



ALCOHOL RELATED LIVER DISEASE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICIAN QUESTIONNAIRE

CONFIDENTIAL

Hospital number of patient:

| | | | | | | | | | | | | | | | | | | | |
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DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE:

Grade: _____ Specialty: _____

What is this study about?

How to complete the form:

The aim of this study is to identify the remediable factors in the quality of care provided to patients treated for alcohol related liver disease and the degree to which its mortality is amenable to health care intervention.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided, e.g.

Specific inclusions/exclusions:

Had the patient received a liver transplant?

All patients who died in hospital with a diagnosis of alcohol related liver disease between the 1st January - 30th June 2011 are included. There is no age restriction for inclusion. The included ICD10 codes are:

Yes No Unknown

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

- K70.0 - Alcoholic fatty liver
- K70.1 - Alcoholic hepatitis
- K70.2 - Alcoholic fibrosis and sclerosis of liver
- K70.3 - Alcoholic cirrhosis of liver
- K70.4 - Alcoholic hepatic failure
- K70.9 - Alcoholic liver disease, unspecified

Yes No Unknown

Unless indicated, please mark only one box per question.

A list of definitions is provided on the back page of the questionnaire.

CPD Accreditation:

Please return the completed questionnaire to NCEPOD in the SAE provided.

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/ self directed Continuous Professional Development in their appraisal portfolio.

A copy **MUST NOT** be kept in the patient's notes

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please clearly supply your email address below.

Questions or help?

Further information can be found on our website <http://www.ncepod.org.uk/arld.htm>

If you have any queries about the study or this questionnaire, please contact NCEPOD on: 020 7600 1893 or

arld@ncepod.org.uk

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in Spring 2013.

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FOR NCEPOD USE ONLY

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5 118293 889013



A. CASE SUMMARY

1. Please use this section to provide a brief summary of this case, adding any comments or information you feel relevant. You may also type on a separate sheet.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

B. PATIENT DETAILS

2. Age at time of admission years
3. Gender Male Female
4. Weight kg OR st lb Unknown
5. Height cm OR ft in Unknown





6a. Did the patient have any comorbidities? Yes No

6b. If YES please tick all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol related trauma | <input type="checkbox"/> Current smoker | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Diabetes (insulin dependent) | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes (non-insulin dependent) | <input type="checkbox"/> Renal dysfunction |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Previous myocardial infarction | |
| <input type="checkbox"/> Other (Please specify) | <input type="text"/> | |

C. ADMISSION

7. Date of admission:
d d m m y y

8. Time of admission: Unknown
h h m m

9. Was this admission Non-elective Elective

10a. What was the mode of admission?
 Via the Emergency Department Hospital transfer
 Following outpatients/telephone consultation Other
 Direct from a GP Unknown

10b. If the patient was transferred, were any problems/delays encountered? Yes No Unknown

10c. If YES to 10b, please give details:

10d. From what type of hospital was the patient transferred?
 DGH ≤ 500 beds DGH > 500 beds
 University teaching hospital Private Hospital
 Other Unknown
 Not applicable

10e. If transferred, what was the reason for the inter-hospital transfer
 Endoscopy Specialist surgical input
 Specialist GI/hepatologist care Palliative care
 HDU or ICU bed Other
 Consideration for Transjugular Intrahepatic Portal Systemic Shunt (TIPS) Not applicable





11a. What was the specialty of the admitting clinician on the ward/unit? Please enter specialty code from the list on the back page Unknown

11b. What was the grade of the admitting clinician? Please enter grade code from the list on the back page Unknown

12a. To what location was the patient first admitted? Please see definitions on the back page
 Level 0 Level 1 Level 2 Level 3 Unknown

12b. Do you think this was an appropriate location for the patient to be admitted to? Yes No

12c. If NO, please give details:

12d. Does this hospital have a specialist liver unit? Yes No

13a. What was the date of the first consultant review? Unknown
d d m m y y y y

13b. What was the time of the first consultant review? Unknown
h h m m

13c. Was this a consultant hepatologist/gastroenterologist? Yes No Unknown

13d. If NO, when was the patient first reviewed by a consultant hepatologist/gastroenterologist?

