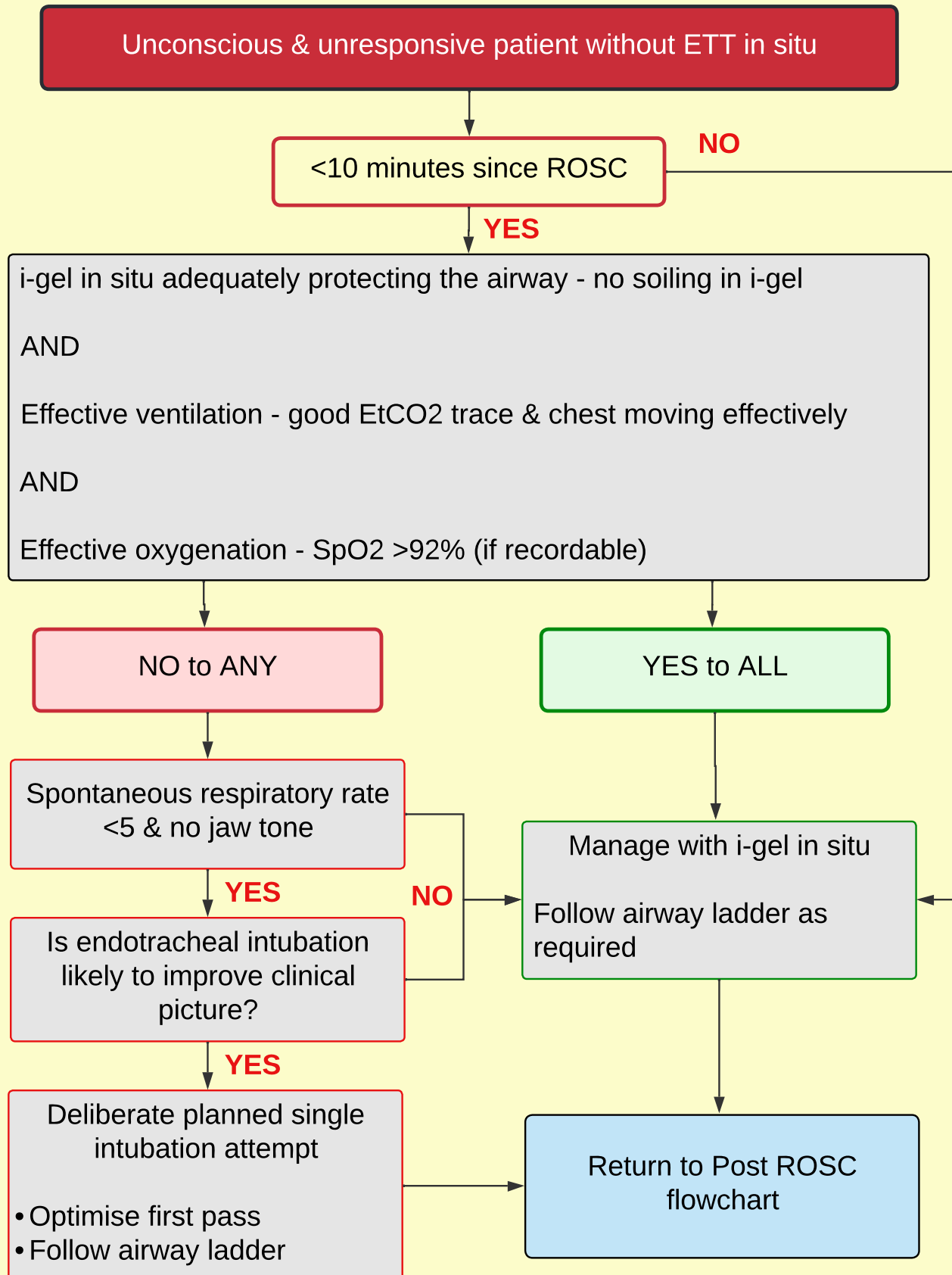




Critical Care Clinical Practice Guideline

POST ROSC MANAGEMENT - EMERGENCY AIRWAY ALGORITHM





Critical Care Clinical Quality Assurance Procedure



Contents

Document Control	Error! Bookmark not defined.
1 Scope.....	4
2 Procedure.....	Error! Bookmark not defined.
3 Clinical Performance Indicators	Error! Bookmark not defined.
4 Patient Care Records and Activity Reports.....	5
5 1st Line Quality Assurance.....	5
6 2nd Line Quality Assurance	6
7 Senior Review	6
8 Peer review.....	6
9 Clinical Governance Time.....	7
10 Case Review Forum	7
11 Skills Assurance Time	8
12 Clinical Supervision	8
13 Clinical Audit, Service Evaluation & Quality Improvement.....	9
14 Definitions	9
15 Responsibilities	10
16 Audit and Review (Evaluating effectiveness).....	10
17 Associated Documentation	10
18 Equality Analysis	11
Appendix A – Guide for Undertaking CPIs	12
Appendix B – Dual CCP shift checklist	13
Appendix C – Reporting of peer to peer shift	14
Appendix D – Supervision form	15

Scope

- 1.1. The South East Coast Ambulance Service (the Trust) operates a trust-wide Critical Care Service. The service is delivered by Critical Care Paramedics (CCPs) organised in a regional Operating Unit (OU) .
- 1.2. The National Centre for Biotechnology Information (NCBI) describes Quality Assurance as 'Activities and programs intended to assure or improve the quality of care in either a defined medical setting or a program. The concept includes the assessment or evaluation of the quality of care; identification of problems or shortcomings in the delivery of care; designing activities to overcome these deficiencies; and follow-up monitoring to ensure effectiveness of corrective steps.
- 1.3. CCPs operate with an enhanced scope of clinical practice and an extended formulary which in turn requires an enhanced range of quality assurance processes to ensure clinical effectiveness and patient safety.
- 1.4. This procedure outlines the quality assurance process of CCP clinical practice.

2 Procedure

- 2.1. Quality assurance processes should be embedded within routine management activity and form an integral element of clinical governance.
- 2.2. Managers at all levels have some responsibility for conducting, recording and analysing quality assurance activity and undertaking any actions that may result.
- 2.3. Quality assurance can be provided at various stages and in varying degree of detail.
 - Patient records and activity reports
 - Clinical performance indicators
