S/W			
6.	Remove iv cannulae.	RGN			
7.	Remove theatre dressings and assess wound and drain sites.	RGN			
7b	Observe vaginal loss.	RGN			
8.	Assist with hygiene needs.	RGN S/W			
9.	Pressure area assessment and Moving and Handling re-assessment.	RGN S/W			
10.	Encourage mobilising, deep breathing/leg exercises (potential post-op complications).	RGN S/W			
11.	Medical Review: Chest Abdomen Legs Urinary output FBC	MED MED MED MED MED RGN			
12.	Check emotional well being.	RGN S/W			
13.	Administer medications as prescribed.	RGN			
14.	Discuss progress and care plan with:- a) Patient b) Relative (with Patient's consent)	RGN			
15.	Observe sleep pattern.	RGN			

**TOTAL ABDOMINAL
HYSTERECTOMY**

SURNAME:
FIRST NAME:
HOSPITAL NUMBER:

number	DAY THREE (07.00-06.59 hours) Date	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
1.	Assess pain control, record & act accordingly.	RGN			
2.	Encourage adequate diet and fluids.	RGN S/W			
3.	Maintain temperature & pulse recordings as required.	RGN			
4.	Assess urine output	RGN			
5.	Check wound site.	RGN			
6.	Observe vaginal loss.	RGN			
7.	Encourage mobilising, deep breathing & leg exercises.	RGN			
8.	Administer medications as prescribed.	RGN			
9.	Check/Enquire about bowel activity & act accordingly.	RGN			
10.	Medical Review: Chest Abdomen Legs	MED			
11.	Check emotional well being.	RGN S/W			
12.	Discuss progress and Discharge arrangements with:- a) Patient b) Relatives (with Patient's consent)	RGN			
13.	Observe sleep pattern.	RGN S/W			

**TOTAL ABDOMINAL
HYSTERECTOMY**

**SURNAME:
FIRST NAME:
HOSPITAL NUMBER**

number	PREPARATION FOR DISCHARGE DAY (07.00-06.59 hours) Date	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
1.	Assess pain control, record & act accordingly.	RGN			
2.	Maintain temperature and pulse recordings as required (at 1600 hours).	RGN			
3.	Check wound site.	RGN			
4.	Observe vaginal loss.	RGN			
5.	Observe for potential post-op complications.	RGN			
6.	Administer medications as prescribed.	RGN			
7.	a) Discharge advice - verbal/written b) Check transport arrangements. c) Arrange outpatient appointment as required. Date.../.../... Time..... d) Give physiotherapy exercise advice leaflet and contact physiotherapist if needed.	MED RGN RGN RGN/WC RGN			
8.	Medical Review: Chest Abdomen Legs Prescribe discharge medication.	MED			
9.	Order discharge medication.	RGN			
10.	Check emotional well being.	RGN			
11.	Discuss progress and care plan with: a) Patient b) Relative (with Patient's consent)	RGN			
12.	Observe sleep pattern.	RGN S/W			

**TOTAL ABDOMINAL
HYSTERECTOMY**

SURNAME:

FIRST NAME:

HOSPITAL NUMBER:

number	DISCHARGE DAY - Day (07.00-06.59 hours) Date	Staff Discipline	Signature		
			07.00hrs 14.59hrs	15.00hrs 21.29hrs	21.30hrs 06.59hrs
1.	Assess pain control, record & act accordingly.	RGN			
2.	Maintain temperature and pulse recordings as required.	RGN			
3.	Remove sutures / clips if necessary.	RGN			
4.	Observe vaginal loss.	RGN			
5.	Administer medications as prescribed.	RGN			
6.	Check through any discharge medication prescribed with patient.	RGN			
7.	D/N or S/S arranged as required.	RGN			
8.	Medical review: Pre discharge review.	MED			
9.	Discharge letter.	MED			
10.	Discharge appointment given / posted if required.	RGN			
11.	Ensure patient is fully prepared for discharge.	RGN			
12.	Sick note / Westfield forms completed.	RGN			
13.	Ensure patient leaves the ward escorted by relative / friend / ambulance/ medicar escort.	RGN			

Department of Obstetrics & Gynaecology

IL

HOSPITAL SITE CARE PLAN

ABDOMINAL SURGERY

Name:

Unit Number:

Consultant:

Nursing Team:

Named Nurse:

Ward:

Date:



PRE OPERATIVE NOTES



Hospital No:
 First Name:
 Surname:
 Address:

Admission Date:	Time:	Type of Admission:
Accompanied by:	ID Bracelet checked & correct	Admitted by:

D.O.B: AGE:	Reason for Admission:
CONSULTANT:	Subsequent treatments/diagnosis:
PATIENT HOME TEL No:	
Patient prefers to be called:	
Material Status: M / S / D / W / Sep	Date:
Occupation:	Date:
GP Name & Address:	Allergies: (Specify)
Telephone No:	Signature Date:

Name:	Primary Contact
Address:	Relationship:
Home Telephone No:	Aware of Admission: YES / NO
Work Telephone No:	Contact at Night: YES / NO
	Comments:

Name:	Secondary Contact
Address:	Relationship:
Home Telephone No:	Aware of Admission: YES / NO
Work Telephone No:	Contact at Night: YES / NO
	Comments:
If second contact not given - admitting nurse must sign below to confirm patient has been asked	
Signature	

What is patient's first language?	Patient's Religion:
Do they need an interpreter? YES / NO	Chaplaincy Support:
Name of Link worker/interpreter:	Informed of Chapel/Multifaith Room? YES / NO
Contact Point:	Specific Religious/Ethnic needs? YES / NO

ETHNIC GROUP ²⁶⁸ - Please circle

0A	1A	2A	2B	3A	4A	5A	6A	7A	8A	8B	8C	8D
----	----	----	----	----	----	----	----	----	----	----	----	----

PRE-OPERATIVE ASSESSMENT

Medical Assessment

Date:

History of present complaint

LMP:

Proposed operation:

Indications:

Past gynaecological and obstetric history

G__ P__ (mode of delivery, any haemorrhage, recovery from confinements etc.)

Menstrual cycle:

Cervical smear record:

Contraception:

Other:

Past medical and surgical history

Family and social history

Smoker / Non smoker

Alcohol:

Medication:

Allergies

Findings on examination

Temp: Pulse: Blood Pressure: / mmHg

Weight: Height: BMI: Waterlow score:

CVS:

RS:

Abdo:

Pelvis:

Risk of venous thromboembolic disease: low / moderate / high
Prophylaxis prescribed as required (refer to handbook for details).

SURNAME: _____ FIRST NAME: _____

HOSPITAL NUMBER: _____

NURSING ASSESSMENT

Mobility: (usual mobility, aids used, risk of falls)

Moving and Handling Assessment: (complete form)

Pain: (describe location, type, duration and onset. What is used to relieve the pain?)

Pain Score:

Communication: (problems with sight/hearing/speech. Any aids used? Any confusion?)

Personal Hygiene:

Eating and Drinking: (any special diet? Any problems with eating? Dentures?)

Elimination: - Bowels - Bladder

Sleeping and Rest: (usual sleep pattern, method of relaxation)

Cultural Needs: (any special needs or services required?)

Work and Play: (convalescent period, exercise advice)

Sexuality: (any anxieties about privacy, procedure or operation?)

DISCHARGE PLANNING ASSESSMENT

Full needs assessment required? YES / NO

Home environment: (description of accommodation, who patient lives with, any dependents?)

Services: (any received or required?)

Transport arrangements: (who is taking the patient home?)