Date Unknown Time Unknown
d d m m y y y y h h m m

Not reviewed by a consultant hepatologist/gastroenterologist

13e. If the patient was not reviewed by a consultant hepatologist/gastroenterologist was specialist advice obtained? Yes No Unknown

14a. Was this the first known hospital admission for ARLD? Yes No

14b. If NO, how many previous admissions for ARLD did the patient have in the last 12 and 60 months 12/12 60/12 Unknown

14c. IF NO to 14a What was the interval from the last known ARLD admission to this one? < 30 days 3 - 12 months Unknown
 1 - 3 months > 12 months

15a. Did the patient have any previous hospital admissions in the last 5 years, irrespective of reason? Yes No Unknown

15b. If YES, how many previous admissions, in the last 12 and 60 months? 12/12 60/12 Unknown

15c. IF YES to 15a What was the interval from the last known ARLD admission to this one? < 30 days 3 - 12 months Unknown
 1 - 3 months > 12 months



D. HISTORY

- 16a.** Prior to this hospital admission, was the patient known to drink alcohol to excess? Yes No
- 16b.** Prior to this hospital admission, was the patient known to have ARLD? Yes No
- 16c.** If YES to 16b what was the date of this diagnosis? Unknown
d d m m y y y y
- 17a.** Was the patient a current drinker? Yes No Unknown
- 17b.** If NO when did they stop drinking? within: 1/12 6/12 12/12
 > 12/12 Unknown
- 17c.** If YES to 17a how many units of alcohol per week was the patient recorded as drinking? Unknown
- 18a.** At what age did the patient start drinking alcohol? years Unknown
- 18b.** At what age did the patient start drinking alcohol hazardously? years Unknown
- 18c.** When was alcohol misuse first recorded in the case notes? (this can be a date prior to this admission) Unknown
d d m m y y y y
- 18d.** What was the patient's maximum regular intake of alcohol in their last year? units/day Unknown
- 19a.** Is there evidence that this patient had received previous advice/support for alcohol misuse? Yes No
- 19b.** If YES, was this: (Please tick all that apply)
- Primary care (e.g. GP, Alcohol Liaison Team)
 - Secondary care (e.g. regular gastro/hepatology follow up)
 - Tertiary care (e.g. regular follow up by a specialist Liver unit)
 - Addiction services/mental health services
 - Alcoholics Anonymous support services
 - Other (Please specify)
- 19c.** If YES to 19a in your opinion, was this support appropriate? Yes No
- 19d.** If NO to 19c, please comment on any deficiencies





- 20a.** Was this patient known to present at any other hospitals? Yes No
- 20b.** If YES, was there any documented communication of care between hospitals? Yes No
- 21a.** Had the patient received a liver transplant? Yes No
- 21b.** If YES, please provide the date: Unknown
d d m m y y y y
- 22a.** Was a liver transplant/re-transplant considered prior to the patients death ? Yes No Unknown
- 22b.** If YES, please provide the date they were considered for transplant/re-transplant Unknown
d d m m y y y y
- 22c.** If YES to 22a what was the outcome at the time of death? Awaiting decision Deferred for transplant
 Declined for transplant Listed for transplant
 Received transplant Unknown

E. PRESENTATION FEATURES

- 23.** What were the patient's presenting features? (please tick all that apply)
- Acute alcoholic hepatitis Evidence of encephalopathy Sepsis
- Chronic liver disease Gastrointestinal bleeding Acute pancreatitis
- Ascites Jaundice Chronic pancreatitis
- Renal failure Other (please specify)
- 24.** Please indicate if any of the following scores were recorded in the case notes, and if so what the first recorded score was and when it was made.

| | Recorded | Not recorded | Score | Date |
|--------------------------|--------------------------|--------------------------|----------------------|---|
| Glasgow prognostic score | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small> |
| Lille score | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small> |
| MELD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small> |
| UKELD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small> |
| Childs Pugh score | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small> |





