

# Crohn's Disease: Clinician questionnaire

## A. Introduction

### **What is this study about:**

To review the remediable factors in the quality of care provided to patients with a diagnosis of Crohn's disease who underwent an abdominal surgical procedure.

### **Inclusions**

### **Who should complete this questionnaire?**

### **Questions or help:**

Further information regarding this study can be found here: <https://www.ncepod.org.uk/crohns.html>  
If you have any queries about this study or this questionnaire, please contact: [crohns@ncepod.org.uk](mailto:crohns@ncepod.org.uk) or telephone 020 7251 9060.

### **CPD accreditation:**

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.

### **About NCEPOD**

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

### **Impact of NCEPOD**

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:

Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) - following publication of the 2005 'An Acute Problem' report.

Appointment of a National Clinical Director for Trauma Care - following publication of 'Trauma: Who Cares?' 2007.

Development of NICE Clinical Guidelines for Acute Kidney Injury, published in 2013 - 'Adding Insult to Injury' 2009.

Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 - 'On the right trach?' 2014.

Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 - 'Time to Get Control' 2015.

Development of the British Thoracic Society's Quality Standards for NIV, published 2018 - 'Inspiring Change' 2017.

**This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.**

B. Patient details

**1. B. What was the age of the patient at the time of admission?**

Unknown

**2. B. Sex**

Female

Male

Other

**3. B. Did this patient have any other non-Crohn's comorbidities?**

Diabetes

High blood pressure

Please specify any additional options here...

**4a. B. Please indicate the patient's weight**

 Kilograms

Unknown

**4b. B. Please indicate the patient's height**

 Meters

Unknown

**4c. B. BMI**

Unknown

**5. B. What was the patient's functional status?**

*Please refer to the definitions page*

Very Fit

Well

Managing Well

Vulnerable

Mildly Frail

Moderately Frail

Unknown

**6. F. Please specify the date and time this patient was admitted to hospital**

**7. B. Please use this space to provide a brief overview of the admission to hospital for abdominal surgery**

*Please use the box below to provide a summary of this case, using the case notes for adding any additional comments or information you feel is relevant. This will provide a useful case summary to the case reviewer - giving context and a narrative of the main events of the episode of care*

C. Crohn's Disease diagnosis

**1a. C. Please select the site(s) of Crohn's Disease at the time of admission**

- Gastroesophageal     Gasteroduodenal     Jejunal     Ileal  
 Colonic     Ileocolonic     Rectal     Panenteric

Please specify any additional options here...

**1b. C. Was the Crohn's disease**

- Non-stricturing/ non-penetrating     Stricturing  
 Penetrating     Peri-anal disease

Please specify any additional options here...

**2a. C. Was a Harvey Bradshaw Index Score of the severity of disease available for this patient?**

- Yes     No     Unknown

**2b. If answered "Yes" to [2a] then:**

**C. Please state the Harvey Bradshaw Index Score**

**2c. If answered "No" to [2a] then:**

**C. In your opinion, please select the category that best represents the severity of Crohn's disease for this patient at the time of admission?**

- HBI <5/ Clinical remission     HBI between 5-7/ Mild disease  
 HBI between 8-16/ Moderate disease     HBI >16/ Severe disease

**3a. C. Did this patient have any extra-intestinal manifestations of Crohn's disease?**

- Yes     No     Unknown

**3b. If answered "Yes" to [3a] then:**

**C. Where were these extra-intestinal manifestations of Crohn's disease located?**

- Iritis     Arthritis     Skin problems     Osteoporosis  
 Kidney     Liver     Bone

Please specify any additional options here...