Discharge address:

SURNAME: _____ FIRST NAME: _____

HOSPITAL NUMBER: _____

PRE-OPERATIVE ASSESSMENT NOTES

DATE AND TIME	NURSING PROGRESS NOTES	SIGNATURE

DATE AND TIME	MEDICAL NOTES	SIGNATURE

NUMBER	PRE-OPERATIVE ASSESSMENTS	STAFF DISCIPLINE	SIGNATURE	COMMENTS
1	Medical clerking including physical examination.	MED		See medical assessment sheet
2	Investigations as per Pre-operative Assessment Protocol. Performed (TICK) Full Blood Count <input type="checkbox"/> Group and Save <input type="checkbox"/> Crossmatch Units <input type="checkbox"/> Urea and Electrolytes <input type="checkbox"/> Chest X Ray <input type="checkbox"/> ECG <input type="checkbox"/> MSU <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/>	RGN/MED		
3	Consent obtained.	MED		
4	Venous thromboembolic disease - prophylaxis prescribed.	MED		
5	Patient seen by Consultant Gynaecologist.	MED		See medical notes.
6	Anaesthetic assessment completed.	MED		See anaesthetic sheet
7	Physiotherapy information and assessment completed.	Physio		See nursing assessment sheet
8	Nursing assessment completed.	RGN		
9	Care plan discussed.	RGN/MED		
10	Instructions for admission including contact numbers given. Patient's concerns addressed.	RGN		
11	Confirm information leaflets supplied.	RGN		
12	Ward visit offered.	S/W		

Pre-operative assessment complete YES / NO.

RGN signature

INPATIENT NOTES

SURNAME: _____ **FIRST NAME:** _____

HOSPITAL NUMBER: _____

NUMBER	ADMISSION DAY DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Confirm pre-operative assessment complete.	RGN			
2	Recheck nursing and medical assessment.	RGN/MED			
3	Introduce Named Nurse and Nursing Team.	RGN			
4	Ward orientation.	RGN/ S/W			
5	Wrist label worn and correct.	RGN/ S/W			
6	Measure for anti-embolism stockings	RGN/ S/W			
7	Stimulate bowel activity e.g. enema	RGN			
8	Give prescribed medication.	RGN			
9	Fast a) From midnight b) From early breakfast - 07.00	RGN/ S/W			
10	Ensure pre-operative investigation results are available for theatre.	MED/ RGN			
11	Spenco mattress in situ: YES / NO	RGN/ S/W			
12	Valuables maintained by patient.	RGN/ S/W			
13	Patient's own medication retained by patient.	RGN			

CONSENT FORM

For medical or dental investigation, treatment or operation



PD 446(a)

Patient's Surname

Other Names

Date of Birth Male Female

Unit Number

DOCTORS OR DENTISTS (This part to be completed by doctor or dentist. See notes on the reverse)

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

I confirm that I have explained the operation, investigation or treatment, and such appropriate options as are available and the type of anaesthetic, if any (general/local/sedation) proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Signature Date / /

Name of doctor or dentist

PATIENT / PARENT / GUARDIAN

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation, or if you want more information, you should ask the doctor or dentist.
3. Please check that all the information on the form is correct. If it is, and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

- I agree to what is proposed which has been explained to me by the doctor / dentist named on this form.
- to the use of the type of anaesthetic that I have been told about.
- that tissue samples removed as part of the above surgical procedure, that are not required for diagnosis, may be used for research purposes without my further consent.
- I understand that the procedure may not be done by the doctor / dentist who has been treating me so far.
- that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
- I have told the doctor or dentist about the procedures listed below I would not wish to be carried out without my having the opportunity to consider them first.

Signature

Name

Address (if not the patient)

OPERATION NOTES

SURNAME: _____ FIRST NAME: _____

HOSPITAL NUMBER: _____

OPERATION:

Surgeon: Date:

Anaesthetist Anaesthetic:

(continue overleaf if necessary)

POST OPERATIVE INSTRUCTIONS:

Wound closure material

When
to be
removed

	S/C PDS	
	S/C Vicryl	
	S/C Prolene	
	Interrupted Silk	
	Interrupted Prolene	
	Interrupted Vicryl	

Urinary catheter:

Wound drain:

Signature:

SURNAME: _____

FIRST NAME: _____

HOSPITAL NUMBER: _____

NUMBER	DAY OF OPERATION (07.00 Hrs - 06.59 Hrs) DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Post operation Safely collected patient from recovery	RGN			
2	Airway maintained. O ₂ Therapy until	RGN			
3	Temp, pulse and blood pressure confirmed as normal. General condition satisfactory. Hourly observations for 4 hours. Commence 4 hourly observations.	RGN			
4	Wound dressing intact with minimal oozing. Abdo drains less than 20mls/hr. Hourly observations for 4 hours. Commence 4 hourly observations.	RGN			
5	Vaginal bleeding minimal. Hourly observations for 4 hours. Commence 4 hourly observations.	RGN			
6	Pain controlled. Pain score chart maintained.	RGN/MED			
7	a) Maintain intravenous infusion / blood transfusion as prescribed. b) Cannula site patent.	RGN/MED			
8	No nausea or vomiting.	RGN/MED			
9	Urine output greater than 30 mls/hr.	RGN			
10	Pressure areas inspected: skin intact and normal colour and temp. Waterlow score documented.	RGN			
11	Moving & Handling re-assessed.	RGN			
12	Mouth care given.	RGN/ S/W			
13	Leg exercises and deep breathing commenced. No evidence of thrombosis.	RGN/ S/W			
14	Emotional well being satisfactory.	RGN/ S/W			
15	Personal hygiene provided including mouthcare.	RGN/ S/W			
16	Plan of care discussed with: a) patient b) relatives (with consent of patient)	RGN/ MED			
17	Patient assisted into a comfortable position.	RGN/ S/W 279			
18	Slept well.	RGN/ S/W			

SURNAME: _____

FIRST NAME: _____

HOSPITAL NUMBER: _____

NUMBER	DAY ONE (07.00 Hrs - 06.59 Hrs) DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Maintain O ₂ Therapy until Airways maintained.	RGN			
2	Apyrexial. Normotensive. Pulse normal. 4 hourly observations continued.	RGN			
3	Wound dressing intact and dry.	RGN			
4	Abdo drains contain less than 100 mls.	RGN			
5	Vaginal bleeding minimal.	RGN			
6	Pain controlled. Pain score chart maintained.	RGN/MED			
7	a) Maintain intravenous fluid/blood transfusion as prescribed. b) Cannula site patent. c) Commence oral fluids.	RGN/MED			
8	No nausea or vomiting.	RGN/MED			
9	Urine output greater than 30 mls an hour. Remove catheter	RGN			
10	Pressure areas inspected: skin intact, normal colour and temp. Waterlow score documented.	RGN			
11	Moving & Handling re-assessed.	RGN			
12	No evidence of thrombosis. Continue leg & deep breathing exercise / mobilise out of bed.	RGN/ S/W			
13	Review: a) Chest b) Abdomen-bowel sounds c) Legs d) Medication	MED			
14	Administer medication as prescribed.	RGN			
15	Emotional well being satisfactory.	RGN/ S/W			
16	Personal hygiene needs provided including mouthcare.	RGN/ S/W			
17	Plan of care discussed with: a) patient b) relatives (with consent of patient)	RGN/ MED			
18	Patient assisted into a comfortable position.	RGN/ S/W			
19	Slept well.	RGN/ S/W			

SURNAME: _____

FIRST NAME: _____

HOSPITAL NUMBER: _____

NUMBER	DAY TWO (07.00 Hrs - 06.59 Hrs) DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Apyrexial. Normotensive. Pulse normal. 4 hourly observations continued.	RGN			
2	Remove theatre dressing(s). Ensure wound is healing.	RGN			
3	Vaginal bleeding less than minimal.	RGN			
4	Remove abdominal drain				
5	Pain controlled. Pain score chart maintained.	RGN/MED			
6	a) Continue oral fluids. b) Commence light diet. c) Remove IV Cannula.	RGN/MED			
7	Urine output greater than 50 mls an hour. Obtain a CSU from CBD if in situ.	RGN			
8	Bowel active (passing flatus).	RGN/ MED			
9	Pressure areas inspected: skin intact, normal colour and temp. Waterlow score documented.	RGN			
10	Moving & Handling re-assessed.	RGN			
11	No evidence of thrombosis or chest infection.	RGN			
12	Review: a) Chest b) Abdomen c) Legs d) Urinary output e) FBC	MED MED MED MED MED/ RGN			
13	Administer medication as prescribed.	RGN			
14	Emotional well being satisfactory.	RGN/ S/W			
15	Personal hygiene needs provided including mouthcare.	RGN/ S/W			
16	Plan of care discussed with: a) patient b) relatives (with consent of patient)	RGN/ MED			
17	Patient assisted into a comfortable position.	RGN/ S/W			
18	Slept well.	RGN/ S/W			

