ALCOHOL RELATED LIVER DISEASE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Advisor Assessment Form (AF)

NCEPOD questionnaire number

INSTRUCTIONS FOR COMPLETION

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Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

A. F	PATIENT DETAILS			
1.	Age at time of admission		years	
2.	Gender		Male	Female
3.	Weight	kg OF	R st lb	Not recorded
4.	Height	cm OF	t in	Not recorded
5.	BMI			Not recorded
B. A	DMISSION and INITIAL	ASSESSMENT		
6.	Time and date of Time: arrival to hospital:	hh m m	: d d m m y y	Not recorded
7.	Time and date of admission to first Time: ward:	hh m m	d d m m y y	Not recorded
8. 9a.	Was the admission What was the mode of admis	Non elective sion?	Elective	Not recorded
	Via the Emergency Depa	rtment	Hospital transfer	
	Following outpatients/tele	phone consultation	Other	
	Direct from a GP		Not recorded	
9b.	In your opinion was the referm	al/transfer timely?	Yes 🗌 No	Not applicable
9c.	If NO please expand on your	answer?		
9d.	In your opinion was the referr apropriate?	al/transfer	Yes 🗌 No	Not applicable
9e.	If NO please expand on your	answer?		
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10a.	Was a letter of referral or transfer note included	Yes No Not applicable
10b.	If YES, in your opinion does it contain adequate information?	Yes No
10c.	If NO to 10b, what was missing	
11a.	What grade of doctor admitted the patient?	Not documented
11b.	What specialty of doctor admitted the patient?	Not documented
11c.	Was there a timely senior review for this patient?	Yes No Unknown
11d.	In No please give details?	
12a.	From the case notes, can you identify when the first consultant review was undertaken?	Yes No
12b.	If YES, in your opinion was this review sufficiently prompt for the patient's condition?	Yes No
13a.	Is it documented that the patient discussed with a Liver unit/specialist?] Yes 🗌 No
13b.	If YES, what was the grade of the clinician?	
13c.	If YES, was this regional liver unit	local hepatologist 🔲 local gastroenterologist
	other	
14a.	Is it documented that the patient was seen by a specialist nurse?	Yes No
14b.	Is it documented that the patient was seen by any other specialist in alcohol related Liver disease?	Yes No
14c.	If YES, please specify	
15a.	Was an early warning score (e.g. MEWS) used?	Yes No
15b.	If NO to 15a did this result in a failure to recognise or delay in recognition of deterioration?	Yes No
15b.	If YES to 15b please expand on you answer	
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16.	Was an alcohol withdrawal scale used?	☐ Yes	□ No
17.	Was an assessment of the likelihood of alcohol withdrawal made?	Yes	No
18a.	Was treatment given to prevent alcohol withdrawal?	Yes	No No
18b.	In your opinion was this appropriate?	Yes	No No
18c.	If NO please expand on your answer?		
19a.	Was a severity score calculated and documented?	Yes	No No
19b.	If yes which score and when was it first calculated?	d d m m	уу
Г	Maddrey score MELD		Other
	Glasgow prognostic score		
	Lille score	score	
20a.	Was a clear management/monitoring plan documented?	Yes	No No
20b.	If YES was it appropriate?	Yes	No No
20c.	If NO please expand on your aswer		
21a.	How would you grade the initial management?	Good	Poor
21a. 21b.	How would you grade the initial management? Please provide a reason for this grade	Good Adequate	
	Please provide a reason for this grade	Adequate	
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable
21b. 22a.	Please provide a reason for this grade	Adequate	e 🗌 Unacceptable



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C. HI	STORY	
23a.	Was the patient's alcohol history adequately documented on admission?] Yes 🔲 No
23b.	If NO was there: No alcohol history doe Limited alcohol history	
24a.	Is there evidence that this patient had received previous advice/support for alcohol misuse?	G Yes No
24b.	If YES in your opinion, was this support appropriate?	Yes No
24c.	If NO please expand on your answer	
25a.	Is it documented that this was patient known to present at any other hospitals?	Yes No
25b.	If YES, is there any evidence in the case notes of communication of care between hospitals?	Yes No
26.	Prior to this hospital admission was the patient known to have ARLD?	Yes No
27a.	Is it documented that the patient ever had a liver biopsy	? 🗌 Yes 🗌 No
27b.	If YES, what was the histological diagnosis?	



