



Section 1: Local Audit Process		
1.1	<b>How many adult (16 years or over) patients within the audit timeframe were discharged from your hospital with a primary discharge code mapping to a pneumonia diagnosis (J12-J18)?</b> .....	<i>This list will need generating locally at the end of the audit. Please see the instructions for further information.</i>
1.2	<b>Of the cases identified in 1.1, how many cases were screened against the inclusion / exclusion criteria?</b> .....	<i>Where possible, all patients should be screened against the audit criteria.</i>
1.3	<b>Of the cases screened, how many cases met the inclusion criteria?</b> .....	<i>Please keep details of the number of cases screened, included and excluded.</i>
1.4	<b>Of those that did not meet the inclusion criteria, how many were excluded due to the following reasons:</b> No new infiltrates on CXR ..... No symptoms or signs of LRTI ..... Other hospital admission within last 10 days ..... Transferred from another hospital ..... Immunocompromised ..... Aspiration pneumonia ..... Other (please specify) .....	<i>Collect this information on the audit screening tool datasheet.</i>
1.5	<b>How comprehensive was the audit cohort for the 2018/19 audit?</b> <i>(please select one)</i> <input type="checkbox"/> Included all adults with CAP admitted during the audit period <input type="checkbox"/> Restricted to selected ward areas (e.g. only respiratory wards) <input type="checkbox"/> Restricted to consecutive cases <input type="checkbox"/> Random selection <input type="checkbox"/> Other (please specify): .....	<i>Preferred mode of case selection either all patients or selected ward areas.</i>
1.6	<b>Are you aware of any systematic bias in case selection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>E.g. were the notes of patients who died easier to obtain?</i>
1.6a	<b>If you answered 'yes' to the previous question (1.6), please give details:</b> .....	
Section 2: Hospital Factors		
2.1	<b>What is the estimated catchment population of your hospital or trust (you do not need to provide both):</b> <input type="checkbox"/> Hospital catchment population ..... <input type="checkbox"/> Trust catchment population ..... <input type="checkbox"/> No estimate possible (overlapping hospital catchments) <input type="checkbox"/> Do not know	
2.2	<b>How many in-patient beds did your hospital have during the audit timeframe?</b> .....	<i>This refers to all hospital beds used for in-patient care. If not known, enter 999999</i>
2.3	<b>How many adult medical emergencies did your hospital admit during the audit timeframe?</b> .....	<i>This is the number of adult (16 or older) patients admitted to a medical bed during the audit from any source (e.g. A&amp;E, medical receiving unit).</i>
2.4	<b>How many days during each month of the audit timeframe was your hospital at OPEL level 4 or equivalent?</b> December 2018 .....(days) January 2019 .....(days)	<i>OPEL level 4, previously 'black alert', as defined by NHS England in their Operational Pressures Escalation Levels Framework.</i>

2.5	<b>Do you have an adult intensive care unit on site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.6	<b>If yes to 2.5, how many general operational ICU beds are there?</b> .....	<i>This is the number of ITU beds that are available for patients admitted with pneumonia to be admitted to (i.e. exclude specific liver ITU beds if never used for patients with pneumonia).</i>
2.7	<b>Do you have a separate HDU on site?</b> (Please tick all that apply) <input type="checkbox"/> No HDU <input type="checkbox"/> Medical HDU <input type="checkbox"/> Respiratory specific HDU <input type="checkbox"/> Mixed medical surgical HDU <input type="checkbox"/> Other	
2.8	<b>Do you have a critical care outreach service at your hospital site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.9	<b>Does your hospital have an Early Warning Score system in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>E.g. NEWS2 / PAR</i>
2.10	<b>What is the total number of respiratory consultant physicians at your site?</b> .....	<i>Do not include consultants who have no inpatient clinical work. Count individuals, not whole time equivalents (e.g. 0.5 WTE = 1 individual).</i>
2.11	<b>Does your hospital have a separate respiratory admission take?</b> <input type="checkbox"/> Yes – full time <input type="checkbox"/> Yes – specific days or times only <input type="checkbox"/> No	
2.12	<b>Does your hospital have a specialist respiratory in-reach system to acute medical areas?</b> <input type="checkbox"/> Yes – full time <input type="checkbox"/> Yes – specific days or times only <input type="checkbox"/> No	
2.13	<b>Does your hospital have local Community Acquired Pneumonia treatment guidelines in use?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	This refers to antibiotic treatment guidelines
2.14	<b>Does your hospital have a Pneumonia Care Bundle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	This refers to a set of specific investigations outlined for patients with pneumonia
2.15	<b>Does your hospital provide written information about CAP on discharge to the patient, such as a patient information leaflet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not routinely <input type="checkbox"/> Never	
2.16	<b>Does your hospital have electronic prescribing of antibiotics in place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.17	<b>Does your hospital have a system to alert clinicians during ward rounds to review antibiotic prescribing in the 48-72 hours after admission?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Examples may include but are not limited to: Electronic alert system Alert box on drug chart

**Section 3: Previous CAP Audit Impact Locally**

3.1	<b>If you participated in the previous CAP audit, have you or your group discussed and/or circulated the results of the previous audit with clinicians involved in managing this group of patients?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	<b>If you participated in the previous CAP audit, have you or your group discussed and/or circulated the results of the previous audit with managers involved in services for this group of patients?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	<b>If you participated in the previous CAP audit, have you or your group changed anything about the way your hospital manages this group of patients in the light of the results of the last audit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	<b>If you have made any changes to the way in which your hospital manages this group of patients in response to the results of the last audit please give details:</b>