SURNAME: _____

FIRST NAME: _____

HOSPITAL NUMBER: _____

NUMBER	DAY THREE (07.00 Hrs - 06.59 Hrs) DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Apyrexial. Pulse is normal. Daily observations (at 18.00 hrs) commenced.	RGN			
2	Wound is healing.	RGN			
3	Vaginal loss less than spotting.	RGN			
4	Pain controlled. Pain score chart maintained.	RGN/ S/W			
5	Eating and drinking activity returned to normal.	RGN/ MED			
6	Urine output returned to normal.	RGN			
7	Bowels opened.	RGN/ MED/ S/W			
8	Pressure areas inspected: skin intact, normal colour and temp. Waterlow score documented.	RGN			
9	Moving & Handling re-assessed.	RGN			
10	No evidence of thrombosis or chest infection.	RGN			
11	Review: a) Chest b) Abdomen c) Legs	MED MED MED			
12	Administer medication as prescribed.	RGN			
13	Emotional well being satisfactory.	RGN/ S/W			
14	Personal hygiene needs provided including mouthcare.	RGN/ S/W			
15	Plan of care discussed with: a) patient b) relatives (with consent of patient)	RGN/ MED			
16	Slept well.	RGN/ S/W			

SURNAME: _____

FIRST NAME: _____

HOSPITAL NUMBER: _____

NUMBER	PREPARATION FOR DISCHARGE DAY(07.00 Hrs - 06.59 Hrs) DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Apyrexial. Pulse regular. Daily observations (at 18.00 hrs) continued.	RGN			
2	Wound is healing.	RGN			
3	Vaginal bleeding less than spotting.	RGN			
4	Pain controlled. Pain score chart maintained.	RGN/ MED			
5	Nutritional intake has returned to normal.	RGN/ S/W			
6	Bladder activity has returned to normal.	RGN			
7	Bowel activity has returned to normal.	RGN			
8	Waterlow score documented. Returned to normal?	RGN			
9	Moving & Handling re-assessed. Returned to normal?	RGN			
10	No evidence of thrombosis or chest infection.	RGN			
11	Review: a) Chest b) Abdomen c) Legs d) Prescribe discharge medication	MED MED MED MED			
12	Administer medication as prescribed.	RGN			
13	Discharge medication ordered from pharmacy.	RGN			
14	a) Discharge advice given - verbal/ written. b) Transport arrangements confirmed. c) Follow up appointment arranged as required: Date ___ / ___ / ___ at ___ : ___ d) Physiotherapy discharge advice given.	RGN RGN RGN Physio			
15	Emotional well being satisfactory.	RGN/ S/W			
16	Personal hygiene needs returned to normal.	RGN/ S/W			
17	Plan of care discussed with: a) patient b) relatives (with consent of patient)	RGN/ MED			
18	Slept well.	287 RGN/ S/W			

SURNAME: _____

FIRST NAME: _____

HOSPITAL NUMBER: _____

NUMBER	DISCHARGE DAY DAY(07.00 Hrs - 06.59 Hrs) DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Apyrexial. Pulse normal. Daily observations (at 18.00 hrs) continued.	RGN			
2	Wound is healing. Sutures removed if required (see operation note).	RGN			
3	Vaginal bleeding less than spotting.	RGN			
4	Pain controlled. Pain score chart maintained.	RGN/ MED			
5	Nutritional intake normal.	RGN/ S/W			
6	Waterlow score documented.	RGN			
7	Moving & Handling re-assessed.	RGN			
8	Personnel hygiene needs returned to normal	RGN/ S/W			
9	No evidence of thrombosis or chest infection.	RGN/ S/W			
10	Medical review: pre discharge review.	MED			
11	Administer medication as prescribed.	RGN			
12	Discharge medication checked with patient.	RGN			
13	Discharge letter given.	RGN/ MED			
14	Sick note given: YES / NO Westfield completed: YES / NO	RGN			
15	Follow up appointment given / sent in the post / not applicable.	RGN/ S/W Ward clerk			
16	District Nurse: YES / NO / NA Social Services: YES / NO / NA (ensure 7 days of dressings are supplied)	RGN			
17	Patient is fully prepared for discharge.	RGN/ MED			
18	Patient leaves the ward escorted by relative/friend/ambulance/medicar escort.	RGN/ S/W			

Patient discharged home: Signature

Date: ____ / ____ / ____

SURNAME: _____

FIRST NAME: _____

HOSPITAL NUMBER: _____

ADDITIONAL INPATIENT DAYS

NUMBER	PREPARATION FOR DISCHARGE DAY(07.00 Hrs - 06.59 Hrs) DATE:	STAFF DISCIPLINE	SIGNATURE		
			07.00 Hrs 14.59 Hrs	15.00 Hrs 21.29 Hrs	21.30 Hrs 06.59 Hrs
1	Apyrexial. Pulse regular. Daily observations (at 18.00 hrs) continued.	RGN			
2	Wound is healing.	RGN			
3	Vaginal loss less than spotting.	RGN			
4	Pain controlled. Pain score chart maintained.	RGN/ MED			
5	Nutritional intake has returned to normal.	RGN/ S/W			
6	Baldder activity has returned to normal.	RGN			
7	Bowel activity has returned to normal.	RGN			
8	Waterlow score documented.	RGN			
9	Moving & Handling re-assessed.	RGN			
10	No evidence of thrombosis or chest infection.	RGN			
11	Review: a) Chest b) Abdomen c) Legs d) Prescribe discharge medication	MED MED MED MED			
12	Administer medication as prescribed.	RGN			
13	Emotional well being satisfactory.	RGN/ S/W			
14	Personnel hygiene needs returned to normal.	RGN/ S/W			
15	Plan of care discussed with: a) patient b) relatvies (with consent of patient)	RGN/ MED			
16	Slept well	RGN/ S/W			

Appendix 3: Text words and MeSH search terms used for the literature search

Anticipated recovery path
Care map
Care path
Care pathway
Clinical path
Clinical pathway
Clinical recovery path
Clinical recovery pathway
Collaborative care plan
Collaborative care pathway
Collaborative case management
Critical path
Critical plan
Expected recovery path
Expected recovery plan
Integrated care path
Integrated care pathway
Interdisciplinary plan
Multidisciplinary care plan
Multidisciplinary care pathway
Process map
Recover path
Recover plan

Appendix 4: Data extraction form

<p>General Considerations</p> <ul style="list-style-type: none"> • What is the study evaluating? • Is the study potentially relevant to clinical practice? • What are the study results? • Are the study results valid? • Is current practice supported or should it be changed? 	
<p>Title</p> <ul style="list-style-type: none"> • Does the title reflect the content? • Is there a more appropriate title? 	
<p>Authors</p> <ul style="list-style-type: none"> • What is their background? • Could there be any bias? • Are they qualified to conduct the research? 	
<p>Abstract</p> <ul style="list-style-type: none"> • Is it short and to the point? • Does it state the research question? • Does it state the sample? • Does it state the design methods used? • Are the main findings summarised? 	
<p>Introduction</p> <ul style="list-style-type: none"> • Is the study background clearly presented? • Is the literature review a comprehensive and balanced overview of current knowledge? • Are there any obvious gaps? • Is the purpose of the study relevant and clearly stated? • Do the research questions logically follow the purpose or problem? 	
<p>Method</p> <ul style="list-style-type: none"> • What is the design of the study? • Does the design match the research question/s? • Does it have validity? • Are the subjects clearly described, with clear criteria for selection? • How many subjects are there? • Are ethical implications covered? • Are data collection procedures clearly described? 	