 - 1st Line quality assurance
 - 2nd line quality assurance
 - Senior review
 - Peer review
 - Case review forum
 - Skills assurance time
 - Clinical Supervision
 - Clinical audit, service evaluation and quality improvement
- 2.4. Quality assurance activity, responsibility and accountability will vary with role.

3 Clinical Performance Indicators

- 3.1. Clinical performance indicators (CPI) are set criteria used to measure compliance on a specific aspect of care delivery. They follow criterion-

based audit methodology and derive if an aspect of care is compliant or non-compliant with a specified standard.

- 3.2. CPI criteria has been derived from best practice guidance and agreed by the Critical Care Governance Sub-Group.
- 3.3. CPIs will also incorporate Ambulance Quality Indicator criteria where appropriate, to ensure these are captured and to avoid duplication.
- 3.4. A list of CPIs and a guide on completion can be found in Appendix A – *'Guidance for undertaking CPIs'*.

4 Patient Records and Activity reports

- 4.1. CCPs record their clinical care and decision making using the Trust ePCR platform, or paper PCR in the event of ePCR failure. ePCRs can be used individually for case review or a report can be produced from the ePCR database. With the appropriate processes, this data can be used for the purposes of clinical quality assurance, case review/discussion, clinical audit, service evaluation and quality improvement.
- 4.2. Only those with appropriate authority and with a legitimate need should access patient records with patient identifiable data, in line with the Trust's Information Governance policies and procedures.
- 4.3. For the purposes of case review/discussion, this should be led by CC-TL, CC-COM or Consultant and using patient records that are redacted of patient identifiable data.
- 4.4. For the purposes of clinical audit, service evaluation and quality improvement, approval will be needed through the appropriate governance groups and a DPIA may be required.
- 4.5. CCPs should follow Trust guidance on the appropriate standard for documenting care on the ePCR (or paper record in the event of ePCR failure).
- 4.6. Activity reports allow for targeted review of specific elements of practice. These can be produced on the Power BI platform. These allow for the use of an element of practice, i.e., a drug, to be reviewed over a specified time frame. This report links to the CAD and ePCR record to allow the case(s) to be reviewed.

