Casualty Watch Data Input Instructions

INSTRUCTIONS FOR PRODUCING CASUALTY WATCH

1. **Before Casualty Watch**

    Faxes need to be sent to the following organisations <u>before</u> Casualty Watch letting them know when it will take place:-

    a) The Emergency Bed Service (Standard Fax on Server/Casualty Watch Folder / General Information / Fax to Emergency Bed Service)
    b) The London Ambulance Service (Standard Fax on Server/Casualty Watch Folder / General Information / Fax to London Ambulance Service)
    c) All participating CHC's (Pre- programmed on the fax on the Computer).

2. **Receiving Faxes**

    Faxes will be sent to the CHC on both fax numbers and these should be collected and individual hospital's results should be stapled together.

3. **The Top Twenty/Top Forty**

    At 9am on the Tuesday following Casualty Watch the Top 20 trolley waits (or top 40 trolley waits depending on the data received) so far need to be noted. Collect any faxes received by 9am and highlight all patients waiting for more than 6 hours (people who have been in the A & E department before 10.00am on the day of the Watch (any faxes received after this time do not get included in the Top 20). The Top 20 waits should then be immediately entered onto the database. Instructions on how to enter the data are listed below.

    When the Top 20/40 waits so far have been entered it will be necessary to print the Top 20/40 out (full instructions on how to do this are below).
    Once printed the Top 20/40 will need to be faxed to all participating CHC's.

4. **Entering the Data**

    The Casualty Watch Database is kept on the Elonex Machines (upstairs and downstairs). Once the machine has switched on you need to click on the Casualty watch icon and you will then be taken straight into the database.

    You will then come to an instruction either to **(screen 1)**
    a) contact author or
    b) Start programme.
    Choose start programme.

    The next screen has 7 options **(screen 2)**
    a) Enter/Edit Menu
    b) List Report
    c) Summary by Organisation
    d) Cross Tabulated Reports
    e) Cross Tabulation for Age Group
    f) Print Mailing Labels
    g) Exit
    Choose Enter/Edit Menu

The next screen has 4 options **(screen 3)**
a) Casualty Watch Data
b) Staffing Levels
c) CHC's/Hospitals/DHA'S/Contacts List
d) Return to Previous Menu

Choose Casualty Watch Data

A Screen will appear with a Form (see attached) Once you are on this screen you are ready to start entering the information. **(Screen 4)**

Date of Observation	This **will always** be the date that **Casualty Watch took place** (last Monday of the month unless it is a public holiday)
CHC	This will always be the name of the CHC. When you start typing the name a drop down window will appear and you can hit the return key if it is the correct one. Alternatively, you can scroll down the drop window to locate the CHC name. (the names are listed alphabetically).
Hospital	The name of the hospital should be entered here. When you start typing the name a drop down window will appear and you can hit the return key if it is the correct one. Alternatively, you can scroll down the drop window to locate the hospital name. (the names are listed alphabetically). **Note** – some hospitals name are similar or the same please make sure you have got the right one in the right area
District Health Authority	This will appear automatically once you enter the hospital. Every hospital is under a Health Authority.
Sex	Enter either 'M' or 'F' for male or female
Postcode	The first part of the postcode should be entered only e.g. SE24, CR2, KT26
Age	Enter age of patient, if the patient is less than 2 years old, enter age as **decimals** e.g. 1 week = 0.0192, I month = 0.0833, 7 weeks = 0.134
Date of arrival	This will be on the sheet normally, the date of the survey. In same cases if the patient arrived the day/days before this will be indicated on the sheet and recorded as such.
Time of arrival	This should be in 24 hour clock i.e. 13:20
Date of Decision Taken to Admit	This should be entered if a decision to admit has been made. Normally it is the date of the survey. In same cases if the patient arrived the day/days before this will be indicated on the sheet and recorded as such.