**3c. If answered "Arthritis" to [3b] then:**

**C. Please provide details of the patient's arthritis**

**3d. If answered "Bone" to [3b] then:**

**C. Please provide details of the patient's bone issues**

**3e. If answered "Skin problems" to [3b] then:**

**C. Please provide details of the patient's skin problems**

**4a. C. Please indicate the date this patient was first diagnosed with Crohn's disease?**

- Unknown

**4b. C. Was the patient referred to the IBD clinic/ gastroenterologist at the time of diagnosis?**

- Yes  No  Not documented  
 Diagnosed by the IBD team

**4c. If answered "No" to [4b] then:**

**C. How long after diagnosis was this patient referred to the IBD team?**

Weeks  Unknown

**5. C. Is it documented that the patient received written information about their condition at the time of diagnosis?**

*This could include a patient pack, written leaflets or information sheet.*

- Yes  No  Unknown

**6a. C. Were there any A&E attendances prior to the current hospital admission for Crohn's disease during the last 5 years?**

- Yes  No  Unknown

**6b. If answered "Yes" to [6a] then:**

**C. Please indicate the number of previous A&E ATTENDANCES for Crohn's disease during the last 5 years prior to admission**

Unknown

**7a. C. Were there any previous hospitalisations prior to the current hospital admission for Crohn's disease during the last 5 years?**

- Yes  No  Unknown

**7b. If answered "Yes" to [7a] then:**

**C. Please indicate the number of previous hospitalisations for Crohn's disease during the last 5 years prior to admission**

Unknown

**7c. If answered "Yes" to [7a] then:**

**C. Please list the date(s) and outcome(s) of any surgical procedures within the last 5 years**

**8. C. Did this patient have a pre-existing stoma at the time of the current presentation?**

- Yes - Temporary Stoma  Yes - Permanent Stoma  No

**9a. C. Was this patient under a named IBD specialist?**

- Yes - at this hospital  Yes - at another hospital  No  
 Unknown

**9b. If answered "Yes - at this hospital" or "Yes - at another hospital" to [9a] then:**

**C. Please give details of the named IBD specialist**

- Colorectal Surgeon       Gastroenterologist       IBD nurse specialist

If not listed above, please specify here...

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**10a.C. At the time of admission, was the patient taking medication for Crohn's disease?**

- Yes       No       Unknown

**10b.If answered "Yes" to [10a] then:**

**C. Were the medications the patient was taking for**

- Treatment of active disease       Maintenance of remission from disease

**10c.If answered "Yes" to [10a] then:**

**C. Please select the types of medication the patient was taking on admission**

- Steroids       Monoclonal antibodies

Please specify any additional options here...

**10d.If answered "Steroids" to [10c] then:**

**C. Please state the duration and dose of steroids the patient was taking**

**10e.If answered "Monoclonal antibodies" to [10c] then:**

**C. Please state the duration and dose of monoclonal antibodies the patient was taking**

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**11. C. Was the decision to undertake surgery made electively?**

*If Yes, please complete the elective surgery- pre-admission section*

- Yes       No

**1a. C. Was the decision to undertake surgery made electively?**

*If Yes, please complete the elective surgery- pre-admission section*

- Yes  No

**Please complete this section if the patient had an elective surgical procedure for Crohn's disease**

**1b. If answered "Yes" to [1a] then:**

**D. When was surgery first discussed as a treatment option for this patient?**

Unknown

**1c. D. What was the reason for the referral for surgery?**

- Pain  Obstruction  Fistula  Anaemia  
 Cancer

Please specify any additional options here...

**2a. If answered "Yes" to [1a] then:**

**D. Was there multidisciplinary (MDT) input into the referral decision for surgery?**

- Yes  No  Unknown

**2b. If answered "Yes" to [1a] then:**

**D. When was the MDT meeting?**

Unknown

**2c. If answered "Yes" to [2a] then:**

**D. Were the outputs of the MDT meeting documented in the patient record?**

- Yes  No

**2d. If answered "Yes" to [2a] then:**

**D. Did the MDT meeting result in a change in treatment plan?**

- Yes  No  Unknown

**2e. If answered "Yes" to [2d] then:**

**D. In your opinion, was this an appropriate change in treatment plan?**

- Yes  No  Unknown

**2f. If answered "Yes" to [2d] then:**

**D. Did this result in a delay in surgical treatment?**

- Yes  No  Unknown

**2g. If answered "Yes" to [2f] then:**

**D. Please give further details**

**3. If answered "Yes" to [1a] then:**

**D. Where was the decision made that the patient was going to undergo surgery?**

- Dedicated IBD surgical clinic  Dedicated IBD medical clinic  General surgical clinic  
 Unknown

If not listed above, please specify here...