5 1st Line Quality Assurance

- 5.1 1st line quality assurance relates to the initial informal review of clinical practice, the purpose of which is to highlight any urgent patient safety concerns, identify a need for staff welfare support and to provide informal feedback on practice.
- 5.2 This may take several forms, including:
 - Review of patient care records and clinical performance indicator monitoring.
 - Informal debrief of a clinical case.
 - Completion of workplace-based assessments (WPBA).

5.3 This activity would normally be conducted by a first line manager or clinical supervisor/mentor.

5.4 All quality assurance activity should be recorded.

6 2nd Line Quality Assurance

6.1. 2nd line quality assurance relates to the more formal review of clinical practice, the purpose of which is to either scrutinise a specific area of practice or identify themes in practice within an individual or across multiple clinicians and provide assurances on clinical quality, safety and effectiveness.

6.2. This may take several forms, including.

- Review of patient care records.
- Review of CPI outcomes.
- Focused areas of scrutiny, e.g., high risk interventions.
- Formal debrief of a clinical case.
- Collective review of cases to capture compliance and themes.

6.3. This activity would normally be conducted by a member of the Critical Care Leadership Team.

6.4. 2nd line quality assurance should form part of both daily and monthly management processes and should be recorded on the Trust approved platform(s).

7 Senior Review

7.1. Senior review relates to quality assurance activity undertaken by a member of the Critical Care Consultant Team (Consultant Paramedic, Assistant Medical Director, Top Cover Consultants), the purpose of which is to obtain assurance on clinical quality, safety and effectiveness, explore themes in practice and provide a second or senior opinion.

7.2. This may take several forms, including.

- Focussed review of patient care records for a specific reason.
- Focussed areas of scrutiny, e.g., high risk interventions.
- Formal debrief of a clinical case.
- Collective review of cases to capture compliance and themes.

5.3 This activity would normally be conducted by the Consultant Paramedic or Assistant Medical Director with responsibility for critical care practice, however, may be undertaken by the Chief Medical Officer or any member of the Consultant team.

7.3. Senior review should form part of routine monthly quality assurance processes and provide ultimate assurance of clinical effectiveness and patient safety to the Chief Medical Officer and the Trust Board.

8 Peer Review

- 8.1. Peer review relates to informal review of clinical or operational practice undertaken between colleagues of the same grade.
- 8.2. Peer review may take place locally between two or more individual clinicians or centrally during a case review forum.
- 8.3. Peer to peer operational ride outs form part of both governance and welfare activity and are scheduled as part of governance rotations.
- 8.4. At the beginning of a peer to peer shift the 'dual CCP shift checklist' (Appendix B) should be carried out to ensure mutual understanding of clinical primacy and objectives for the day. This provides clarity on roles, therefore avoiding confusion at scene, whilst ensuring the shift is productive.
- 8.5. During a peer-to-peer shift, activity should be evidenced through the completion of a Microsoft Form (Appendix C)
- 8.6. Peer review is an important aspect of personal quality assurance of practice, however, there are limitations with regard oversight.
- 8.7. Peer review should form part of regular personal quality assurance and learning activity, however, should not be relied upon for assurance.
- 8.8. Patient identifiable data should not be used during peer review activity.

9 Clinical Governance Time

- 9.1. Formal clinical governance time is essential activity for CCPs to practice safely and to provide assurance to the Trust. This time is also essential for providing support for welfare and wellbeing.
- 9.2. CCPs are organised into seven clinical governance teams. Formal clinical governance time is scheduled each week, with each CCP governance team rotating through each 7 weeks.
- 9.3. Each formal clinical governance week can include:
 - 9.3.1. Case review forum
 - 9.3.2. Skills assurance time
 - 9.3.3. Peer to peer shift, uplift training (i.e., introduction of a new device or intervention) or mandatory training.