Time of Decision Taken to Admit	Again this should be 24 hour clock
Provisional Diagnosis/ Reasons for attending	There should be no abbreviations. An abbreviation sheet is attached
Trolley	Enter T for trolley, B for bed, C for chair and W for wheelchair
Plan for Patient	Again there should be no abbreviations
Time of Observation	This **should always** be left as 16.30
Total Wait in Hospital	This will automatically calculated by the system as long as the date of arrival and time of arrival has been entered correctly.

Every time an entry is made you will need to press return or the tab key to move down the database. If any of the faxes you receive are illegible, or you have any queries, you should contact the relevant CHC as soon as you can. There is Community Health Directory available in the office.

Some data is the same on each entry i.e. the date of observation, CHC or hospital. Rather than typing it out each time a quick shortcut is to type the entry once and then on the next entry press control then apostrophe and it will be repeated. Caution needs to be taken, though, if you are going to do this to ensure that the entry is correct i.e. spelling etc.

The database saves the work as you go along. To close the data input screen you need to press '**x**' **button** at the top right corner nearest to the screen and then **screen 3** will appear choose exit, then **screen 2** will appear and click on exit and this will take you out of the database. Once the database is closed, the data is stored in date order and in hospital alphabetical order.

5. **Printing out the Results**
   Once all the data has been entered, your next task is to print out a full copy of the results inputted.
   - You will need to get to **screen 2** and click on *List Reports*, a screen will appear (**screen 5**) and you will enter the *start date* and *finish date* (which will be the date of the watch if you want only data pertaining to the month) on *the Groups reported* you will have a choice to select *all*, *trolley*, *bed* or *bed and trolley* depending on what information you want. The next option is *number reported* and you can choose *all* or type in a number between *one and infinity*. On the *region option*, you can select *all* regions or if you want to be more specific, you can select the area you want e.g. *London Region*.
   - When you have selected the option you want, **it is important** to click on the ***Preview Report*** to view the data before you print it. If you are ready to print, click on the file menu and click on print and if you want to print everything click yes if you want a certain number of pages you can do this to.

If you are using the printer upstairs place the paper in either tray and if you are using the printer downstairs place the paper in the bottom tray.

The draft copy of the results should be checked by Malcolm or the allocated member of staff.

6. **Making Changes**

Once the draft has been proof-read it will be necessary to make changes as marked. To make changes you will need to go back into the **form** (**screen 4**), then click on the **view** and select *Datasheet view* (this will make for easy correction0. These cannot be made on the preview part of the report.

On some occasions, it may take a long time checking the database backwards and forwards for mistakes, particularly spelling mistakes. On these occasions you may want to make use of the 'find' and 'replace' settings.(*on the datasheet view*) If you want to find something, place the cursor on the correct box i.e. if you are looking for a diagnosis the cursor must be on a diagnosis box. Press file, then find. You will then be asked to type in what you are looking for (if you are looking for something that has been spelt wrong, you must type the wrong spelling). Press Find first and when the computer has found the correct entry, press close.

If a word that you wanted to change came up more than twice you may wish to find and replace. I.e. you had spelt the name of a diagnosis wrong i.e. adbomen rather than abdomen. Start by pressing file, then replace. You will be asked to type in what word you want found and what you want to replace it with. Once you are sure that you want to do this, press replaces all and the computer will follow the instructions.

Once all the corrections have been made then these results can be printed onto white paper ready for photocopying.

7. **Results Bulletin**

As well as printing out all the results from the data entry, a results bulletin is produced which includes further information.

The three documents that will be needed can be found in the **Casualty Watch Folder** on the **Server** on the **D Drive**. The **Standard Documents** are in the folder Casualty Watch 2000 /Std 2000. This can be accessed from any machine in the office. The Documents are **Bulletin, Results** and **Cover**. Rename the documents for the current month by coping the ones from the standard documents and pasting them in the new folder for the current month and adding the number that correspondents with the month that the Casualty watch is taking place i.e. the May documents will be renamed as res5.doc, bull5.doc and cover5.doc. June will be res6.doc, bull6.doc and cover6.doc

Under the results document the information under '**number of patients waiting**' can be obtained from the summary from **Screen 7** (type of report – Hospital vs. Wait Time).