**4a. If answered "Yes" to [1a] then:**

**D. When was the referral made for a surgical opinion?**

Unknown

**4b. If answered "Yes" to [1a] then:**

**D. When was the first surgical appointment?**

Unknown

**4c. If answered "Yes" to [1a] then:**

**D. What was the grade of the clinician who saw the patient?**

- Consultant  
 Staff grade/Associate specialist  
 Trainee with CCT  
 Senior specialist trainee (ST3+ or equivalent)  
 Junior specialist trainee (ST1& ST2 or CT equivalent)  
 Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)  
 Senior staff nurse, enrolled nurse  
 Unknown

If not listed above, please specify here...

**4d. If answered "Yes" to [1a] then:**

**D. Was the appointment:**

- In-person  Over the telephone  Video-call

**4e. If answered "Over the telephone" or "Video-call" to [4d] then:**

**D. If not in person, what was the reason?**

- Covid-19 Pandemic  Trust policy

Please specify any additional options here...

**5a. If answered "Yes" to [1a] then:**

**D. When was the most recent CT/ MR imaging carried out for Crohn's disease prior to the appointment?**

Not Applicable  Unknown

**5b. If answered "Yes" to [1a] then:**

**D. When was the most recent endoscopy prior to the appointment?**

Not Applicable  Unknown

**5c. If answered "Yes" to [1a] then:**

**D. Was a Liver Function Test (LFT) done at this time?**

- Yes  No  Unknown

**5d. D. Were any other investigations done at this time?**

- Options needed  NA - no further investigations

Please specify any additional options here...

6. If answered "Yes" to [1a] then:  
D. When was the decision to operate made?

Unknown

7a. If answered "Yes" to [1a] then:  
D. Is there evidence that the patient received clinical correspondence regarding this appointment?

Yes  No  Unknown

7b. If answered "Yes" to [1a] then:  
D. Was it documented that the patient was given written information about the risks/benefits of surgery/ other potential treatment pathways?

Yes  No  Unknown

8a. If answered "Yes" to [1a] then:  
D. Was information given about alternative treatment options?

Yes  No  Unknown

8b. If answered "Yes" to [8a] then:  
D. Please give further details2

9. If answered "Yes" to [1a] then:  
D. Was the patient offered peer support?

Yes  No  Unknown

10a. If answered "Yes" to [1a] then:  
D. Was the patient's consent for surgery documented at this time?

Yes  No  Unknown

10b. If answered "No" to [10a] then:  
D. When was consent taken?

Unknown

10c. If answered "Yes" to [1a] then:  
D. Were the risk of death and complications quantified on the consent form?

Yes  No  Unknown

11a. If answered "Yes" to [1a] then:  
D. Were the risks of surgery assessed using a risk stratification tool at this time?

SORT  NELA  APACHE 2  NSQUIP  
 ASA  None of the above  Unknown

Please specify any additional options here...



**11b.If answered "Yes" to [1a] then:**

**D. Were the following risks of surgery documented?**

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Death             | <input type="checkbox"/> DVT             | <input type="checkbox"/> PE                | <input type="checkbox"/> Obstruction |
| <input type="checkbox"/> Anastomotic leak  | <input type="checkbox"/> Wound infection | <input type="checkbox"/> Incisional hernia | <input type="checkbox"/> Stoma       |
| <input type="checkbox"/> Risk to fecundity |  |  |                                      |

Please specify any additional options here...