10 Case Review Forum

- 10.1. The case review forum is planned activity within the regular governance time that all CCPs are required to attend.

- 10.2. The case review forum is conducted weekly and attended on a rotational basis. Case review forums are a mandatory component of individual CCP governance time and forms a part of clinical currency.
- 10.3. The purpose of the case review forum is to allow individual clinicians to present a clinical case that they have attended, with the intent that this is both senior and peer reviewed and discussed, to identify and share learning.
- 10.4. Cases may either be selected by the individual clinician or the critical care leadership team. Each forum will include a mix of cases.
- 10.5. This activity is led and overseen by one of the critical care leadership team and supported by the Consultant Team.
- 10.6. All cases that are discussed are captured along with any notes on the Critical Care Governance database. Pertinent learning points are anonymised and are circulated to the Critical Care Leadership Team at the end of each governance rotation by the Critical Care Team Leader responsible for leading the case review. Once reviewed the Critical Care Clinical Operations Manager will circulate them to all CCPs.

11 Skills Assurance Time

- 11.1. Skills assurance time relates to formal teaching and/or assessment time regarding a core specialist skill with the purpose of providing assurance of competence in that skill/intervention.
- 11.2. Skills assurance time is a mandatory component of individual CCP governance time and forms a part of clinical currency.
- 11.3. Skills assurance time is required in the following skills.
 - Surgical cricothyroidotomy
 - Open thoracostomy
 - Adult laryngoscopy and endotracheal intubation
 - Paediatric laryngoscopy and endotracheal intubation
 - Advanced Life Support
- 11.4. Skills assurance time may be added on an ad-hoc basis for other skills and interventions as required to ensure competence and provide assurance.
- 11.5. Skills assurance time should be logged on the Critical Care Governance database.

12 Clinical Supervision

- 12.1. Clinical supervision in the context of this policy refers only to direct supervision of practice.
- 12.2. The purpose of direct supervision is to observe the clinical practice of an individual clinician in order to provide guidance, critique, reassurance, support and feedback in a structured way.

- 12.3. Clinical supervision may be undertaken for four primary reasons; (1) a routine planned supervision shift, (2) as part of a specific action plan (3) to support a return or transition to practice following an absence from the role or (4) as part of a programme of training.
- 12.4. Clinical supervision should normally be undertaken by a named mentor/supervisor, a CCTL, a CC-COM or one of the Consultant Team.
- 12.5. At the beginning of a supervision shift the 'duel CCP shift checklist' (Appendix B) should be carried out to ensure mutual understanding of clinical primacy and objectives for the day. This provides clarity on roles, therefore avoiding confusion at scene, whilst ensuring the shift is productive.
- 12.6. A supervised shift would be documented on an OSAT form (Appendix D) and recorded in the critical care governance database. This excludes those on a programme of training as this will be recorded in the individual's logbook.

13 Clinical Audit, Service Evaluation and Quality Improvement

- 13.1. Clinical audit, service evaluation and quality improvement are informed by quality assurance processes or provide a mechanism to identify areas for improvement.
- 13.2. Clinical audit, service evaluation and quality improvement are essential pillars of clinical governance and should form part of quality assurance processes.
- 13.3. The Critical Care leadership team should work in partnership with the Trust leads for clinical audit, research and quality improvement to ensure there is a programme of activity embedded within critical care governance systems.

14 Definitions

- 14.1. **CC-COM** - Critical Care Clinical Operations Manager – An Advanced Paramedic with responsibility for the service delivery and oversight of day-to-day clinical governance of critical care services within the Trust.
- 14.2. **CCTL** – Critical Care Team Leader, a specialist Paramedic with responsibility for 1st line management of CCPs and leading on clinical governance weeks.
- 14.3. **CCP** – Critical Care Paramedic, a specialist paramedic role practicing with a defined scope of practice, specifically targeted at the high acuity patient caseload.
- 14.4. **OU** – Operating Unit.
- 14.5. **CCD** – Critical Care Desk. This is a tasking and clinical advice desk operated by one or more CCPs.
- 14.6. **WPBA** – Work place based assessment – a means of documenting formative assessment and supervision activity.
- 14.7. **DPIA** – Data Protection Impact Assessment.