The restrictions notified by the Emergency Bed Service are on a separate fax which should have been sent to you by EBS. The **medically refereed** cases will also be on this fax. If you have not got this information you should ring the EBS immediately. If you have the results of a hospital that is not listed in the hospital column, click on

table and then insert row and an extra row will appear.

The bulletin document is also a standard document and take care to fill in the correct dates and any other missing information shown by a succession of crosses.
The total number of CHC's that took part in the survey by can be obtained from the summary from **Screen 7** (type of report – CHCs vs. Wait Time).
The number of hospitals that took part can be obtained from the summary from **Screen 7** (type of report – Hospital vs. Wait Time).
The number of patients recorded can be obtained from the print out from **screen 5** (Age Vs Time, or Hospital vs. Time or CHC vs. Time). database form as each record is numbered.
Information from LAS will have been faxed to you.
If CHC's have made any specific comments relating to their particular hospital, then this information can be included at this point.

8. **Photocopying and Sending out the Results**
Once the bulletin is complete it should be photocopied onto white paper double-sided. Labels are available on the **Server/D/Casualty Watch Folder/ General Information/Cas Watch Labels Document**.
The labels (paper) are kept in the stationary file
Nice Day labels should be used with Nice Day showing face up in the printer tray.
These should be stuck on to A4 manila envelopes
The envelopes should be sent out first class. CHCs should be given priority.
Where CHC's or organisations addresses have changed these should be updated.

Photocopying for Casualty Watch

1. 2 Sided
2. 2-2 OK
3. Staple Sort
   - Double staple
4. Special Features
   - Cover Sheet Insertion
   - Front OK
   - Front OK
   - Front ═══ Feeder OK

   - Done
5. Page Select A4
6. Number of Copies (1-120)
7. Start

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Contact the Author | Start the program |

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Casualty Watch SCREEN 2

- Enter/Edit Menu
- List Reports
- Summary by Organisation
- Cross Tabulated Reports
- Cross Tabulation for Age Group
- Print Mailing Labels

- Exit

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Casualty Watch SCREEN 3

⌐ *Casualty Watch Data*

⌐ *Staffing Levels*

⌐ *CHC's/Hospitals/DHA's/Contacts List*

⌐ *Return to Previous Menu*

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SCREEN 4

Field	Value
Date of observation	23 Oct 00
CHC	
Hospital	
District HA	
Sex	
Age	
Postcode	
Date of arrival	23 Oct 00
Time of arrival	
Date decision taken to admit	23 Oct 00
Time decision taken to admit	
rovisional Diagnosis/Reason for attending Casualty	
Trolley	
Plan for patient	
Time of observation	16:30
Total wait in Hospital	0

Field	Value
Date of observation	25 Apr 94
CHC	GREENWICH
Hospital	GREENWICH DISTRICT GENERAL
District HA	Bexley and Greenwich Health Authority
Sex	F
Age	80
Postcode	
Date of arrival	
Time of arrival	10:30
Date decision taken to admit	
Time decision taken to admit	
rovisional Diagnosis/Reason for attending Casualty	FALL
Trolley	
Plan for patient	AWAITING DOCTOR
Time of observation	16:30
Total wait in Hospital	6.5

Casualty Watch   SCREEN 5

Start Date	25/09/00	**Preview Report**
Finish Date	25/09/00	

Groups Reported
- ⦿ All
- ○ Trolley Only
- ○ Bed Only
- ○ Bed or Trolley

Print Report

Number Reported
- ⦿ All
- ○ Top [40]

Exit Sub Menu

Region [All]

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Casualty Watch SCREEN 6

Summary for a selected Hospital

Hospital   KING'S COLLEGE

Start Date   25/09/00   Organisation Type
                                    ⦿ Hospital
                                    ○ CHC
Finish Date   25/09/00   ○ DHA