**12a.If answered "Yes" to [1a] then:**

**D. In your opinion, was the interval between referral and appointment reasonable for this patient?**

- Yes                       No                       Unknown

**12b.If answered "No" to [12a] then:**

**D. Please expand on your answer**

**13. If answered "Yes" to [1a] then:**

**D. Was minimal access surgery considered?**

- Yes                       No                       Unknown

**14a.If answered "Yes" to [1a] then:**

**D. Did the clinic include an assessment of the patient's nutritional status using a validated tool e.g. MUST?**

- Yes                       No                       Unknown

**14b.If answered "Yes" to [1a] then:**

**D. Was the patient referred to a dietitian?**

- Yes                       No                       Unknown

**14c.If answered "Yes" to [1a] then:**

**D. Was the nutrition support team involved?**

- Yes                       No                       Unknown

**15a.If answered "Yes" to [1a] then:**

**F. Was the patient's mental health and well-being assessed using a validated tool?**

- Yes                       No                       Unknown

**15b.If answered "Yes" to [1a] then:**

**F. Was a referral to mental health or psychiatric liaison made?**

- Yes                       No                       Unknown

**16a.If answered "Yes" to [1a] then:**

**D. Was a perioperative Crohn's disease medication plan review carried out?**

- Yes                       No                       Unknown

**16b.If answered "Yes" to [1a] then:**

**D. Were changes made to the patient's medications?**

- Yes  No  Unknown

**16c.If answered "Yes" to [16b] then:**

**D. What changes were made to the patient's medications?**

- Steroids tapered  Stop monoclonal antibodies

Please specify any additional options here...

**17. If answered "Yes" to [1a] then:**

**D. Was an appropriate specialist nurse involved?**

*Give example!!!*

- Yes  No  Unknown

**18. If answered "Yes" to [1a] then:**

**D. In your opinion, for this patient, what was the maximum acceptable interval between the decision to operate and the operation taking place?**

 Weeks

#### Pre-operative optimisation

**19a.If answered "Yes" to [1a] then:**

**D. Did the patient attend a pre-assessment clinic?**

- Yes  No  Unknown

**19b.If answered "Yes" to [19a] then:**

**D. What was the date of the pre-assessment clinic?**

  Unknown

**19c.If answered "No" to [19a] then:**

**D. What was the reason that the patient did not attend a pre-assessment clinic?**

- Operation cancelled  Patient contracted Covid-19  
 Staffing issues due to Covid-19

Please specify any additional options here...

**19d.If answered "Yes" to [1a] then:**

**D. Was the patient enrolled in a formal rehabilitation programme?**

- Yes  No  Unknown

**19e.If answered "Yes" to [1a] then:**

**D. Was there an effort made to improve this patient's functional status pre-operatively and decrease the risk of surgery?**

- Yes  No  Unknown

**19f. If answered "Yes" to [19e] then:**

**D. Please give details<sup>3</sup>**

*Eg Smoking cessation, ETOH reduction, Hb, nutrition, exercise regime*

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**20a. If answered "Yes" to [1a] then:**

**D. Did the elective procedure go ahead as planned?**

*Was a planned surgical admission cancelled or postponed?*

Yes                       No                       Unknown

**20b. If answered "No" to [20a] then:**

**D. What was the reason for the change**

- |  |  |
|--|--|
| <input type="checkbox"/> Multiple delays                                   | <input type="checkbox"/> Covid-19 pandemic |
| <input type="checkbox"/> Staff illness                                     | <input type="checkbox"/> Lack of beds      |
| <input type="checkbox"/> Lack of critical care                             | <input type="checkbox"/> Lack of staff     |
| <input type="checkbox"/> Became an emergency as patient was acutely unwell |  |

Please specify any additional options here...