15 Responsibilities

- 15.1. The **Chief Executive Officer** is accountable for the overall effectiveness of this procedure.
- 15.2. The **Executive Medical Director** is responsible for managing this procedure.
- 15.3. The **Consultant Paramedic for Critical Care & Resuscitation** has responsibility for implementation of this policy.
- 15.4. The **Critical Care Clinical Operations Manager** has responsibility for overseeing this policy on a day to day basis. This includes promoting and upholding compliance.
- 15.5. All **CCPs** are responsible for adhering to this procedure.

16 Audit and Review (evaluating effectiveness)

- 16.1. This procedure once implemented, will be subjected to an ongoing review of its effectiveness. This will be the responsibility of the Critical Care Governance Sub Group.
- 16.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 16.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the procedure is not working effectively.
- 16.4. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

17 Associated Trust Documentation

- 17.1. Critical Care Clinical Currency Policy.
- 17.2. Critical Care Governance Sub Group Terms of Reference.

18 Equality Analysis

Equality Impact Assessment (EIA) template (refer to guidance)

What piece of work does this relate to: Critical Care Quality Assurance Procedure

Lead author:

Role:

1. Is this a:

- Change to an existing strategy (long term plan of action), policy or procedure ☐
- Change to a service or function (actions or activities) ☐
- A new strategy or policy/procedure/business case/ ops bulletin etc. ☒
- A new service or function ☐
- Project which requires approval at Board or Working group ☐

2. Who will be impacted by this work? Tick all that apply.

Patients ☐	Student/learners ☐	Volunteers ☐	External Partners (please specify below) ☐
Carers ☐	Trade unions ☐		Click or tap here to enter text.
Staff ☒	Suppliers ☐		Other (including a particular geographical area, describe below) ☐
			Click or tap here to enter text.

3. Summarise the work being assessed. Describe current status followed by any changes that stakeholders would experience.

Critical Care Quality Assurance Procedure

This procedure outlines the quality assurance process of the trust's CCPs within clinical practice. CCPs operate with an enhanced scope of clinical practice and an extended formulary which in turn requires an enhanced range of quality assurance processes to ensure clinical effectiveness and patient safety.

Whilst quality assurance measures vary slightly with role, the procedure describes how it will be attained using the following:

- **Patient records and activity reports**
- **Clinical performance indicators**
- **1st Line quality assurance**
- **2nd line quality assurance**
- **Senior review**
- **Peer review**
- **Case review forum**
- **Skills assurance time**
- **Clinical Supervision**
- Clinical audit, service evaluation and quality improvement

In reality, CCPs will see very little difference as all of these processes are already occurring, but the new procedure provides a more formal framework under which this is carried out.

4. Checklist

Questions	Yes	No
Is there potential for/ indication of or evidence that the proposed change will affect different population groups differently (including possibly discriminating against certain groups)?	☐	☒

Have there been or are there likely to be any public concerns (including media, academic, voluntary or sector specific interest) about the change?	☐	☒
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☒
Could the proposal affect our workforce or employment practices?	☐	☒
Is there potential for or evidence that the proposed change will not promote equality of opportunity or promote good relations between different groups?	☐	☒
If yes to any of the above , please add information in the notes		

5. Equality Impact Assessment

5.1. Key stakeholders

A key principle for completing Equality impact assessment is that they should not be done in isolation. Consultation with affected groups and stakeholders needs to be built in from the start, to enrich the assessment and develop relevant mitigation. Detail here who you have involved with completing this EIA.

