

PDOC Registry - Minimum dataset

Proposed PDOC Minimum Reporting Requirements		
	Inpatient episode	Outreach Review
Patient Identificaion & Demographics		
Patient Name	✓	✓
NHS Number	✓	✓
Date of Birth	✓	✓
Gender	✓	✓
Commissioning & Referral		
Primary Funding	✓	✓
CCG Name and/or code	✓	✓
GP Practice Name and/or code	✓	✓
GP practice code	✓	✓
GP Name	✓	✓
GP Code	✓	✓
Patient postcode	✓	✓
Referral date	✓	o
Referral source	✓	o
Date of decision	✓	x
Date fit for admission	✓	x
Initial assessment following referral		
Type of assessment	✓	x
Date of assessment	✓	x
Diagnosis		
Diagnosis Category	✓	✓
Diagnosis Sub-Category	✓	✓
Predominant Localisation	✓	o
Date of Onset	✓	✓
Co-Morbidities	✓	o
Admission Details		
Admission Source	✓	x
Main Purpose of Admission	✓	x
Admission Date	✓	x
Proposed discharge date	✓	x
Interruption/Extensions	✓	x
Discharge Details		
Date fit for discharge	✓	x
Discharge date	✓	x
Reason for delay	✓	x
Discharge mode	✓	x
Discharge destination	✓	x
Assessment tools		
Patient Categorisation	✓	x
RCS-E (serial)	✓	x
NPDS/NPCNA (serial)	✓	x
FIM+FAM/NIS (Admission/Discharge/Emergence)	✓	x
GAS (Emergence/Discharge)	✓	x

Proposed PDOC Minimum Reporting Requirements				
	Inpatient episode	Emergency	Discharge	Outreach Review
PDOC Assessment				
Date of assessment	✓	✓	✓	✓
Reason for assessment	✓	✓	✓	✓
PDOC Diagnosis				
PDOC diagnosis (this Ax)	✓	✓	✓	✓
Continuing/Permanent VS/MCS	o	x	✓	✓
PDOC diagnosis (previous Ax)	x	x	x	✓
Date of previous PDOC diagnosis	x	x	x	o
Primary Visual Pathways	✓	x	✓	✓
Primary Auditory Pathways	✓	x	✓	✓
Tracheostomy in situ	✓	x	✓	✓
PEG in situ	✓	x	✓	✓
Assessment Tools (in addition to UK ROC assessment tools)				
WHIM (serial)	✓	x	✓	✓
CRS-R (serial)	✓	x	✓	✓
SMART (serial & final overview)	o	x	o	o
Decision Making				
ADRT in place	✓	x	o	✓
LPOA or Deputy for H&W	✓	x	o	✓
Relationship of LPOA	✓	x	o	✓
Best interest decision meeting/s	✓	x	o	✓
Ceiling of care plan in place	✓	x	o	✓
RCP form 2F	✓	x	o	✓
RCP form 2F date (if completed)	✓	x	o	o
Care Package				
Details of placement	x	x	✓	✓
Nursing Home code/postcode	x	x	✓	✓
Funding for placement	x	x	✓	✓
CCG funding code	x	x	✓	✓
Local authority funding code	x	x	✓	✓
Review				
Planned review	x	x	✓	✓
Planned review assessment team	x	x	✓	✓
Planned review date	x	x	✓	✓
End of Life				
Month/year of death	✓	x	✓	✓
Place of death	✓	x	✓	✓
Probably PDOC diagnosis at death	✓	x	✓	✓
Treatment Escalation plan (TEP)	x	x	✓	✓
Family aware of TEP	x	x	✓	✓
CANH withdrawal	x	x	✓	✓
CANH process	x	x	✓	✓
Second opinion as per PDOC guidelines	x	x	✓	✓
Palliative Care	x	x	✓	✓
Symptom control	x	x	✓	✓

✓ Mandatory item x Not required at this time point o May be required