**20c. If answered "No" to [20a] then:**

**D. What was the date of the cancelled operation?**

Unknown

**1a. C. Was the decision to undertake surgery made electively?**

*If Yes, please complete the elective surgery- pre-admission section*

- Yes  No

**1b. D. What was the reason for the change**

- |  |  |
|--|--|
| <input type="checkbox"/> Multiple delays                                   | <input type="checkbox"/> Covid-19 pandemic |
| <input type="checkbox"/> Staff illness                                     | <input type="checkbox"/> Lack of beds      |
| <input type="checkbox"/> Lack of critical care                             | <input type="checkbox"/> Lack of staff     |
| <input type="checkbox"/> Became an emergency as patient was acutely unwell |  |

Please specify any additional options here...

**Please complete this section if the patient had a flare in Crohn's disease symptoms resulting in an emergency admission for surgery**

**1c. If answered "No" to [1a] and "Became an emergency as patient was acutely unwell" to [1b] then:**

**E. Was this a first presentation of Crohn's disease?**

- Yes  No  Unknown

**2. E. In the 12 months prior to admission, how many times had this patient been seen in the gastroenterology/ surgery clinic?**

- Unknown

**3a. E. When was the most recent imaging carried out for this patient prior to the emergency admission to hospital?**

- Not Applicable  Unknown

**3b. E. Please state the type of imaging conducted**

- CT  MRI  Contrast study

**3c. E. What were the findings?**

- Stricture  Abscess  Fistula  Mass  
 Tumour

Please specify any additional options here...

**4a. E. In your opinion, should surgery have been considered prior to the emergency presentation?**

- Yes  No  Unknown

**4b. E. What was the emergency presentation of this patient?**

- Perforation  Obstruction  Fistula  Acute colitis  
 Sepsis  Abscess

Please specify any additional options here...

**5a. E. What symptoms did the patient have?**

- Fever                       Vomitting                       Abdominal pain                       Diarrhoea

Please specify any additional options here...

**5b. E. Please specify the date and time of the onset of symptoms?**

- Unknown

**5c. E. What was the mode of admission to hospital?**

- Emergency Department - self-referral/ NHS 111 advice  
 Direct referral to ward - from surgeon  
 Ambulance  
 Transfer from another hospital for surgery

If not listed above, please specify here...

**5d. E. Please state the date and time of arrival in the ED**

- Unknown

**5e. E. Did the patient undergo imaging in the ED?**

- Yes                       No                       Unknown

**5f. If answered "Yes" to [5e] then:**

**E. What type of imaging did the patient have?**

- MR Imaging                       CT imaging

Please specify any additional options here...

**5g. E. Please state the time this imaging took place**

- Unknown

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**6a. E. Was a MUST score taken in the ED?**

- Yes                       No                       Unknown

**6b. E. Was the patient referred to a dietitian?**

- Yes                       No                       Unknown

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**7a. E. When was the decision made to operate?**

- Unknown

**7b. E. How was this surgery prioritised?**

- Immediate                       Urgent                       Expedited                       Elective

**7c. E. What was the specialty of the clinician who made the decision to operate?**

- General medicine                       Emergency medicine                       Gastroenterology                       Colorectal surgery  
 General surgery

If not listed above, please specify here...

**7d. E. What was the grade of the clinician who made the decision to operate?**

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1& ST2 or CT equivalent)
- Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- Senior staff nurse, enrolled nurse
- Unknown

If not listed above, please specify here...