5.2. Who may be positively or negatively affected by this activity?

Protected characteristics (Equality Act 2010) In addition, consider the following vulnerable groups:

- | | | |
|---|---|---|
| Age ☐ | Armed forces ☐ | Socioeconomic disadvantage ☐ |
| Disability ☐ | Carers ☐ | People with addiction or substance misuse problems ☐ |
| Race ☐ | Digital exclusion ☐ | People on probation ☐ |
| Gender reassignment ☐ | Domestic abuse ☐ | Prison population ☐ |
| Marriage & civil partnership ☐ | Education (literacy) areas ☐ | Undocumented migrant, refugees, asylum seekers ☐ |
| Pregnancy & maternity ☐ | Homeless ☐ | Sex workers ☐ |
| Religion & beliefs (including no belief) ☐ | Looked after children ☐ | Other (please specify below) ☐ |
| Sex (male or female) ☐ | Rural areas ☐ | |
| Sexual orientation ☐ | Urban areas ☐ | |

5.3. Assessment outcomes – discussion undertaken between [Click or tap to enter a date.](#) and [Click or tap to enter a date.](#)

Protected equality characteristic	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
Age	Neutral	
Disability	Neutral	

Critical Care Clinical Quality Assurance Procedure

Race ¹	Neutral	
Gender reassignment	Neutral	
Marriage & civil partnership	Neutral	
Pregnancy & maternity	Neutral	
Religion & beliefs	Neutral	
Sex	Neutral	
Sexual orientation	Neutral	

¹ An ethnic group or ethnicity is a named social category of people who identify with each other on the basis of shared attributes that distinguish them from other groups such as a common set of traditions, ancestry, language, history, society, culture, nation, religion, or social treatment within their residing area. A useful guide to terminology can be found here: <https://www.lawsociety.org.uk/topics/ethnic-minority-lawyers/a-guide-to-race-and-ethnicity-terminology-and-language>

Critical Care Clinical Quality Assurance Procedure

Vulnerable groups/existing inequity	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
Armed forces	Neutral	
Carers	Neutral	
Digital exclusion ²	Neutral	
Domestic abuse	Neutral	
Education (literacy)	Neutral	

² **Digital Exclusion can be linked to the following key root causes:**

- Connectivity access to the internet – can include financial barriers as well as suitable broadband speeds/connectivity
- Digital Skills the ability to use digital tools such as email, online shopping, digital healthcare - also includes having confidence in online safety, and how to utilise particular services or apps
- Technology and Accessibility access to appropriate devices to suit their individual needs – includes access to devices suitable for use with a certain disability as well as financial and location barriers
- Not wanting to use digital platforms simply not wishing to utilise digital services – this could be due to distrust of providers, online security, privacy etc.

Vulnerable groups/existing inequity	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
Homeless	Neutral	
Looked after children	Neutral	
Rural/urban geographies	Neutral	
Socioeconomic disadvantage	Neutral	
People with addiction or substance misuse problems	Neutral	
People on probation	Neutral	
Prison population	Neutral	
Undocumented migrants, refugees, asylum seekers	Neutral	
Sex workers	Neutral	
Other	Neutral	

5.4 Impact on Human Rights

If a provision or feature of your policy or service potentially unlawfully interferes with a human right then it is negative . If something protects or promote a human right, then it is positive. Human rights and freedoms belong to everyone. They give the legal basis to basic values of fairness, respect, equality, dignity and autonomy. They provide a set of minimum legal standards for all public bodies, including the NHS. They protect an individual's rights whilst considering the rights of other people and wider society.

Human Rights	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
A2. Right to life (e.g. Pain relief, DNAR, competency, suicide prevention)	Neutral	
A3. Prohibition of torture, inhuman or degrading treatment (e.g., Service Users unable to consent)	Neutral	
A4. Prohibition of slavery and forced labour (e.g., Safeguarding vulnerable patients' policies)	Neutral	
A5. Right to liberty and security (e.g., Deprivation of liberty protocols, security policy)	Neutral	
A6&7. Rights to a fair trial; and no punishment without law (e.g., MHA Tribunals)	Neutral	
A8. Right to respect for private and family life, home and correspondence (e.g., Confidentiality, access to family etc)	Neutral	
A9. Freedom of thought, conscience and religion (e.g., Animal-derived medicines/sacred space)	Neutral	

Human Rights	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
A10. <i>Freedom of expression</i> (e.g., Patient information or whistle-blowing policies)	Neutral	
A11. <i>Freedom of assembly and association</i> (e.g., Trade union recognition)	Neutral	
A12. <i>Right to marry and found a family</i> (e.g., fertility, pregnancy)	Neutral	
P1.A1. <i>Protection of property</i> (e.g., Service User property and belongings)	Neutral	
P1.A2. <i>Right to education</i> (e.g., accessible information)	Neutral	
P1.A3. <i>Right to free elections</i> (e.g., Foundation Trust governors)	Neutral	

6. Action plan and monitoring arrangements

Insert your action plan here (example layout provided). This should be based on mitigations recommended in 6.2. Involve your key stakeholders in monitoring progress against the actions above, and add more rows as required.