F. INVESTIGATIONS

25a. What investigations were undertaken? (please tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Clotting screen | <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> CT |
| <input type="checkbox"/> Full blood count | <input type="checkbox"/> Ultrasound scan | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Hepatitis B screen | <input type="checkbox"/> Liver function tests | <input type="checkbox"/> Urea and electrolytes |
| <input type="checkbox"/> Hepatitis C screen | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

25b. In your opinion, was there any delay in ordering and/or obtaining results of any investigations? Yes No

25c. If YES, please give details:

26a. In your opinion, was there any evidence of over or under investigation? Yes No

26b. If YES, please give details:

G. TREATMENT

27a. Please indicate what treatment was given (please tick all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Antibiotics (as a general prophylactic) | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Detoxification (to prevent alcohol withdrawal) | <input type="checkbox"/> Diuretics | <input type="checkbox"/> Vitamin K |
| <input type="checkbox"/> Lactulose | <input type="checkbox"/> Pentoxifylline | <input type="checkbox"/> Methadone |
| <input type="checkbox"/> IV Thiamine | <input type="checkbox"/> Antibiotics (at the time of a procedure) | <input type="checkbox"/> Opioid analgesia |
| <input type="checkbox"/> Oral Thiamine | <input type="checkbox"/> Fluids | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> NSAIDs | |

27b. If steroids were given, what was the specialty of the clinician who initiated this? Please enter the specialty code from the list on the back page Unknown

27c. If pentoxifylline was given, what was the specialty of the clinician who initiated this? Please enter the specialty code from the list on the back page Unknown



H. GASTROINTESTINAL BLEEDING

Please only complete this section if the patient suffered a GI bleed and/or had an endoscopy during this admission. If this is not the case please go to question 48

- 28a. Did the patient suffer a GI bleed as part of this admission? Yes No Unknown
- 28b. What was the length of time between the first documentation of suspected bleeding and discussion with an endoscopist? hours minutes Unknown
- 29a. Did the patient undergo an endoscopy? Yes No Unknown

If the patient did not undergo an endoscopy, please go to question 44

If the patient had multiple endoscopies, please answer the following questions with respect to the first endoscopy. The supplement page can be copied and used for subsequent endoscopies.

- 29b. If YES to 29a, please state the date and time of the endoscopy and the grade and specialty of the endoscopist
- Date Unknown Time Unknown
d d m m y y y y h h m m
- Grade Unknown Specialty Unknown

Please use the grade and specialty codes listed on the back page

- 29c. Where was the endoscopy undertaken?
 ITU (level 3) HDU (level 2) Theatre Endoscopy unit Ward Unknown
- 30a. Was the endoscopy carried out under general anaesthetic? Yes No Unknown

If YES, please go to question 33

- 30b. If NO, was the patient sedated? Yes No Unknown

- 30c. If YES what was the sedation route? (please specify) Unknown

- 30d. If YES what drug(s) and dose was used? (please specify) Unknown

- 31a. Was sedation undertaken by an anaesthetist? Yes No Unknown

- 31b. If NO, was sedation undertaken by the endoscopist? Yes No Unknown

- 31c. If YES to 31b, who undertook the monitoring? (please specify) Unknown





31d. What monitoring was used? (Please tick all that apply)

- Pulse oximeter Blood pressure ECG Pulse
 Other (please specify)
 Unknown

32a. Was the patients airway protected? Yes No Unknown

32b. If YES, please give details:

33. What was the length of time between the first documentation of suspected bleeding and consideration of a variceal bleed? Hours Minutes Unknown

34. What were the findings of the endoscopy? (Please tick all that apply)

- Variceal bleeding (please go to question 35) Non diagnostic/no bleeding found (please go to question 43)
 Non variceal bleeding (please go to question 42) Unknown (please go to question 44)

If the patient had a variceal bleed:

35a. Was Terlipressin administered? Yes No Unknown

35b. What was the length of time between the first documentation of suspected bleeding to Terlipressin being commenced? Minutes Hours Unknown

35c. If Terlipressin was not administered, why not?