**7e. E. Please state the date and time the decision to operate was made**

Unknown

**8a. E. Was a gastroenterologist involved before the operation?**

- Yes                       No                       Unknown

**8b. If answered "Yes" to [8a] then:**

**E. Please state the time the patient was seen by the gastroenterologist**

Unknown

**9. E. Please state the time that the patient was booked for surgery**

Unknown

**10a.E. Under which specialty was the patient admitted?**

- |  |  |  |
|--|--|--|
| <input type="radio"/> General surgery  | <input type="radio"/> Trauma & orthopaedics  | <input type="radio"/> Emergency medicine   |
| <input type="radio"/> Anaesthetics     | <input type="radio"/> Critical care medicine | <input type="radio"/> General medicine     |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Endocrinology          | <input type="radio"/> Clinical haematology |
| <input type="radio"/> Nephrology       | <input type="radio"/> Clinical oncology      | <input type="radio"/> Radiology            |
| <input type="radio"/> Unknown          |  |  |

If not listed above, please specify here...

**10b.E. When was this patient first seen by the surgeons?**

Unknown

**11. If answered "Abscess" to [4b] then:**

**E. Did this patient undergo percutaneous drainage of their abscess prior to surgery?**

- Yes                       No                       Unknown

**12a.E. Was the patient's consent for surgery documented at this time?**

- Yes                       No                       Unknown

**12b.E. When was consent taken?**

Unknown

**12c.E. Were the risk of death and complications quantified on the consent form?**

- Yes                       No                       Unknown

**12d.E. Were the risks of surgery assessed using a risk stratification tool at this time?**

- SORT                       NELA                       APACHE 2                       NSQUIP  
 ASA                       None of the above                       Unknown

Please specify any additional options here...

**12e.E. Were the following risks of surgery documented?**

- Death                       DVT                       PE                       Obstruction  
 Anastomotic leak                       Wound infection                       Incisional hernia                       Stoma  
 Risk to fecundity

Please specify any additional options here...

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**13. E. Was a stoma site marked up for this patient?**

- Yes                       No                       Unknown                       N/A

**2a. XF. Did this patient have a medications review?**

Yes  No  Unknown

**2b. F. Was this medication review by a pharmacist who has access to an expert pharmacist in IBD for advice, with regular review of medications during their inpatient stay and at discharge?**

Yes  No  Unknown

**2c. XF. Were changes made to the medication?**

Yes  No  Unknown

**3a. XF. Was the patient's nutrition reviewed using a validated tool e.g. MUST?**

Yes  No  Unknown

**3b. XF. Was this patient referred to a dietitian?**

Yes  No  Unknown

**4a. XF. Was this patient referred to an IBD nurse specialist?**

Yes  No  Unknown

**4b. F. Was this patient referred to a stoma nurse?**

Yes  No  Unknown



**1a. G. What operation was carried out?**

**1b. G. Please state the date and time of surgery**

**1c. G. What was the (sub) specialty of the senior operating surgeon?**

- |  |  |
|--|--|
| <input type="radio"/> Colorectal surgery             | <input type="radio"/> General surgery                          |
| <input type="radio"/> IBD Surgery                    | <input type="radio"/> Hepato-Pancreatico-Biliary (HPB) Surgery |
| <input type="radio"/> Upper gastrointestinal surgery | <input type="radio"/> Lower gastrointestinal surgery           |

If not listed above, please specify here...

**1d. G. Did the operating surgeon have a specialist interest in IBD?**

- Yes                       No                       Unable to answer

**1e. G. What was the grade of the senior operating surgeon?**

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1&ST2 or CT equivalent)

If not listed above, please specify here...

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**2. G. Was the anaesthesia for this operation delivered by an anaesthetist with a specialist interest in GI surgery?**

- Yes                       No                       Unknown

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**3. G. Was this a laparoscopic procedure?**

- Yes                       No

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**4a. G. Were there any intraoperative complications?**

- Yes                       No                       Unknown

**4b. G. Please give further details including how it was managed**

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**5a. G. Was an anastomosis formed during the operation?**

- Yes  No

**5b. G. What technique was used?**

- Stapled  Sutured  Kono-s

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**6a. G. Was a stoma formed during the operation?**

- Yes  No

**6b. G. Was this expected?**

- Yes  No

**6c. G. What type of stoma was formed?**

- Ileostomy - End loop  Ileostomy - Split  Colostomy - End loop  
 Colostomy - Double barrelled

