**Consultation feedback form**

Consultation closing date:The deadline for comments is **Tuesday 17th December 2019 at 5pm** using feedback sheet via email to:[**miriam.bell@hse.ie**](mailto:miriam.bell@hse.ie)

**Introduction**

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| We would like to hear your views on the draft National Clinical Guideline No. 1 National Early Warning System (NEWS) (2020).All comments received on this form by the deadline will be considered and used to inform the final clinical guideline.  Clinical guidelines are an important contributor to safe high quality healthcare. Good clinical guidelines help change the process of healthcare, reduce variation, improve outcomes for service users and ensure the efficient use of healthcare resources (NCEC p.6).  The draft clinical guideline contains a number of recommendations, each with a statement of the evidence used by the Guideline Development Group when they formed the recommendation.  Further information on the NCEC and National Clinical Guidelines is available from  <http://health.gov.ie/national-patient-safety-office/ncec/>  **Notes:**   1. Feedback received may be edited and/or summarised. 2. This consultation is conducted in line with requirements of the Freedom of Information (FOI) Acts as applicable and Data Protection requirements. Please note your submission may be published under this or in a report on the consultation. This may be on a website or in a document. 3. Submissions which are not attributable to an individual or group will not be considered. 4. Organisations making submissions should be aware of their obligations under the terms of the Regulation of Lobbying Act 2015. |

**Scope of draft clinical guideline**

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| This guideline is relevant to all clinical staff caring for non-pregnant adult patients (≥ 16 years) in the acute hospital setting.  It is designed to guide clinical judgement but not replace it. In individual cases a healthcare professional may, after careful consideration, decide not to follow guideline recommendations if it is deemed to be in the best interests of the patient. Clinical decisions and therapeutic options should be discussed with a senior clinician on a case-by-case basis as necessary and documented in the clinical notes. |

**How to submit your feedback**

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| How to submit your feedback:   * All feedback must be submitted on this form if it is to be considered * Ensure you have completed your details or your group’s details * Identify clearly the recommendation your feedback relates to by identifying recommendation number and inserting your comments into aligned row * Each comment should be in a separate box * Specifically you must explain the rationale for your comment, which should be written clearly and concisely. * Submit the form as a word document via email. * Organisations should submit one collated response * Use full terms for abbreviations on first use * If you refer to sources of evidence, please detail the reference (with weblink if available) |

**Consultation questions**

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| This consultation focuses on how user friendly the document is, the content (evidence statements and recommendations) and the implementation of the draft guideline.   1. ***Content*** 2. Do the recommendations cover the scope of the draft guideline? 3. Do the recommendations clearly link to the evidence presented or otherwise to best practice? 4. Does the draft guideline consider the views and needs of specific population groups? 5. Does the draft guideline consider gaps in current practice? 6. ***Implementation*** 7. Some of the recommendations change current practice substantially. Do you consider that the reasons given in the draft guideline explain why the change is necessary? 8. Which areas do you think may be difficult to put into practice? Please explain why. 9. What would help users to implement the guideline? |

***Please DO NOT provide editing or proofing feedback – the NEWS draft will be edited and proof-read before submission to NCEC***

***Feedback is NOT required on Section 2.8 as the literature review is now completed.***

**Your details**

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| Name of person completing form |  |
| Organisation name |  |
| Are you commenting ….? (tick box) | € As an individual € On behalf of an organisation |
| Organisation Name |  |
| Contact Name (if different to above) |  |
| Contact Telephone Number |  |
| Contact Email Address |  |
| Date of feedback |  |

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| **Summary of Changes (pages 7 – 9)**  **Comments?** | |
| **Glossary of Terms (page 13)**  **Comments?** | |
| **Abbreviations (page 14)**  **Comments?** | |
| **Section 2 (2.1 – 2.7 and 2.9) Guideline development**  **(Note: Section 2.8 does not require feedback as literature review completed)**  **Comment?** | |
| **Section 2.11 Implementation** | |
| **Section 2.12 Monitoring and Audit** | |
| **Section 3: Draft NEWS (2020) Recommendations (Domains 1 to 8)** | |
| **Domain 1** | **Measurement and documentation of vital signs and other observations** |
| **Recommendation No.** | **Comment/feedback** |
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| Please add rows as required... |  |
| Any other observations/comments | |
| **Domain 2** | **Escalation of Care** |
| **Recommendation No.** | **Comment/Feedback** |
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| Please add rows as required... |  |
| Any other observations/comments | |
| **Domain 3** | **Response Systems** |
| **Recommendation No.** | **Comment/feedback** |
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| Please add rows as required... |  |
| Any other observations/comments | |
| **Domain 4** | **Clinical Communication** |
| **Recommendation No.** | **Comment/feedback** |
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| Please add rows as required... |  |
| Any other observations/comments | |
| **Domain 5** | **Leadership & Governance** |
| **Recommendation No.** | **Comment/feedback** |
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| Please add rows as required... |  |
| Any other observations/comments | |
| **Domain 6** | **Education** |
| **Recommendation No.** | **Comment/feedback** |
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| Any other observations/comments | |
| **Domain 7** | **Evaluation, Audit & Feedback** |
| **Recommendation No.** | **Comment/feedback** |
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| Please add rows as required... |  |
| Any other observations/comments | |
| **Domain 8** | **Systems to Support High Quality Care** |
| **Recommendation No.** | **Comment/feedback** |
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| Please add rows as required... |  |
| Any other observations/comments | |

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| **Other relevant comments (with page number and rationale detailed)** |