36. Was haemostasis achieved at the time of initial endoscopy? Yes No Unknown

37a. Were antibiotics administered? Yes No Unknown

37b. What was the length of time between the first documentation of suspected bleeding to antibiotics being commenced? Hours Minutes Unknown

38. Was banding ligation used? Yes No Unknown

39a. Was injection sclerotherapy/glue used? Yes No Unknown

39b. Was a Sengstaken, Linton or similar tube used? Yes No Unknown

40. Was haemostasis achieved by one of the above? Yes No Unknown

41a. Was Transjugular Intrahepatic Portal Systemic Shunt (TIPS) considered? Yes No Unknown

41b. Was TIPS performed? Yes No Unknown

41c. What was the time interval between failed endoscopic control and performance of TIPS? Hours Minutes Unknown





- 41d. Was the TIPS technically successful? Yes No Unknown
- 41e. Was the TIPS clinically successful (bleeding controlled) Yes No Unknown

If the patient had a non variceal bleed:

42a. What therapy did the patient subsequently undergo?

42b. Do you think this therapy was appropriate? Yes No Unknown

42c. If NO, please give details:

If the endoscopy was non diagnostic:

43a. Please give details as to the subsequent management of the patient:

43b. Do you think this management was appropriate? Yes No Unknown

43c. If NO, please give details:

Please answer the following questions for all patients that had a GI bleed:

44. Did the patient require a blood transfusion? Yes No Unknown
45. Did the patient require correction of coagulopathy? Yes No Unknown
- 46a. Was there any delay to intervention? Yes No Unknown

46b. If YES, please give details:

47. Did the patient regain full consciousness to their previous state following the endoscopy? Yes No Unknown



I. CONTINUING CARE

48. Was there any deterioration in liver function tests? Yes No Unknown
49. Was there any deterioration in renal function? Yes No Unknown
- 50a. Did the patient have ascities? Yes No Unknown
- 50b. If YES to 50a, was an ascitic tap undertaken? Yes No Unknown
- 50c. If YES to 50a, were blood cultures taken? Yes No Unknown
- 50d. If YES to 50a, was the ascities drained? Yes No Unknown
- 50e. If YES to 50d, was albumin cover used? Yes No Unknown
51. Was Endoscopic Retrograde Cholangiopancreatography (ERCP) performed? Yes No Unknown
- 52a. Was Transjugular Intrahepatic Portal Systemic Shunt (TIPS) performed for resistant ascites? Yes No Unknown
- 52b. If YES, was this technically successful? Yes No Unknown
- 53a. Had the patient ever had a liver biopsy? Yes No Unknown
- 53b. If YES, what was the date of the biopsy? Unknown
d d m m y y y y
- 53c. If YES to 53a, what were the results of the biopsy?
-
54. Did the patient receive renal replacement therapy? Yes No Unknown
55. Did the patient receive β -blockers? Yes No Unknown
56. Did the patient receive steroids? Yes No Unknown
57. Were the patients nutritional needs assessed? Yes No Unknown
- 58a. Did the patient receive an escalation of care? Yes No Unknown
- 58b. If NO to 58a, do you think an escalation in care was required? Yes No Unknown
- 58c. If YES to 58b, was a ward transfer requested? Yes No Unknown
- 58d. If YES to 58c, why was it declined?
-



If the patient received a ward transfer/escalation in care please complete questions 59 - 65

59a. What type of ward was the patient on prior to escalation? please see definitions on back page

Level 0 Level 1 Level 2 Level 3 Unknown

59b. What type of ward was the patient on following escalation? please see definitions on back page

Level 1 Level 2 Level 3 Unknown

60. What specialist therapy was given after the escalation of care?

61. Did this escalation result in the clinical improvement of the patient and allow a return to the previous level of care? Yes No Unknown

62a. Was a further escalation of care required (e.g. from level 2 to level 3 care)? Yes No Unknown

62b. If YES, what specialist therapy was provided after this escalation of care?