Component & Considerations	Critical Appraisal
<p>Instrumentation measures</p> <ul style="list-style-type: none"> • Are instruments well described and appropriate for what is measured? • Have validity and reliability been previously tested? • Are such tests part of the present study? 	
<p>Results</p> <ul style="list-style-type: none"> • Are findings and results clearly presented in the text? • Are tables or graphs easy to understand? • If statistical tests were used, were they appropriate for the research design and methods? • Are p values reported for each statistic? • Are the results statistically significant? 	
<p>Discussion</p> <ul style="list-style-type: none"> • Are the results examined in the light of present knowledge and previous research findings? • Are the hypotheses accepted or rejected? • Were the results unexpected? • If so, is further literature cited to expand on this? • Are the results clinically significant? • Are any problems, limitations or weaknesses discussed? • Are recommendations made for further studies? 	
<p>Conclusions</p> <ul style="list-style-type: none"> • Are the results briefly restated? • Do the conclusions follow logically from the results and discussion? 	
<p>References</p> <ul style="list-style-type: none"> • Is the list an appropriate size with key references? 	

Taken from Crombie, (1996) "The pocket guide to critical appraisal".

Appendix 5: Patient demographic data collection sheet

Do care pathways improve patient care?

Patient Questionnaire – Demographic details

Patient number: _____ Hospital site: _____

Date: _____ Time: _____

1. How old are you? ___ years
2. What is your occupation? _____
3. Would you tell me your annual wage? _____
Combined? _____
4. What are your living arrangements? S / M / Living with spouse
5. How much support have you got when you go home?
None / Some / Great deal
6. How many dependants have you got?
7. Ethnic origin
8. Are you still in full time education? Yes / No
9. What age did you leave full time education? _____
10. Postal code: _____

Appendix 6: Pilot of patient expectation of nursing care questionnaire and cover letter

Dear

You have been asked to comment on the following questionnaire.

I would like to know how relevant each question is for asking your expectation of a hospital admission.

If there is anything that you do not understand please write it on the sheet.

If you can think of any other questions please add this at the end of the questionnaire.

Many thanks for your help.

Samantha Debbage
Research lead

YOUR EXPECTATIONS OF NURSING CARE

Please circle **one** response for **each** question

- 1. I expect it will be easy to have a laugh with nurses.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 2. I do not expect nurses to favour some patients over others.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 3. I expect nurses to tell me about my treatment.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 4. I do not expect nurses to be easy going and laid back.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 5. I do not expect nurses to take a long time when they are called.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 6. I expect nurses to give me information when I need it.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 7. I do not expect nurses to know what I am going through.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 8. I expect nurses to turn the lights off too late at night.**

Not relevant	Somewhat relevant	Quite relevant	Very relevant
1	2	3	4

- 9. I expect nurses will make me do things before I am ready.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |
- 10. I expect nurses to make time for me no matter how busy they are.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |
- 11. I expect to see nurses as friendly.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |
- 12. I expect nurses to spend time comforting patients who are upset.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |
- 13. I expect nurses to check regularly that I am okay.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |
- 14. I do not expect nurses to let things get on top of them.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |
- 15. I do not expect nurses to take no interest in me as a person.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |
- 16. I expect nurses to explain what is wrong with me.**
- | | | | |
|--------------|-------------------|----------------|---------------|
| Not relevant | Somewhat relevant | Quite relevant | Very relevant |
| 1 | 2 | 3 | 4 |

17. I expect nurses to explain to me what they are doing before they do it to me.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

18. I expect nurses to tell the next shift what is happening with my care.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

19. I expect nurses to know what to do without relying on doctors.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

20. I do not expect nurses to go away and forget what patients ask for.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

21. I expect nurses to make sure that patients have privacy when they need it.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

22. I expect nurses to have time to sit and talk to me.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

23. I expect doctors and nurses to work well together as a team.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

24. I do not expect nurses not to know what the other nurses are doing.

Not relevant Somewhat relevant Quite relevant Very relevant

1 2 3 4

25. I expect nurses to know what to do for the best.

Not relevant

Somewhat
relevant

Quite relevant

Very relevant

1

2

3

4

26. I expect there to be a happy atmosphere in the ward thanks to the nurses.

Not relevant

Somewhat
relevant

Quite relevant

Very relevant

1

2

3

4

Are there any other questions which you think we might need to ask to find out what patients expect from nurses in hospital?

Appendix 7: Pilot information sheet and consent details

PATIENT INFORMATION SHEET – EXPECTATION QUESTIONS

DO CARE PATHWAYS IMPROVE PATIENT OUTCOMES? IS THE EXPECTATION QUESTIONNAIRE VALID?

You are invited to participate in a research study to examine whether care pathways improve patient outcomes. However in order to do this I need to check that the questionnaire that I have adapted is suitable to use.

“ Why have I been asked to take part in this study?”

As you might be aware the Gynaecology services in the city of XXXX are soon to be moved the XXXX Hospital. Both the XXXX Hospital and the XXXX Hospital deliver similar standards of care. However they do this by using different methods. I am trying to find out which method of care delivery is most appropriate for women attending for Gynaecology services. You have been asked to take part in the study due to the fact that you are to shortly have major gynaecology abdominal surgery. I would like to know your expectations of your hospital stay to ensure that the questionnaire covers most of the issues that you would discuss.

“How long will the study last?”

Approximately 6 months, but your involvement will only consist of answering a few questions at your pre-assessment clinic visit. The questions should only take about 20minutes.

“What will it involve?”

If you agree to take part in the study it would involve a brief interview and the completion of a questionnaire about your expectations prior to your admission to hospital. Your treatment and care will be the same as that given to someone who is not taking part in the research. As a practicing nurse I may also be involved in routine parts of your care.

“What if I do not wish to take part?”

This will in no way affect your treatment.

“What if I change my mind during the study?”

You are free to withdraw from the study at any time without affecting the management of your care.

“What will happen to the information from the study?”

All information will be entirely confidential. This will be done by coding all your personal details to a number. This details will be kept in a locked cabinet with only the primary investigator (Samantha Debbage) having access to it. Should anyone else need to review your information they will receive it in the coded format.

“What if I have further questions”

You should contact Sister Samantha Debbage on XXXX.

Thank you for your help.

Samantha Debbage

CONSENT FORM – EXPECTATION QUESTIONS

DO CARE PATHWAYS IMPROVE PATIENT OUTCOMES?

To be completed by the patient:

Have you read the information sheet about this study? YES/NO

Have you been able to ask questions about this study? YES/NO

Have you received answers to all your questions? YES/NO

Have you received enough information about this study? YES/NO

Do you understand that you are free to withdraw from this study at any time without giving a reason for withdrawing, and without affecting your future medical or nursing care? YES/NO

Do you agree to take part in this study? YES/NO

Signed:

Date:

Name (*Block Letters*):

Nurse:

Appendix 8: Patient expectation of nursing care questionnaire

YOUR EXPECTATIONS OF NURSING CARE

Please circle **one** response for **each** question

1. I expect it will be easy to have a laugh with nurses.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

2. I do not expect nurses to favour some patients over others.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

3. I expect nurses to tell me about my treatment.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

4. I do not expect nurses to be easy going and laid back.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

5. I do not expect nurses to take a long time when they are called.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

6. I expect nurses to give me information when I need it.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

7. I do not expect nurses to know what I am going through.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

8. I expect nurses will make me do things before I think I am ready.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

9. I expect to see nurses as friendly.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

10. I expect nurses to spend time comforting patients who are upset.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

11. I expect nurses to check regularly that I am okay.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

12. I do not expect nurses to let things get on top of them.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

13. I do not expect nurses to take an interest in me as a person.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

14. I expect nurses to explain what is wrong with me.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

15. I expect nurses to explain to me what they are doing before they do it to me.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

16. I expect nurses to tell the next shift what is happening with my care.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

17. I expect nurses to know what to do without relying on doctors.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

18. I do not expect nurses to go away and forget what patients ask for.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

19. I expect nurses to make sure that patients have privacy when they need it.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

20. I expect nurses to have time to sit and talk to me.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

21. I expect doctors and nurses to work well together as a team.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

22. I do not expect nurses to know what the other nurses are doing.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

23. I expect nurses to know what to do for the best.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

24. I expect there to be a happy atmosphere in the ward thanks to the nurses.

Disagree completely	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

Appendix 9: Patient experience and satisfaction with nursing care questionnaire

- 1 ward
3 hospital
4 patient
7 time

CONFIDENTIAL

YOUR VIEWS OF NURSING CARE

ABOUT THESE QUESTIONS

These questions are about the nursing care you received during your stay in hospital. They ask about the care given to you by nurses and about your views of that care. Finally, they ask some questions about yourself.