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D. II	NVESTIGATIONS	
28a.	Had alternative causes of Liver Disease been adequately excluded prior to this admission?	Yes No Not applicable
28b.	If NO please expand on your answer?	
29a.	If this was the first presentation of Liver disease was an adequate Liver screen done?	Yes No Not applicable
29b.	If NO please expand on your answer?	
30a.	What investigations were documented as being under Clotting screen Chest X-ray Full blood count Ultrasound Blood cultures Liver function	y CT scan MRI
	Ascitic tap Other (please	ise specify)
31a.	Were all investigations undertaken timely?	
31b.	If No which? (drop down of above)	
32a.	In your opinion, was there any evidence of over or under investigation?	Yes No
32b.	If YES, please give details:	
33a.	Were the patient's liver function tests abnormal	☐ Yes ☐ No
000.	on admission?	
33b.	Was there any deterioration in liver function tests?	Yes No
34a.	Was renal function abnormal on admission?	Yes No
34b.	Was there any deterioration in renal function?	Yes No
35a.	If YES to 33b or 34b, was there evidence of an iatrogenic contribution to the deterioration?	Yes No
35b.		st-admission unknown
35c.	If there was evidence of deterioration (liver and/or renal function) was this identified promptly?	Yes No Insufficient data
35d.	If deterioration in liver or renal function was identified, in your opinion was it appropriately managed?	Yes No Insufficient data
35e.	If NO, please give details	
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41a.	In your opinion did the patient require a ward transfer to a higher care area?	Yes	No	
41b.	Did the patient receive an escalation in care to a higher care area?	Yes	🗌 No	
41c.	If YES, was this timely?	Yes	No No	
42a.	Is there evidence in the notes that an escalation in care (ward transfer) was requested but declined?	Yes	No No	
42b.	If YES what was the reason for it being declined?			
42c.	If YES to 42a do you think the fact this was a patient with ARLD influenced the decision?	Yes	No No	
42d.	If YES please expand on your answer			
43a.	Did the patient receive renal replacement therapy?	Yes	No No	
43b.	If YES, was this undertaken in a timely manner?	Yes	No No	Unknown
43c.	If NO, please give details			
44a.	In your opinion, would any further treatment that was NOT given have been appropriate in this patient? For example, mechanical ventilation, renal replacement therapy etc.	Yes	No No	Insufficient data
44b.	If YES, please give details			
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E. T	REATMENT/MANAGEMEN	IT		
36a.	Please indicate what treatment wa	as given (please tio	ck all that ap	ply)
	 Albumin Detoxification (to prevent alcohol withdrawal) Lactulose IV Thiamine Oral Thiamine Terlipressin 	 Antibiotics (a prophylactic) Diuretics Pentoxifylline Antibiotics (a a procedure) IV Fluids Other (please)) e at the time o)	 Vitamin K Methadone Opioid analgesia
37a. 37b.	Was the patients fluid balance do adequately? Was fluid management appropria		Yes	□ No □ No
38.	Did the patient receive renal repla	cement therapy?	Yes	No
39a.	Were the patients nutritional need	Is assessed?	Yes	No No
39b.	Who made the assessment?			
39c.	Was an appropriate nutritional pla	an documented?	Yes	No No
39d.	If No please expand on your answ	ver?		
40a.	In your opinion was all the treatr patient received appropriate?	nent that the		Yes 🗌 No
40b.	If NO, please give details:			
40c.	In your opinion was any treatme	nt omitted?		Yes No
40d.	If YES, please give details:			
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F. G/	ASTROINTESTINAL BLEEDING			
	se only complete this section if the patient suffered ission.	a GI bleed and	l/or had an end	doscopy during this
45.	Did the patient suffer a GI bleed as part of this admission?	Yes	No No	
46.	Did the patient undergo an endoscopy?	Yes	🗌 No	Unknown
47a.	Was there evidence of consent for the endoscopy procedure in the case notes?	Yes	🗌 No	
47b.	If YES, was the consent form completed adequately?	Yes	🗌 No	
47c.	If NO, please give details of what was missing			
48a.	Was the patient sedated?	Yes	No No	
48b.	In your opinion, was the dose of sedation appropriate?	Yes	No No	Unknown
48c.	If NO, please give details			
48d.	If YES, was reversal with Flumazenil required?	Yes	No No	Unknown
49.	Was the patients airway protected?	Yes	No No	Unknown
50a.	In your opinion, did any complications arise as a consequence of the administration of sedation?	Yes	No No	Insufficient data
50b.	If YES, please give details			