62c. If YES to 62a, did this escalation result in clinical improvement and allow a return to the previous level of care? Yes No Unknown

63a. What was the length of stay in level 2 care? days Unknown
 Not applicable - no level 2 care

63b. What was the length of stay in level 3 care? days Unknown
 Not applicable - no level 3 care

64a. Following discharge from level 2 or 3 care, was readmission to either level of care sought? Yes No Unknown

64b. If YES, was readmission accepted? Yes No Unknown

64c. If NO, please give details

65a. In your opinion, was the appropriate escalation obtained? Yes No Unknown

65b. If NO, please give details:



J. SURGICAL PROCEDURES

66a. Were any surgical procedures undertaken during this admission? Yes No Unknown

If NO, please go to question 73

66b. If YES, what was the degree of urgency of the PRIMARY procedure?

- IMMEDIATE: immediate life or limb saving surgery. Resuscitation simultaneous with surgical treatment
- URGENT: Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms including acute surgical admissions not requiring an operation
- EXPEDITED: Stable patients requiring early intervention for a condition that is not an immediate threat to life, limb or organ survival
- ELECTIVE: Surgical procedure planned or booked in advance of routine admission to hospital

67a. Please give details of ALL operations undertaken during the final admission, and the patients ASA status

| | Procedure undertaken | Date of procedure | Time of procedure | ASA status |
|-------------------|----------------------|--|---|--------------------------|
| Primary procedure | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> h h m m | <input type="checkbox"/> |
| Procedure 2 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> h h m m | <input type="checkbox"/> |
| Procedure 3 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> h h m m | <input type="checkbox"/> |
| Procedure 4 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> h h m m | <input type="checkbox"/> |
| Procedure 5 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> h h m m | <input type="checkbox"/> |

67b. Please give a short summary of the procedures undertaken



Please answer the following questions in relation to the primary procedure:

68 In your opinion, was the procedure necessary? Yes No Unknown

69a. Were other alternatives to the procedure considered? Yes No Unknown

69b. If YES, please give details

70a. What was the specialty of the operating clinician? Please enter the specialty code from the list on the back page Unknown

70b. What was the grade of the operating clinician? Please enter the grade code from the list on the back page Unknown

70c. What time of day was the procedure performed? Unknown
h h m m

71. What was the grade of the anaesthetist anaesthetising the patient? Please enter the grade code from the list on the back page Unknown

72. If the initial admission was to a surgical specialty, was hepatology or gastroenterology opinion on the management of the disease sought? Yes No Unknown

K. COMPLICATIONS AND CRITICAL INCIDENTS

73a. Were any unexpected complications encountered during this admission? Yes No Unknown

73b. If YES, please give details:

74a. Was a critical incident recorded during this admission? Yes No Unknown

74b. If YES, please give details:

75a. Did the patient contract a hospital acquired infection? Yes No Unknown

75b. If YES, please give details:





L. DEATH

76. Was death anticipated? Yes No Unknown
77. Was treatment limited or withdrawn? Yes No Unknown
- 78a. What was the patient's resuscitation status? For resuscitation Not considered
 Not for resuscitation Unknown
- 78b. Was CPR attempted? Yes No Unknown
79. What was the date of death? Unknown
d d m m y y y y
80. What level ward was the patient on when they died? Please see definitions on back page
 Level 0 Level 1 Level 2 Level 3 Unknown
81. What was the cause of death recorded?
 1a
 1b
 1c
 2
82. Was this case reported to the coroner? Yes No Unknown
Please return a copy of the coroners report if available
83. Was a hospital or coronial autopsy performed? Yes No Unknown
84. Was the death discussed in an M & M meeting? Yes No Unknown

M. OVERVIEW OF THE CASE

- 85a. In your opinion, were there any missed opportunities to alter the final outcome during this admission? Yes No Unknown
- 85b. If YES, please give details:





86a. In your opinion, were there any missed opportunities to alter the final outcome between the first diagnosis of alcohol related liver disease and the final admission?