We would like you to think carefully about each question and to answer it as honestly as you can. Don't spend too long on any question. Your first reaction will probably be better than a long thought-out answer. If you are unsure about how to reply to any question, please give the best answer you can and write your comments beside the question.

Your name and address does not appear anywhere on this booklet. The information that you give will not be used in any way that could identify you personally.

SECTION 1: YOUR EXPERIENCES OF NURSING CARE (EXAMPLE)

The first set of questions, starting on the next page, ask about your experiences of nursing based on your stay in this ward. The questions consist of a statement followed by seven possible responses. To answer the questions, please circle the number which best describes your experience. On the rest of this page we give two examples of how to answer the questions.

Example 1

If the nurses were always very quiet during the night, you would answer the question by circling number 7 - that means 'Agree completely'. Your answer would look like this.

Nurses were very quiet during the night

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

Example 2

If nurses were not smartly dressed, you could answer the question by circling number 6 - that means 'Agree a lot'. Your answer would look like this.

Nurses were not smartly dressed

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

If nurses were always smartly dressed, you could answer the question by circling number 1 - that means 'Disagree completely'. Your answer would look like this.

Nurses were not smartly dressed

If you are unsure about how to reply to any question, please give the best answer you can and write your comments beside the question.

SECTION 1: YOUR EXPERIENCES OF NURSING CARE

1. It was easy to have a laugh with the nurses.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

2. Nurses favoured some patients over others.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

3. Nurses did not tell me enough about my treatment.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

4. Nurses were too easy going and laid back.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

5. Nurses took a long time to come when they were called.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

6. Nurses gave me information just when I needed it.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

7. Nurses did not seem to know what I was going through.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

8. Nurses turned the lights off too late at night.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

9. Nurses made me do things before I was ready.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

10. No matter how busy nurses were, they made time for me.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

11. I saw the nurses as friends.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

12. Nurses spent time comforting patients who were upset.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

13. Nurses checked regularly to make sure I was okay.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

14. Nurses let things get on top of them.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

15. Nurses took no interest in me as a person.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

16. Nurses explained what was wrong with me.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

17. Nurses explained what they were going to do to me before they did it.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

18. Nurses told the next shift what was happening with my care.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

19. Nurses knew what to do without relying on doctors.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

20. Nurses used to go away and forget what patients had asked for.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

21. Nurses made sure that patients had privacy when they needed it.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

22. Nurses had time to sit and talk to me.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

23. Doctors and nurses worked well together as a team.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

24. Nurses did not seem to know what each other was doing.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

25. Nurses knew what to do for the best.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

26. There was a happy atmosphere in the ward, thanks to the nurses.

Agree completely	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot	Disagree completely
1	2	3	4	5	6	7

SECTION 2: YOUR OPINIONS OF NURSING CARE

HOW TO ANSWER THESE QUESTIONS

In this section, we ask your opinions of the nursing care you received during your stay on the ward. For each question, please circle one number which best describes your view.

Thinking about your stay on the ward, how did you feel about:

		Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied
1	The amount of time nurses spent with you	1	2	3	4	5
2	How capable nurses were at their job	1	2	3	4	5
3	There always being a nurse around if you needed one	1	2	3	4	5
4	The amount nurses knew about your care	1	2	3	4	5
5	How quickly nurses came when you called for them	1	2	3	4	5
6	The way the nurses made you feel at home	1	2	3	4	5
7	The amount of information nurses gave to you about your condition and treatment	1	2	3	4	5
8	How often nurses checked to see if you were okay	1	2	3	4	5
9	Nurses' helpfulness	1	2	3	4	5
10	The way nurses explained things to you	1	2	3	4	5
11	How nurses helped put your relatives' or friends' minds at rest	1	2	3	4	5
12	Nurses' manner in going about their work	1	2	3	4	5
13	The type of information nurses gave to you about your condition and treatment	1	2	3	4	5
14	Nurses' treatment of you as an individual	1	2	3	4	5
15	How nurses listened to your worries and concerns	1	2	3	4	5
16	The amount of freedom you were given on the ward	1	2	3	4	5
17	How willing nurses were to respond to your requests	1	2	3	4	5
18	The amount of privacy nurses gave you	1	2	3	4	5
19	Nurses' awareness of your needs	1	2	3	4	5

SECTION 3: QUESTIONS ABOUT YOURSELF

These questions are about you. To help us understand your answers to the other sets of questions, we need some information about the kind of person you are. If you are unsure about how to reply to any question, please give the best answer you can and write your comments beside the question.

1. Was there one particular nurse in charge of your care in this ward?
Please circle **one** number only

- | | |
|----------|---|
| Yes | 1 |
| No | 2 |
| Not sure | 3 |

2. How would you rate the **nursing care** you received in this ward?
Dreadful Very poor Poor Fair Good Very good Excellent
1 2 3 4 5 6 7

3. **Overall** how would you rate **your recent stay** in this ward?
Dreadful Very poor Poor Fair Good Very good Excellent
1 2 3 4 5 6 7

4. Are there any ways in which the **nursing care** could have been improved during your current stay in hospital?

.....
.....
.....
.....
.....

5. Are there any other comments you would like to make?

.....
.....
.....
.....
.....

Today's date day month year

THANK YOU FOR YOUR KIND ASSISTANCE

Appendix 10: SF-36 questionnaire

HEALTH STATUS QUESTIONNAIRE (SF-36)

The following questions ask you about your health, how you feel and how well you are able to do your usual activities.

If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

(tick one)

- Excellent.....
- Very good
- Good
- Fair.....
- Poor

2. Compared to one year ago, how would you rate your health in general now?

(tick one)

- Much better than one year ago
- Somewhat better than one year ago.....
- About the same
- Somewhat worse now than one year ago..
- Much worse now than one year ago

HEALTH AND DAILY ACTIVITIES

3. The following questions are about activities that you might do during a typical day. Does your health limit you in these activities? If so, how much?

(circle one number on each line)

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing several flights of stairs	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Bending, kneeling or stooping	1	2	3
g. Walking more than a mile	1	2	3
h. Walking half a mile	1	2	3
i. Walking 100 yards	1	2	3
j. Bathing and dressing yourself	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(circle one number on each line)

	YES	NO
a. Cut down on the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Were limited in the kind of work or other activities	1	2
d. Had difficulty in performing the work or other activities (e.g. it took extra effort)	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(circle one number on each line)

	YES	NO
a. Cut down on the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Didn't do work or other activities as carefully as usual	1	2

6. During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

(circle one number)

Not at all 1
Slightly 2
Moderately 3
Quite a bit 4
Extremely 5

7. How much bodily pain have you had during the past 4 weeks?

(circle one number)

None 1
Very mild 2
Mild 3
Moderate 4
Severe 5
Very severe 6

8. During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?

(circle one number)

Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

YOUR FEELINGS

9. These questions are about how you feel and how things have been with you during the past 4 weeks. (For each question, please indicate the one answer that comes closest to the way you have been feeling.)