Type of report   Age vs Waiting Time Graph

| Preview Report | Print Report | Exit Sub Menu |

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Casualty Watch SCREEN 7

Start Date | 25/09/00 |
Finish Date | 25/09/00 |

Type of report | Hospital vs Wait Time |

| Preview Report | | Print Report | | Exit Sub Menu |

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Casualty Watch SCREEN 8

Summary by How and How long Waiting

Region	All		
Start Date	25/09/00	Min Age	70
Finish Date	25/09/00	Max Age	105
Type of report	Hospital vs How Waiting		

Preview Report	Print Report	Exit Sub Menu

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ABBREVIATIONS

#	Fracture
A.P	Abdominal Pain
B.I.H	Benign Intracranial Hypertension
C.C.F	Congested Cardiac Failure
C.C.U	Cardiac Care Unit
C.O.A.D	Chronic Obstructive Airway Disease
C.P	Chest Pain
C.V.A	Cardio Vascular Accident
D & V	Diarrhoea and Vomiting
D.I.B	Difficulty in Breathing
D.O.M.E	Dept of Medicine for the Elderly
D.V.T	Deep Vein Thrombosis
E.C.G	Electrocardiogram
E.E.G	Electroencephalogram
E.M.I	Elderly Mentally ill
E.P	Epigastric Pain
F.B.C	Full Blood Count
G.I	Gastro-Intestinal
G.S	Gilbert Syndrome
H.F	Heart Failure
H.I	Head Injury
I.C.U	Intensive Care Unit
I.T.U	Intensive Therapy Unit
IV/IVU/IVF	Intravenous / Intravenous Urogram / Intravenous Pyelogram
LIF	Left iliac Fossa
L.V.F / R.V.F	Left Ventricle Failure / Right
M.I	Myocardial Infarction
M.P.E	Multi Pulmonary Embolism
MRSA	Methicillin Resistant Staphylococcus aureus
N.I.D.D	Non Insulin Dependant Diabetic
N.O.F	Neck of Femur
N.Y.S	Not Yet Seen
OD	Overdose
P.A	Per Anal
P.E	Pulmonary Embolism
P.I.D	Prolapsed Intravertebral Disc or Pelvic Inflammatory Disease
P.R.B	Per Rectal Bleed
P.V.B	Per Vaginal Bleed
P.Y.O	Pyrexia of Unknown Origin
R.C	Renal Colic
R.H	Rest Home
R.T.A	Road Traffic Accident
S.A.B.E	Sub Acute Bacterial Endocarditis
S.A.O	Sub Acute Obstruction
S.H.O	Senior House Officer
S.O.B	Shortness Of Breath
S.S.P.E	Sub-Acute Sclerosing Pan Encephalitis
S.V.T	Superficial Vein Thrombosis
T.I.A	Transverse Ischaemic Accident
T.L.C	Tender Loving Care
T.O.P	Termination of Pregnancy
U.T.I	Urinary Tract Infection

A to Z directory of abbreviations commonly used in medicine

Abbreviations can often be dangerous. Doctors, nurses and others involved in the care of patients do not always mean the same thing when they use a particular abbreviation. For example, the letters IUD can mean both an intra-uterine device and an intra-uterine death. The list that follows is intended simply as an introductory guide to some of the most commonly used shorthand forms.

AA Alcoholics Anonymous

A7 Patient told to attend in seven days' time

ABPI Association of the British Pharmaceutical Industry

ACTH adrenocorticotropic hormone

AF atrial fibrillation

AHA Area Health Authority (now historical)

AI aortic incompetence OR artificial insemination

AMO Area Medical Officer (now historical)