Yes No Not applicable (ARLD diagnosed during final admission)

86b. If YES, please give details:

87a. If, in the last 5 years, the patient had previous hospital admissions, in your opinion, were there any missed opportunities to alter the final outcome?

Yes No Not applicable (no prior hospital admissions)

87b. If YES, please give details:

Thank you for taking the time to complete this questionnaire

Funding for this study was provided by The Healthcare Quality Improvement Patnership (HQIP) as part of The Clinical Outcome Review Program into medical and surgical care.



PHOTOCOPIED CASE NOTE EXTRACTS

Please supply photocopies of the following case note extracts with your questionnaire

Final Inpatient Admission

- All inpatient annotations/medical notes for the patient's final admission
 - Nursing notes
 - Nutrition/Dietitian notes
 - Consent forms
 - Operation notes
 - Anaesthetic charts
 - Observation charts
 - Haematology/biochemistry results
 - Fluid balance charts
 - DNAR
 - Discharge letter/summary
 - Post Mortem report
- Correspondance with GP/primary care over last 2 years of life

Previous Hospital Admissions

- For each previous inpatient admission, going back 2 years, please supply the following:
 - Initial clerking and first 24 hours of inpatient annotations/medical notes
 - Admission blood results
 - Discharge letter/summary





CODES FOR GRADE

01 - Consultant

02 - Post CCT SpR, post CCT ST, post CCT Senior Registrar, post CCT Specialist Fellow, post CCT ACL

03 - Pre CCT Senior Registrar, pre CCT SpR Yr 3+, pre CCT ST Yr 5+, pre CCT Specialist Fellow (with NTN), pre CCT ACL

04 - Career Registration, SpR 1-2, ST 3-4, ACF3

05 - SHO, ST 1-2, CT, ACF1-2, FY2

06 - HO, FY1

07 - Associate Specialist, Staff Grade, SAS, Specialty Doctor, Trust Grade, Clinical Fellow, any other grade without NTN

CODES FOR SPECIALTY

SURGICAL SPECIALTIES

| | | |
|--|--------------------------------|--|
| 100 = General Surgery | 107 = Vascular Surgery | 161 = Burns Care |
| 101 = Urology | 110 = Trauma & Orthopaedics | 170 = Cardiothoracic Surgery |
| 103 = Breast Surgery | 120 = Ear, Nose & Throat (ENT) | 172 = Cardiac Surgery |
| 104 = Colorectal Surgery | 130 = Ophthalmology | 173 = Thoracic Surgery |
| 105 = Hepatobiliary & Pancreatic Surgery | 140 = Oral Surgery | 180 = Accident & Emergency |
| 106 = Upper Gastrointestinal Surgery | 145 = Maxillo-Facial Surgery | 190 = Anaesthetics |
| | 150 = Neurosurgery | 192 = Critical/Intensive Care Medicine |
| | 160 = Plastic Surgery | |

MEDICAL SPECIALTIES

| | | |
|----------------------------|-------------------------------|--------------------------------|
| 300 = General Medicine | 330 = Dermatology | 430 = Geriatric Medicine |
| 301 = Gastroenterology | 340 = Respiratory Medicine | 500 = Obstetrics & Gynaecology |
| 302 = Endocrinology | 350 = Infectious Diseases | 501 = Obstetrics |
| 303 = Clinical Haematology | 352 = Tropical Medicine | 502 = Gynaecology |
| 306 = Hepatology | 360 = Genito-Urinary Medicine | 800 = Clinical Oncology |
| 307 = Diabetic Medicine | 361 = Nephrology | 810 = Radiology |
| 314 = Rehabilitation | 370 = Medical Oncology | 820 = General Pathology |
| 315 = Palliative Medicine | 400 = Neurology | 823 = Haematology |
| 320 = Cardiology | 410 = Rheumatology | |

DEFINITIONS

Level 0: Patients whose needs can be met through normal ward care in an acute hospital.

Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care).

Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).



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