51a.	In your opinion, was the level of monitoring appropriate?	Yes	🗌 No	Insufficient data
51b.	If NO, please give details]
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SI SIHL	53a.	Please indicate which of the following were used (an	swe	rs may be	mult	iple)			
		Terlipressin		Injection s	scler	othera	ру		
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AFT]		Adrenaline		Other					
A DR		Prophylactic antibiotics							
SI SIE	53b.	Was this treatment appropriate?		Yes		No		Insuffic	ient data
	53c.	If NO, please give details							
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I SIH.	54.	Was bleeding arrested at the end of the procedure?		Yes		No			
	55a.	How would you grade the management of the patients GI bleed?		Good Adequate	!		Poor Unacce	ptable	
RAFT F	55b.	Please provide a reason for this grade							
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A DRA	56b.	If YES, what?							
	56c.	In your opinion, was the operation(s) performed appropriate?		Yes		No		Insuffic	ient data
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THIS IS	57a.	If the patient had an operation(s) was the consent appropriate?		Yes		No		Insuffic	ient data
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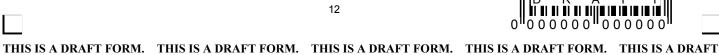
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G. C	OMPLICATIONS AND CRITICAL INCIDE	INTS			
5 8a.	Were any unexpected complications encountered during this admission?	Yes	No No	Insufficient	
58b.	In your opinion, were any complications avoidable?	Yes	No No	Not applica	
58c.	If YES, please give details				
H. D	EATH				
5 9a.	In your opinion was death avoidable during this admission?	Yes	No No	Unknown	
59b.	If YES, please expand on your answer				
60a.	Was treatment limited or withdrawn?	Yes	No No		
60b.	In your opinion was this appropriate?	Yes	No No		
60c.	If NO, please expand on your answer				
61a.	Was the patient put on an end of life pathway?	Yes	No No		
61b.	Was the patients reususcitation status documented ?	Yes	No No		
61c.	Is there evience of communication of the above with the patient/familly?	Yes	No No		
I. OV	ERALL ASSESSMENT OF CARE				
62.	Overall assessment of care for this patient (please select one category only)				
	Good practice: a standard of care you would expect from yourself, your trainees and your institution				
	Room for improvement: aspects of CLINICAL care that could have been better				
	Room for improvement: aspects of ORGANISATIONAL care that could have been better				
	Room for improvement: ASPECTS OF CLINICAL AND ORGANISATIONAL care that could have been better				
	Less than satisfactory: several aspects of CLINICAL AND/OR ORGANISATIONAL care that were well below a standard you would expect from yourself, your trainees and institution				
	Insufficient data				
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J. PREVIOUS ADMISSIONS/HOSPITAL CONTACT							
Please complete section J for each previous hospital admission/visit							
63.	Date of contact	Not r	recorded				
64a.	Was the hospital contact Outpatient Emergency dept	Non electiv	ve admission	Elective admiss	ion		
64b.	What was the reason for hospital contact/admission?						
	Was the patients alcohol history documented?	∐ Yes	∐ No				
	If YES was this adequate?	Yes	No No				
66c.	If NO, please give details				_		
67a.	Was the patient documented as drinking alcohol excessively?	Yes	No No				
67b.	Is there evidence that the patient was advised to stop drinking?	Yes	No No				
68.	Was the patient referred for support?	Yes	No No				
69a.	Was the patient documented as having ARLD?	Yes	No No				
69b.	Was the patient documented as having an alcohol related disorder?	Yes	No No				
69c.	If YES please specify?						
70.	Did the patient have abnormal LFTs?	Yes	No No	Unknown			
71a.	Was the discharge summary for the patient adequate?	Yes	No No				
71b.	If NO, please give details						
72a.	If your opinion were there any missed opportunities to alter the final outcome during this visit/admission?	Yes	No No	Unknown			
72b.	If YES, please give details						
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K. C/	ASE OVERVIEW			
73a.	Are there any issues that you feel should be highlighted in the report?	Yes	No No	
73b.	If YES, please give details			
74a.	Would this case form the basis of a good case-study to highlight a specific theme in the report?	Yes	No No	
74b.	If YES, please give brief case history below			



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