AN ante-natal

ANS autonomic nervous system

AP antero-posterior

APH antepartum haemorrhage

AS aortic stenosis OR alimentary system

ASD atrial septal defect

A & W alive and well

BAOT British Association of Occupational Therapists

BBA born before arrival

BBD baby born dead

BDA British Dental Association

BE barium enema

BI bone injury

BID brought in dead

BM barium meal

BMA British Medical Association

BMR basal metabolic rate

BNF British National Formulary

BO bowels opened OR body odour

BP blood pressure OR British Pharmacopoeia

BPC British Pharmaceutical Codex

BUPA British United Provident Association

C centigrade OR certificate

C7 certificate given for 7 days

Ca carcinoma

CCF congestive cardiac failure

CCHMS Central Committee for Hospital Medical Services

CD casualty department

CF cardiac failure OR final certificate (sick note) given

CHF congestive heart failure

Cho/Vac cholera vaccine

Circ circumcision OR circulation

CNS central nervous system

CO casualty officer

C/O complains of

COHSE Confederation of Health Service Employees

COP change of plaster

CS cervical spine

CSF cerebrospinal fluid

CSU catheter urine specimen

CT coronary thrombosis

CV cardiovascular

CVA cerebrovascular accident OR cardiovascular accident

CVP central venous pressure

CVS cardiovascular system OR cerebrovascular system

Cx cervix

CXR chest X-ray

D & C dilatation and curettage

D & D drunk and disorderly

DDA Dangerous Drugs Act

DHSS Department of Health and Social Security

DLE disseminated lupus erythematosus

DMO divisional medical officer

DN district nurse

DNA did not attend

DOA dead on arrival

DOB date of birth

DOM department of medicine

DOS department of surgery

DP/Vac diphtheria and pertussis vaccine

DS disseminated sclerosis OR dorsal spine

DT delirium tremens

DTP diphtheria, tetanus and pertussis

DT/Vac diphtheria and tetanus vaccine

DU duodenal ulcer

DV domiciliary visit

D & V diarrhoea and vomiting

DVT deep vein thrombosis

DXT deep X-ray radiation therapy

EBS emergency bed service

ECG electrocardiogram

ECT electroconvulsive therapy

EDD expected date of delivery

EEG electroencephalogram

ENT ear, nose and throat

ESN educationally subnormal

ESR erythrocyte sedimentation rate

EUA examination under anaesthetic

F	Fahrenheit
FB	foreign body
FH	foetal heart
FHA	Fellow of the Institute of Health Service Administrators
FHH	foetal heart heard
FHNH	foetal heart not heard
Fib	fibula
FIMLT	Fellow of the Institute of Medical Laboratory Technology
FMF	foetal movement felt
FMP	first menstrual period
FP	food poisoning
FPA	Family Planning Association
FPC	Family Practitioner Committee OR Family Planning Clinic
FT	full-term
FTND	full-term normal delivery
GA	general anaesthetic
GB	gall bladder
GIT	gastro-intestinal tract
GMC	General Medical Council
GNC	General Nursing Council
GOC	General Optical Council
GOK	God only knows
GOT	glutamic oxaloacetic transaminase
GP	general practitioner
GPI	general paralysis of the insane
GPT	glutamic pyruvic transaminase
GTT	glucose tolerance test

GU	gastric ulcer OR genito-urinary
GUT	genito-urinary tract
Gyn	gynaecology
Hb	haemoglobin
HBP	high blood pressure
HEC	Health Education Council
HO	house officer
HP	house physician
HS	house surgeon OR heart sounds
Ht	height OR heart
ID	infectious disease
IM	intramuscular
IOFB	intraocular foreign body
IQ	intelligence quotient
ISQ	in status quo (no change)
IU	international unit
IUCD	intra-uterine contraceptive device
IUD	intra-uterine death OR intra-uterine device
IV	intravenous
IVP	intravenous pyelogram
IZS	insulin zinc suspension
JHDA	Junior Hospital Doctors Association
L	left OR litre
LA	local anaesthetic OR left atrium OR local authority OR left axilla
Lab	laboratory
LBP	low back pain
LDH	lactic dehydrogenase

LE cells	lupus erythematosus cells
LHA	local health authority OR Licentiate of the Institute of Health Service Administrators
LIF	left iliac fossa
LIH	left inguinal hernia
LLL	left lower lobe
LMC	local medical committee
LMN	lower motorneurone
LMP	last menstrual period
LP	lumbar puncture
LRTI	lower respiratory tract infection
LS	lumbar spine OR locomotor system
LV	lumbar vertebra OR left ventricle
LVF	left ventricular failure
LVH	left ventricular hypertrophy
MCD	mean corpuscular diameter
MCH	mean corpuscular haemoglobin
MD	mentally deficient OR muscular dystrophy OR medical doctor
MDU	Medical Defence Union
MI	myocardial infarction OR mitral incompetence
MMR	mass miniature radiography
MO	medical officer
MOH	medical officer of health
MOP	medical out-patient