(circle one number on each line)

How much of the time during the past 4 weeks:	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt down-hearted and low?	1	2	3	4	5	6
g. Did you feel worn-out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6
j. Has your health limited your social activities (like visiting friends or close relatives)	1	2	3	4	5	6

HEALTH IN GENERAL

10. Please choose the answer that best describes how true or false each of the following statements is for you.

(circle one number on each line)

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
a. I seem to get ill more easily than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

Appendix 11: Parametric and Non-parametric results for question one (hypothesis 1-7)

Hypothesis 1: Patient expectation of nursing care

Variable	Treatment site (n = 61)	Comparison site (n = 60)	Df	t-test	P	CI at 95%
Mean (SD)	78.75* (8.35)	81.22* (7.56)	119	t = -1.70	0.09	-5.34 to 0.40
Mann-W	56.89	65.18		Z= -1.30	0.09	

*0 = lowest score; 100 = highest score

Hypothesis 2: Patient experience of nursing care

Variable	Treatment site (n = 56)	Comparison site (n = 56)	Df	t-test	p	CI at 95%
Mean (SD)	72.19* (18.40)	78.50* (16.77)	110	t = -1.90	0.06	-12.91 to 0.28
Mann W	50.54	62.46		Z= -1.94	0.06	

*0 = lowest score; 100 = highest score

Hypothesis 3: Patient satisfaction with nursing care

Variable	Treatment site (n = 56)	Comparison site (n = 56)	Df	t-test	p	CI at 95%
Mean (SD)	70.23* (21.72)	79.46* (19.19)	109	t = -2.37	0.02	-16.94 to -1.51
Mann W	48.50	63.64		Z= -2.48	0.01	

*0 = lowest score; 100 = highest score

Hypothesis 4: Patient expectation and experience of nursing care at site one (ICP used)

Variable	Expectation of nursing care (n = 56)	Experience of nursing care (n = 56)	Df	t-test	p	CI at 95%
Mean (SD)	72.19 (18.4)	78.43 (8.52)	55	t = -2.49	0.02	-11.28 to -1.21
Wilcoxon				Z= -2.01	0.05	

*1 = lowest score; 7 = highest score

Hypothesis 5: Patient expectation and experience of nursing care at site two (traditional care used)

Variable	Expectation of nursing care (n = 56)	Experience of nursing care (n = 56)	Df	t-test	p	CI at 95%
Mean (SD)	78.37 (16.70)	81.33 (7.50)	54	t = -1.40	0.17	-7.22 to 1.29
Wilcoxon				Z= -0.79	0.43	

*1 = lowest score; 7 = highest score

Hypothesis 6: SF-36 summary physical health score six weeks following hospital discharge

SF-36 scale	Treatment site n = 53	Comparison site n = 54	df	t-test	P	CI at 95%
Mean (SD)	11.91 (30.01)	-2.63 (33.45)	105	t = 2.37	0.02	2.35 to 26.73
Mann W	63.75	48.38		Z= -2.53	0.01	

0 = Low health opinion; 100 = High health opinion for the SF-36 questionnaire

Hypothesis 7: SF-36 summary mental health score six weeks following hospital discharge

SF-36 scale	Treatment site n = 53	Comparison site n = 54	df	t-test	P	CI at 95%
Mean (SD)	21.14 (30.37)	9.31 (34.82)	105	t = 1.87	0.06	-0.71 to 24.36
Mann W	58.28	53.68		Z= -0.75	0.23	

0 = Low health opinion; 100 = High health opinion for the SF-36 questionnaire

Appendix 12: Case note data collection sheet

Do care pathways improve patient outcomes?

Case note analysis sheet

Patient number: _____ Hospital site: _____

Reason for surgery: _____

Co-morbidity:

Myocardial infarct	
Congestive heart failure	
Peripheral vascular disease	
Cerebrovascular disease	
Dementia	
Chronic pulmonary disease	
Connective tissue disease	
Ulcer disease	
Mild liver failure	
Diabetes	
Hemiplegia	
Moderate/ severe renal disease	
Diabetes with end organ failure	
Any tumour	
Leukemia	
Lymphoma	
Moderate/ severe liver disease	
Metastatic solid tumour	
AIDS	

Complications:

Constipation	
Diarrhoea	
Urine infection	
Bladder injury	
Urine retention	
Wound infection	
Urinary incontinence	
Wound haematoma	
Temperature	
Vaginal bleeding	
Internal bleeding	
Uncontrolled pain	
Pressure sore	
Thrombosis	
Nausea	
Vomiting	
Chest infection	
Family support	
Other	

Co-morbidity weighting: _____

Total number of complications: _____

Admission date: __/__/__ time:__:__

Operation date: __/__/__ time:__:__

Discharge date: __/__/__ time:__:__

Incision: Transverse/ Laparotomy (circle)

Re-admitted within 30 days of discharge: Yes / No (circle)

If Yes, Reason:

Additional comments:

Data collection date: __/__/__ time:__:__

Appendix 13: Staff questionnaire and cover letter

Correspondence address
XXXXXX

January 2001

Re: Evaluation of the Abdominal Surgery Collaborative Care Plans

Dear Colleague

As you may be aware I am undertaking a study on the effect Abdominal Surgery Collaborative Care Plans have on patient outcomes. The data collection is almost complete however I would like to obtain some clinicians views on the Abdominal Surgery Collaborative Care Plans.

I am therefore writing to ask you if you could complete the enclosed questionnaire. This should take no longer than 10 minutes of your time. It is difficult to get people to respond to questionnaires, particularly when you may need to spend a little time considering your answers. I would however be extremely grateful if you could spare a few moments to help me.

The information that I receive will be anonymous and I will not identify individual people. Please be assured that the responses given will be handled confidentially and with sensitivity.

The preliminary findings from the study should be available towards the end of this year and I will be happy to share these with you. If you would like to discuss any aspect of the study further, please do not hesitate to contact me on Ext XXXX or Bp XXX.

I hope you are able to offer your help and I look forward to receiving your response.

Your faithfully

Samantha Debbage
Research/ Audit Nurse
Gynaecology Unit
XXXXXXX

**Abdominal Surgery Collaborative Care Plan
Staff Questionnaire**

Professional Discipline: e.g. **Medical, Nursing**

Job Title: e.g. **Staff Nurse, SHO, Consultant**

PLEASE CIRCLE YOUR RESPONSE

1. Approximately how many patients have you used the Abdominal Surgery Collaborative Care Plan with?

0* | 1-9 | 10-19 | 20-29 | 30+

(* If nil – thank you for your help. You do not have to complete the rest of the questionnaire, please return in the envelope provided.)

2. The Abdominal Surgery Collaborative Care Plan reduced multidisciplinary teamwork.

Disagree completely	Disagree a little	Neither agree or disagree	Agree a little	Agree completely
---------------------	-------------------	---------------------------	----------------	------------------

3. The Abdominal Surgery Collaborative Care Plans are easier to use than traditional methods of patient notes.

Disagree completely	Disagree a little	Neither agree or disagree	Agree a little	Agree completely
---------------------	-------------------	---------------------------	----------------	------------------

4. The Abdominal Surgery Collaborative Care Plan improved the clinical management of patients.

Disagree completely	Disagree a little	Neither agree or disagree	Agree a little	Agree completely
---------------------	-------------------	---------------------------	----------------	------------------

5. The Abdominal Surgery Collaborative Care Plan increased the amount of time documenting care compared to traditional methods.

Disagree completely	Disagree a little	Neither agree or disagree	Agree a little	Agree completely
---------------------	-------------------	---------------------------	----------------	------------------

6. The Abdominal Surgery Collaborative Care Plan improved the quality of information available to patients compared with traditional methods.

Disagree completely	Disagree a little	Neither agree or disagree	Agree a little	Agree completely
---------------------	-------------------	---------------------------	----------------	------------------

7. The Abdominal Surgery Collaborative Care Plan limited clinical judgement.

Disagree completely	Disagree a little	Neither agree or disagree	Agree a little	Agree completely
---------------------	-------------------	---------------------------	----------------	------------------

8. Please make on the line how usefulness the Abdominal Surgery Collaborative Care Plan was for the following:

Teaching

Not at all Useful >-----< Very Useful

Research

Very Useful >-----< Not at all Useful

Audit

Not at all Useful >-----< Very Useful

9. Please state one **best** and one **worst** part of the Abdominal Surgery Collaborative Care Plan.

Best

Worst

Any other comments you wish to make about the Abdominal Surgery Collaborative Care Plan.