ACTIONS & DECISIONS TRACKER
What is being assessed:
What management group will have oversight of these actions (this should be the group which has oversight of the change):

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes
1					
2					
3					
4					

The above actions should be added to the action log for the named management group.

7. Inclusion Working Member for directorate

Based on your assessment, please indicate which course of action you are recommending to the author. You should explain your recommendation in the blank box below.

Outcome No.	Description	Tick
Outcome One	No major change to the proposal required. This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken. Proceed with the programme and review EIA mid-programme.	
Outcome Two	Adjust the proposal to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments would remove the barriers you identified? Proceed with adjustments, amend programme and review EIA mid-programme.	

Outcome Three	Continue the proposal despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: Sufficient plans to stop or minimise the negative impact. Consider if risks need adding to the risk register. Mitigating actions for any remaining negative impacts plans to monitor the actual impact. Proceed with programme. Monitor and evaluate. Discuss with responsible management group and Inclusion Team for advice where required.	
Outcome Four	Stop and rethink the service change/proposal when the EIA shows actual or potential unlawful discrimination. Review change/proposal with the responsible management group for this area of work and identify alternative way forward	
<i>Please use the box on the right to explain the rationale for your recommendation:</i>		

8. Governance

Sign off	Inclusion Working Member for directorate	Date:

9. Version Control

Critical Care Clinical Quality Assurance Procedure

Version Number	Purpose/Change	Author	Date

The above provides historical data about each update made to the EIA.

Please include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process.

Please send an approved copy of this EA to inclusion@secamb.nhs.uk and polsandprocs@secamb.nhs.uk

Appendix A - Guidance for undertaking CPIs

[CCP CPI Guidance](#)

Appendix B – Dual CCP Shift Checklist

Critical Care Dual-CCP shift Checklist	
Navigation:	Do we need more information on scene location?
	<i>(Utilise MDT OS Maps / Google Maps / W3W on iPad)</i>
	Triage from scene: what hospitals are nearby: distance / times?
Equipment:	What equipment shall we bring to scene?
	Who will keep the vehicle keys / radio?
Role allocation:	Who is the Lead Clinician?
Desk updates:	Who will pass scene updates to CCD?
Additional Resources:	Discuss likelihood of any additional resources you may require when at scene
	<i>(e.g. more DCAs, OTLs, HEMS, another CCP)</i> <i>(other agencies? Police / Fire / Coastguard)</i>
PPE:	What PPE shall we use?

Appendix C – Reporting of peer to peer shift

Peer supervision

The survey will take approximately 4 minutes to complete.
This form should be completed when a CCP is conducting a 'peer to peer role out' and should be submitted as soon as practicable after the end of the shift. It is not for use when 'supervising' a member of your team.

Required

This form will record your name, please fill your name.

1. Date of shift? *

2. Name of CCP on core shift? *

3. Name of supernumerary CCP? *

4. Please briefly summarise the incidents you attended on the shift? *

5. Please briefly outline the content of any clinical discussions on the shift?

6. Please briefly outline the content of any other critical care activity on the shift? (e.g. moulage)

7. Any further comments?

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

V1 December 2023

Critical Care Clinical Quality Assurance Procedure

Page 23 of 25

Appendix D – Supervision Form**Supervised Shift Record**

CCP	
Date	
Call sign	
Supervisor	
Specific elements team want to focus on	
Timeline of shift	
Review of daily routine	
Review of training record	
Summary of operational activity	
Training undertaken	
Other activity undertaken	

Non-technical skills	
Key lessons learned	
Clinical	
Non-technical skills	
Developmental needs	

A copy of this form should be forwarded to the individual and placed in the appropriate section of MS Teams.