MPU	Medical Practitioners Union
MR	manual removal
MRC	Medical Research Council
MRU	mass radiography unit
MS	multiple sclerosis OR mitral stenosis OR musculo-skeletal
MSU	mid stream urine
MXR	mass X-ray
NAD	no abnormality detected
NBI	no bony injury
NBTS	National Blood Transfusion Service
ND	normal delivery OR nervous disability OR not diagnosed
NHS	National Health Service
NI	national insurance
NK	not known
NP	nomen proprium (proper name)
NPU	not passed urine
NS	nervous system
N & V	nausea and vomiting
OA	osteoarthritis
OE	on examination OR oritis externa
OHE	Office of Health Economics
OM	otitis media OR osteomyelitis
Op	operation
PA	pernicious anaemia OR pressure area OR postero-anterior

General Information

Paed paediatric (relating to children)

Para number of times a woman has been pregnant (includes abortions as well as live children)

PZI protamine zinc insulin

R recipe (shorthand used at the start of prescriptions to mean 'take')

PBI protein bound iodine

PBZ phenylbutazone

PDS patent ductus arteriosus

PET pre-eclamptic toxaemia

PID prolapsed intravertebral disc

RA rheumatoid arthritis OR right atrium OR right axilla

RBC red blood corpuscles

RCM Royal College of Midwives

RCN Royal College of Nursing

Rh rhesus factor OR rheumatism

RHA Regional Health Authority

RIF right iliac fossa

RIH right inguinal hernia

RLL right lower lobe

RMO resident medical officer OR regional medical officer

PM post mortem

PMB post-menopausal bleeding

PMH previous medical history

PN post-natal

PND paroxysmal nocturnal dyspnoea

PO post-operative

POP plaster of Paris

POSSUM patient operated selector mechanism

RNO regional nursing officer

RS respiratory system

RSM Royal Society of Medicine

RSO resident surgical officer

RTA road traffic accident

RTI respiratory tract infection

RVH right ventricular hypertrophy

PP private patient

PPH post partum haemorrhage

PPP Private Patients Plan

PR per rectum

Prem premature

PS pulmonary stenosis

PT pulmonary tuberculosis

PTA prior to admission

PU passed urine OR peptic ulcer

PUO pyrexia of unknown origin

PV per vaginam

SB stillborn

SBE subacute bacterial endocarditis

SI system internationale OR sacro-iliac OR soluble insulin

SMO senior medical officer

SMR sub-mucous resection

SN student nurse

SOB short of breath

SOP surgical out-patient

ST sanitary towel

Staff staff nurse

SW social worker

SWD short wave diathermy

T & A tonsils and adenoids

TAB typhoid, paratyphoid A and B vaccine

TAB/Chol typhoid, paratyphoid A and B vaccine with cholera vaccine

TABT typhoid, paratyphoid A and B vaccine with tetanus toxoid

TB tuberculosis

Tet tetanus

TLC tender, loving care

TPR temperature, pulse and respiration

TR temporary resident

TS thoracic spine

TT tetanus toxoid OR tuberculin tested

TV trichomonas vaginalis

UMN upper motor neurone

URTI upper respiratory tract infection

UTI urinary tract infection

V visit

V7 visit in seven days

Vac vaccination

VD venereal disease

VE vaginal examination

VI virgo intacta (virginal)

VP venous pressure

VSD ventricular septal defect

VU varicose ulcer

VV varicose vein

Vx vertex

WBC white blood count

WC whooping cough

WHO World Health Organization

WR Wassermann reaction

XR X-ray

YOB year of birth

Yr year

MISCELLANEOUS SYMBOLS

2C7 to be seen in seven days

fracture

△ diagnosis

T menstrual period