Thank you for your time in completing this questionnaire. Please return it in the envelope provided.

Appendix 14: Co-morbidity index

Weighted index for co-morbidity (taken from Charleson et al., 1987)

Assigned weights

for diseases

1

Conditions

Myocardial infarct

Congestive heart failure

Peripheral vascular disease

Cerebrovascular disease

Dementia

Chronic pulmonary disease

Connective tissue disease

Ulcer disease

Mild liver failure

Diabetes

2

Hemiplegia

Moderate/ severe renal disease

Diabetes with end organ failure

Any tumour

Leukaemia

Lymphoma

3

Moderate/ severe liver disease

6

Metastatic solid tumour

AIDS

Ethics No (office use only).

Brief Title: Do care pathways improve patient outcomes?

Appendix 15: Ethical approval

CS COMMITTEE

RUDY

1. Full title of project: (Block capitals please)

DO CARE PATHWAYS IMPROVE PATIENT OUTCOMES?

Full application

2. Proposer (Prime Mover)

Name: SAMANTHA DEBBAGE

Appointment: RESEARCH/ AUDIT NURSE, GYN ECOLOGY

Address:

Tel: (011

3. Principal Investigator (Most Senior Investigator)

Name: (Block capitals please) SAMANTHA DEBBAGE

Appointment: RESEARCH/ AUDIT NURSE, GYNAECOLOGY.

Signature: *S Debbage*

Date: 20-3-00

4. Other Investigators

Name: MR PETER STEWART

Appointment: CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST.

Signature: *P Stewart*

Date: 20/3/00

5. If the subjects are patients, the Consultant(s) or General Practitioner(s) must agree to the study. The following Doctors have agreed that their patients can be considered for the study:

Name: ALL GYNAECOLOGY CONSULTANTS WORKING AT BOTH THE NGHT AND JHW SITE.

Address (if GP) /Location (If Hospital Consultant)

Mr P. Stewart (Obstetrics and Gynaecology Clinical Director, NGHT site)

Miss V. Brown (Obstetrics and Gynaecology Clinical Director, JHW site)

Signature: *P Stewart*

Date: 20/3/00

6. If this study involves the active participation of clinical nursing staff (e.g. with the selection or recruitment of subjects, data collection or data analysis) the approval of the appropriate nurse and/or nursing manager must be sought. Please obtain the appropriate signatures to confirm approval.

Nurse's/ Nurse Manager's Signature: *T. Slater*

Name: Mrs T. Slater *MRS TRACEY SLATER*

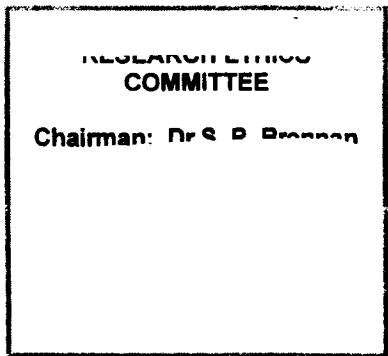
Position: Clinical Nurse Manager, Gynaecology.

Harrier Room

Telephone

Minicom

Facsimile
(0114) 271



CHM/TS/04/03/00

Debbage/NS2000 4 740

(please quote the above reference on all correspondence)

Monday, April 10, 2000

Ms S Debbage
Research-Audit Nurse
Obstetrics & Gynaecology

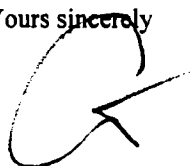
Dear Ms Debbage

Re: Do Care Pathways Improve Patient Outcomes?

The above study has been considered by members of the North Sheffield Research Ethics Committee at their meeting on 3rd April 2000. I am pleased to inform you that the proposal is approved subject to the following:

1. That you familiarise yourself with the Guidelines laid down for the conduct of human experiments.
2. That should any untoward event occur during the conduct of the study, the Chairman of the Committee or failing this, a member of the Committee be informed immediately. Reports of progress shall be submitted at six monthly intervals.
3. It is understood that approval of the investigation does not absolve you from total responsibility for the safety and well-being of the subjects.
4. Indemnity or insurance must have been agreed with either the Pharmaceutical Company, University or employing authority. For studies involving NGH patients or premises, the Director of Operations, Northern General Hospital, should be sent a copy of the protocol with a letter outlining the "risk assessment". (For further enquiries contact Mr K V O'Regan on extension 5021).
5. It was suggested that introduction of the proposed protocol should be done by the pre-assessment sister rather than the investigator herself.

Yours sincerely

A handwritten signature in black ink, appearing to be 'C M H Newman', written over the typed name.

Dr C M H Newman

Honorary Secretary, Research Ethics Committee

Senior Lecturer in Cardiology/Honorary Consultant Physician

Cc: Mr P Stewart

HOSPITAL N.H.S. TRUST

Telephone

Minicom

Facsimile

CHMN/SR/3/4/2000
Debbage/NS2000 4 740
(Please quote reference on all correspondence)

12 April 2000

Ms S Debbage
Research-Audit Nurse
Obstetrics and Gynaecology

Dear Ms Debbage

Re Do care pathways improve patient outcomes?
Ref: NS2000 4 740

Thank you for sending the revisions for this study, we received them on the 14 April 2000.

Point 5 has been satisfactorily addressed and I can now confirm that the study has full approval on behalf of the Research Ethics Committee. Investigators are reminded of points 1-4 in the original approval letter.

Yours sincerely



C M H Newman
HONORARY SECRETARY - RESEARCH ETHICS COMMITTEE
Senior Lecturer in Cardiology/Honorary Consultant Physician

cc Mr P Stewart
Department of Obstetrics and Gynaecology

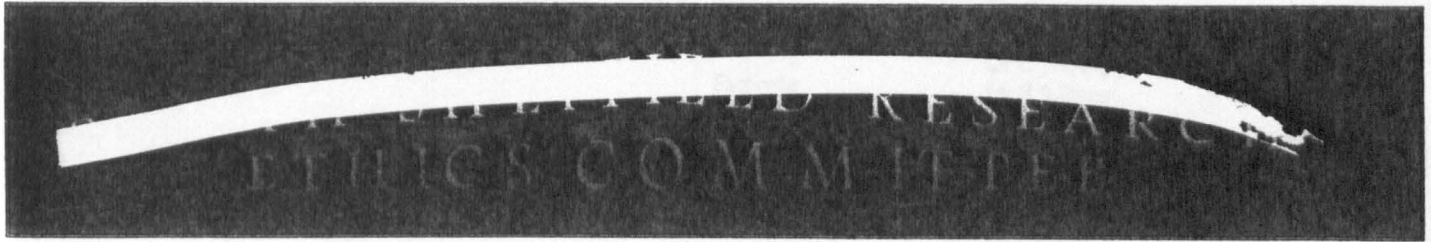
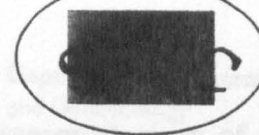
RESEARCH ETHICS COMMITTEE

Chairman: Dr C D Newman
Tel:

Honorary Secretary:

Admin Sec:

email:



Always quote the relevant SSREC Registration Number

07/06/00

Miss S Debbage
Research-Audit Nurse
Obstetrics & Gynaecology

Dear Miss Debbage

SS00/113 – Do care pathways improve patient outcome? NS2000 4 740

Thank you for the papers received in this office on the 24 May 2000 enclosing a copy of the protocol and information sheets in connection with the above protocol and informing me that it has received approval from the Northern Research Ethics Committee. I can therefore confirm approval for this study under the reciprocal arrangement subject to the following terms and conditions.

1. That you familiarise yourself with the ICH Guidelines laid down for the conduct of human experiments.
2. It is understood that approval of the investigation does not absolve you from total responsibility for the safety and well-being of the subjects.
3. That should any untoward event occur during the conduct of the study the Chairman of the Committee or failing this the Administrator be informed immediately. Reports of progress shall be submitted at yearly intervals.
4. No deviations from or changes of the protocol will be initiated without prior written approval of an appropriate amendment, except when necessary to eliminate immediate hazards to the subjects or when the change(s) involve only logistical or administrative aspects of the trial.
5. That you should promptly report any changes increasing the risk to subjects; adverse drug reactions or new information that may affect adversely the safety of the subjects or conduct of the trial.