**6d. G. Was the stoma**

- Permanent  Temporary

**6e. G. Was the temporary stoma subsequently closed?**

- Not Applicable  Unknown

**6f. G. Was the temporary stoma closed within 12 months?**

- Yes  No  Unknown

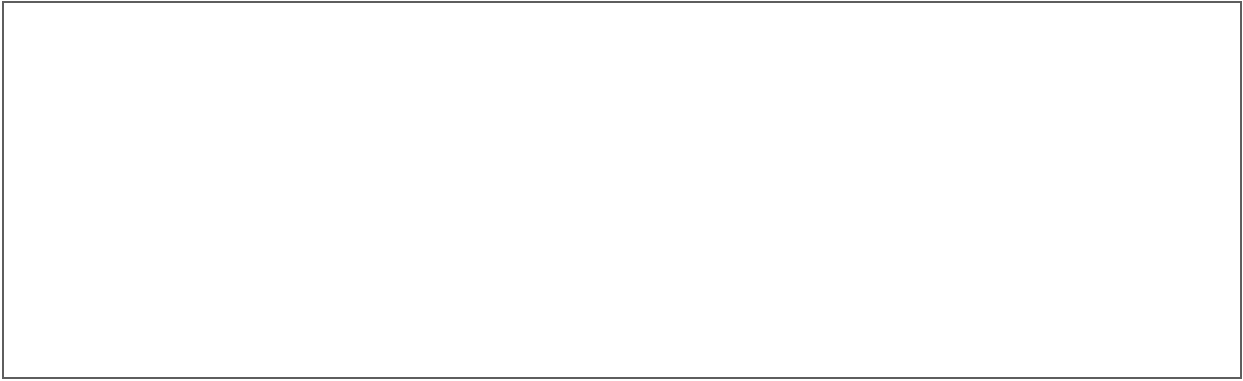
**6g. G. Please give further details**

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**7a. G. In your opinion could the perioperative care have been improved for this patient?**

- Yes  No  Unknown

**7b. G. How could the perioperative care have been improved?**



**1a. H. Were there any complications post-surgery?**

- |   |   |
|---|---|
| <input type="checkbox"/> Pulmonary embolism   | <input type="checkbox"/> Deep Vein Thrombosis               |
| <input type="checkbox"/> Pneumonia            | <input type="checkbox"/> Metabolic disturbances             |
| <input type="checkbox"/> Anastomotic leak     | <input type="checkbox"/> Superficial wound infection        |
| <input type="checkbox"/> Deep wound infection | <input type="checkbox"/> Intra-abdominal abscess            |
| <input type="checkbox"/> Wound dehiscence     | <input type="checkbox"/> NA - No post-surgery complications |

Please specify any additional options here...

**1b. H. Did any of the complications require a secondary operation?**

- Yes                       No                       Unknown

**2. H. Where did the patient go after theatre?**

- Ward/ Level 0                       Enhanced Care Unit/ Level 1     HDU/ Level 2  
 ITU/ Level 3                       Unknown

If not listed above, please specify here...

**3a. H. Did the patient go to the Intensive Care Unit (ICU)?**

- Yes                       No                       Unknown

**3b. If answered "No" to [3a] then:**

**H. Should this patient have gone to the ICU?**

- Yes                       No                       Unknown

**4. H. Please select all the clinicians that reviewed the patient post-operatively**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Consultant Colorectal surgeon | <input type="checkbox"/> Consultant General surgeon  | <input type="checkbox"/> Gastroenterologist |
| <input type="checkbox"/> IBD Nurse specialist          | <input type="checkbox"/> Stoma nurse - if applicable | <input type="checkbox"/> Counselling        |

Please specify any additional options here...

