



# ALCOHOL RELATED LIVER DISEASE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## ORGANISATIONAL QUESTIONNAIRE

**CONFIDENTIAL**

Name of Trust: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

### Who completed this questionnaire?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

### What is this study about?

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.

### How to complete the form:

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.

Is there an alcohol liaison service?

Yes

No

### Inclusions

All hospitals within a Trust where patient's with Alcohol Related Liver Disease (ARLD) could be admitted.

This form should be completed by the Chair of the Medical Audit Committee, the Medical Director, the Clinical Lead or Clinical Governance Lead, the NCEPOD Ambassador or someone nominated by them who would have the knowledge to complete it or be able to seek help in order to do so.

**A separate questionnaire should be completed for each hospital within a Trust meeting the study inclusion criteria.**

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

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

Yes

No

**Unless indicated, please mark only one box per question.**

A list of definitions is provided on the back page of the questionnaire. Free space is also provided for your comments.

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

### Questions or help?

If you have any queries about the study or this questionnaire, please contact NCEPOD at:

[arld@ncepod.org.uk](mailto:arld@ncepod.org.uk)

Telephone: 020 7600 1893

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**A THE HOSPITAL**

1a. Type of facility

- District general hospital: ≤500 beds                       University teaching hospital  
 District general hospital: >500 beds                       Private hospital  
 Other (please specify)

2. Does this hospital admit patients as an emergency?                       Yes                       No

3a. Number of patients admitted (1st April 2011 - 31st March 2012) with:

- Alcohol related liver disease          was this based on     clinical coding     audit  
 Variceal haemorrhage                  was this based on     clinical coding     audit

**B GASTROENTEROLOGY/LIVER SERVICES**

- 4a. Does this hospital have a dedicated gastroenterology ward?                       Yes                       No  
 4b. Does this hospital have a dedicated hepatology ward?                       Yes                       No

Does this hospital:

- 5a. Admit, diagnose and manage patients with complex liver diseases?     Yes                       No  
 5b. Advise other hospitals on the management of complex liver disease?     Yes                       No  
 5c. Manage patients with recurrent variceal haemorrhage?                       Yes                       No  
 5d. Run specialist liver clinics?                       Yes                       No  
 5e. Accept tertiary liver referrals?                       Yes                       No  
 5f. Provide a liver transplant service?                       Yes                       No

6a. Is there access to transjugular liver biopsies (TJLB)?  
 Yes on site     Yes at specialist centre     Yes, other      No

6b. Is there access to transjugular intrahepatic portal systemic shunt (TIPSS)?  
 Yes on site     Yes at specialist centre     Yes, other      No

7. Is there a dedicated GI or Liver pathologist to assess histology?                       Yes                       No

8a. Are acute liver admissions admitted under:

- Acute physician     General physician     Gastroenerologist     Hepatologist  
 Other (please specify)

8b. Are liver patients cared for in a:

- General medicine ward                       Gasteroenterology ward                       Dedicated liver ward

8c. Are there dedicated Liver beds?     Yes                       No





**C STAFFING**

9. Please indicate which and how many (WTE) of the following this hospital has: WTE
- |  |  |  |
|--|--|--|
| Consultant gastroenterologists   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> <input type="text"/> . <input type="text"/> |
| Consultant gastroenterologists with an interest in liver disease       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> <input type="text"/> . <input type="text"/> |
| Consultant hepatologists<br>(> 50% of clinical time in liver practice) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> <input type="text"/> . <input type="text"/> |
| Specialist liver nurses  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> <input type="text"/> . <input type="text"/> |

**D BLEEDING/ENDOSCOPY**

10. Are patients with a GI bleed out of hours managed by:
- on call medical team
  - on call medical team with input from GI specialists on a good will basis according to availability
  - 24/7 GI bleed rota
  - transferred to another unit **by**  agreed written policy or  informal arrangement
  - other

11a. Does this hospital have an endoscopy service?  Yes  No

11b. If yes is what hours does the service operate?

	Monday-Friday		Saturday-Sunday	
	Yes	No	Yes	No
08:00-17:59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18:00-23:59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00:00-07:59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E ALCOHOL SERVICES**

12a. Is there an alcohol liaison service?  Yes  No

12b. If yes, what hours is this available?

	Monday-Friday		Saturday-Sunday	
	Yes	No	Yes	No
08:00-17:59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18:00-23:59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00:00-07:59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12c. Who delivers this service?





13. Is there a multidisciplinary alcohol care team in the hospital?  Yes  No
14. Is there a lead consultant with sessions dedicated to alcohol services in their job plan?  Yes  No

15. Are there guidelines / treatment pathways for the management of :

15a. Alcohol withdrawal?  Yes  No

15b. Alcoholic hepatitis?  Yes  No

15c. Alcohol related liver disease?  Yes  No

16. Is there a district alcohol strategy?  Yes  No

**F CRITICAL CARE SERVICES**

- 17a. Number of level 2 critical care beds (please see definitions)
- 17b. Number of level 3 critical care beds (please see definitions)

**If it is a combined level 2/3 critical care unit, please indicate nominal numbers of beds at each level**

- 18a. Does your hospital have a written policy on critical care admission of patients with liver disease?  Yes  No
- 18b. Does the ITU accept alcohol related liver disease admissions?  Yes  No
19. Is there access to renal support in the ITU?  Yes  No

**Please use the space below for any other information you feel is relevant to this study**



## 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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