Yours sincerely

Professor C J Taylor
Chairman

L

Appendix 16: Senior nursing and medical management letters of support

Herries Road,
Sheffield S5 7AU

Telephone
(0114) 243 4343

Facsimile
(0114) 271 5984

Minicom
(0114) 271 5896

Department of Obstetrics
and Gynaecology

Consultants
Miss M E Connor
Dr D J Fothergill
Mr R B Fraser
Miss D Patel
Mr M E L Paterson
Mr W Porter
Mr P Stewart (Clinical Director)
Mr J A Tidy

Sr Sam Debbage
Research/Audit Nurse
Firth 8

Dear Sam

Trial of Abdominal Surgery Care Pathways

This is to confirm that, following our recent Consultants meeting, it was agreed to give our full support for the above trial.

Best wishes

Yours sincerely



PETER STEWART
CLINICAL DIRECTOR
OBSTETRICS, GYNAECOLOGY & NEONATOLOGY

Directorate of Nursing and Corporate Affairs
Floor 10, 100, Sheffield City Centre, telephone 0114 275 2100

Our Ref. CW/JPB

Directorate of Nursing and Corporate Affairs
Tel: (0114) 275 2100

26th October, 1999

Ms. S. Debbage,
Research/Audit Nurse,
Gynaecology Unit,
City Centre,
100,
Harrison Street,
Sheffield S2 1AU

Dear Sam,

Gynaecology Care Pathways

You have my full support to the trial of the collaborative care plan for abdominal surgery. I am presuming that you are contacting the other people/bodies to obtain approval to proceed.

I know how much hard work you are investing into improving this area of clinical practice. I wish you well with the continuation of your work and your journey towards obtaining a Ph.d.

Yours sincerely,



**Claire Wood (Mrs.)
Director of Nursing and Midwifery**

SM

10

FAX NO: 0114 2115517
Direct Lines: Chairman:

ASSISTANT CHIEF EXECUTIVE: 0114 2115517

Our Ref: DHB/SC

Your Ref:

Date: 8.11.99

Ms. S. Debbage,
Research/Audit Nurse,
Gynaecology Unit,

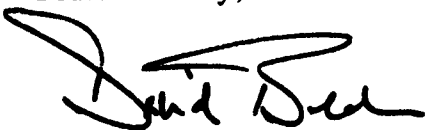
Dear Samantha,

Gynaecology Care Pathways

Thank you for your letter of 2nd November, 1999.

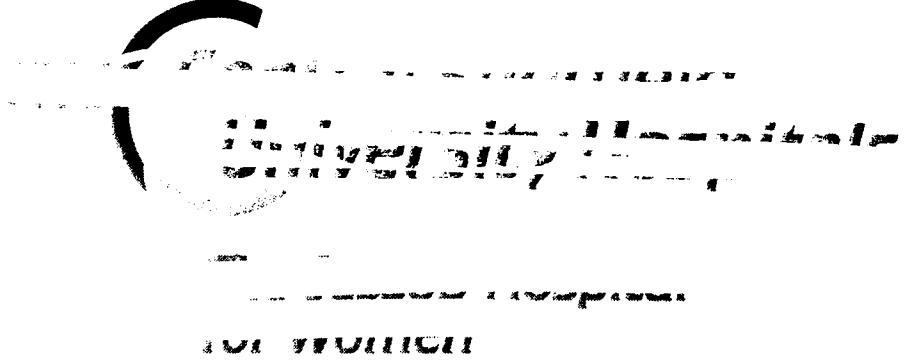
I can see no problems whatsoever from a risk management point of view and have no reason therefore to be other than supportive of your project.

Yours sincerely,



D. H. BALDWIN,
Assistant Chief Executive.

MISS V A BROWN
Consultant Obstetrician
& Gynaecologist



VAB13/ST/ascptrial

15 February 2000

Samantha Debbage
Research/Audit Nurse
Gynaecology Unit

JESSOP GENERAL HOSPITAL

Dear Sam

Trial of Abdominal Surgery Care Pathways

Thank you for your letter of 6 January 2000.

I am happy to confirm that the Consultants at the Jessop are agreeable to you having access to the patient notes and interviewing patients in relation to the above study.

Yours sincerely

Valerie A Brown

Appendix 17: Summary of patient inclusion and exclusion criteria

Inclusion criteria

Female

Willing to participate in the study

Able to provide consent

Attending gynaecology pre-operative clinic

Able to read and speak English

Required major abdominal gynaecological surgery

Exclusion criteria

Unable to read or speak English

Malignancy

Co-morbidity score of greater than one

Appendix 18: Information sheet for patients

DO CARE PATHWAYS IMPROVE PATIENT OUTCOMES?

You are invited to participate in a research study to examine whether care pathways improve patient outcomes.

“ Why have I been asked to take part in this study?”

As you might be aware the Gynaecology services in the city of XXXXXX are soon to be moved the XXXXXX. Both the XXXXXX site and the XXXXXX site deliver similar standards of care. However they do this by using different methods. I am trying to find out which method of care delivery is most appropriate for women attending for Gynaecology services. You have been asked to take part in the study due to the fact that you are to shortly have major gynaecology abdominal surgery. I would like to know your expectations of your hospital stay, your experiences and opinions with the nursing care, and how you feel about this after your discharge home.

“How long will the study last?”

Approximately 6 months, but your involvement will only consist of answering a few questions at your pre-assessment clinic visit and then again on your follow up visit 6 weeks following your surgery. The questions should take about 30-45 minutes to complete.

“What will it involve?”

If you agree to take part in the study it would involve a brief interview and the completion of a questionnaire about your expectations prior to your admission to hospital. At your follow up clinic (about 6 weeks after your operation) I will again ask you some questions about how you felt about the care you received during your stay in hospital.

Your treatment and care will be the same as that given to someone who is not taking part in the research. As a practicing nurse I may also be involved in routine parts of your care.

“What if I do not wish to take part?”

This will in no way affect your treatment.

“What if I change my mind during the study?”

You are free to withdraw from the study at any time without affecting the management of your care.

“What will happen to the information from the study?”

All information will be entirely confidential. This will be done by coding all your personal details to a number. This details will be kept in a locked cabinet with only the primary investigator (Samantha Debbage) having access to it. Should anyone else need to review your information they will receive it in the coded format.

“What if I have further questions”

You should contact Sister Samantha Debbage on XXXX XXX XXXX

Thank you for your help.
Samantha Debbage

Appendix 19: Consent form for patients

PATIENT CONSENT FORM

DO CARE PATHWAYS IMPROVE PATIENT OUTCOMES?

To be completed by the patient:

Have you read the information sheet about this study? **YES/NO**

Have you been able to ask questions about this study? **YES/NO**

Have you received answers to all your questions? **YES/NO**

Have you received enough information about this study? **YES/NO**

Do you understand that you are free to withdraw from this study at any time without giving a reason for withdrawing, and without affecting your future medical or nursing care? **YES/NO**

Do you agree to take part in this study? **YES/NO**

Signed:

Date:

Name (*Block Letters*):

Nurse:

Appendix 20: Data tracking sheet for recruited patients

Patient name	Patient number	Pre-operative appointment date and time	Operation date	Follow up appointment date and time	Consultant	Date case notes reviewed

Appendix 21: Prompt sheet for patient questionnaires

Disagree completely	Disagree a lot	Disagree a little	Neither disagree or agree	Agree a little	Agree a lot	Agree completely
1	2	3	4	5	6	7

Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied
1	2	3	4	5

Appendix 22: Get well soon card

Especially made for you.



Get Well Soon



Dear

I hope that you start to feel better soon.

Thank you for taking part in my study on your opinion of your stay in hospital.

Best wishes for a speedy recovery

I look forward to seeing you at your follow up appointment:

On _____ at _____

Best wishes
Samantha Debbage