**5a. H. Was the medications plan reviewed post-operatively?**

- Yes                       No                       Unknown

**5b. H. Was low-dose metradiazole prescribed?**

- Yes                       No                       Unknown

**6a. H. Did the patient receive supplementary nutrition?**

- Yes - Parenteral nutrition     Yes - Enteral nutrition     No  
 Unknown

**6b. If answered "Yes - Parenteral nutrition" or "Yes - Enteral nutrition" to [6a] then:**

**H. If IV feeding was required, when was this started?**

- Unknown

**6c. If answered "Yes - Parenteral nutrition" or "Yes - Enteral nutrition" to [6a] then:**

**H. When was normal nutrition resumed?**

- Not Applicable     Unknown

**7. H. Did the patient receive any psychological support?**

Yes

No

Unknown

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**8a. H. Was the patient's pain assessed?**

Yes

No

Unknown

**8b. H. Was there a post-operative Pain team specialist/ equivalent review?**

Yes

No

Unknown

## I. Discharge

### 1a. I. What was the outcome of this admission?

- Patient discharged alive       Patient died during admission

### 1b. I. Please indicate the date and time of discharge/death during admission

### 1c. I. At discharge was there a clearly documented medication plan?

- Yes       No       Unknown

### 1d. I. Who was involved in the discharge planning for this patient?

- Consultant colorectal surgeon    Consultant gastroenterologist    SPR  
 IBD Nurse specialist       Discharge coordination team

Please specify any additional options here...

### 2. I. What was the patient's functional status at discharge?

- Very fit       Well       Managing well       Vulnerable  
 Mildly frail       Moderately frail       Unknown

### 3. I. Was a colonoscopy organised within 6 months of discharge?

- Yes       No       Unknown

### 4a. I. Was a review with the gastroenterologist organised post-discharge?

- Yes       No       Unknown

### 4b. I. Was a review with the surgeon organised post-discharge?

- Yes       No       Unknown

### 5. I. What information was given to the patient at discharge?

- |  |   |
|--|---|
| <input type="checkbox"/> IBD Advice line contact details | <input type="checkbox"/> Clear follow-up care information |
| <input type="checkbox"/> Wound care                      | <input type="checkbox"/> Psychological support            |
| <input type="checkbox"/> Prescribed medications provided | <input type="checkbox"/> Emergency contact number         |
| <input type="checkbox"/> None of the above               | <input type="checkbox"/> Unknown                          |

Please specify any additional options here...

### 6a. I. Which grade of clinician completed the discharge summary?

- Consultant  
 Staff grade/Associate specialist  
 Trainee with CCT  
 Senior specialist trainee (ST3+ or equivalent)  
 Junior specialist trainee (ST1& ST2 or CT equivalent)  
 Junior doctor (FY1 or FY2)  
 Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)  
 Senior staff nurse, enrolled nurse  
 Unknown

If not listed above, please specify here...

**6b. I. Was the medication plan documented on the discharge summary?**

- Yes                       No                       Unknown

**6c. I. Was a copy of the discharge summary sent to the GP within 48 hours of discharge?**

- Yes                       No                       Unknown

**6d. I. Was a copy of the discharge summary sent to the patient?**

- Yes                       No                       Unknown
- 

**7a. I. Was the patient readmitted within 30 days of discharge?**

- Yes                       No                       Unknown

**7b. I. Please state the date of the readmission**

Unknown

**7c. I. Please state the reason for readmission**

- Wound infection                       Small bowel obstruction                       AKI  
 Stoma complications                       Bleeding

Please specify any additional options here...

**8a. I. Did the patient die within 90 days of the date of surgery?**

- Yes                       No                       Unknown

**8b. I. Please state the date of death**

Unknown

**8c. If answered "Patient died during admission" to [1a] and "Yes" to [8a] then:  
I. Please specify the cause of death**

**9. I. Please use the box below if you have any further comments**

*This could include PROMS, employment or outcomes*

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

Your answers will contribute to the data that will form the report and the recommendations, due for release

in Spring 2023.