ORGANISATIONAL QUESTIONNAIRE

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.

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.

FOR NCEPOD USE ONLY □□□□□

What is this study about?  

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

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

Telephone: 020 7600 1893
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 ☐ Gastroenterologist ☐ Hepatologist
   ☐ Other (please specify) ____________________________

8b. Are liver patients cared for in:
   ☐ General medicine ward ☐ Gastroenterology 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

Consultant gastroenterologists with an interest in liver disease

Consultant hepatologists
(> 50% of clinical time in liver practice)

Specialist liver nurses

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?

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday-Friday</th>
<th>Saturday-Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>08:00-17:59</td>
<td>☐</td>
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<tr>
<td>18:00-23:59</td>
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<td>00:00-07:59</td>
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E ALCOHOL SERVICES

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

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

<table>
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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

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>Are there guidelines / treatment pathways for the management of:</td>
<td></td>
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<tr>
<td>15a. Alcohol withdrawal?</td>
<td>□ Yes</td>
</tr>
<tr>
<td>15b. Alcoholic hepatitis?</td>
<td>□ Yes</td>
</tr>
<tr>
<td>15c. Alcohol related liver disease?</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Is there a district alcohol strategy?</td>
<td>□ Yes</td>
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F CRITICAL CARE SERVICES

<table>
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<th>Question</th>
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<tbody>
<tr>
<td>Number of level 2 critical care beds</td>
<td></td>
</tr>
<tr>
<td>Number of level 3 critical care beds</td>
<td></td>
</tr>
<tr>
<td>If it is a combined level 2/3 critical care unit, please indicate nominal numbers of beds at each level</td>
<td></td>
</tr>
<tr>
<td>Does your hospital have a written policy on critical care admission of patients with liver disease?</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Does the ITU accept alcohol related liver disease admissions?</td>
<td>□ Yes</td>
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<tr>
<td>Is there access to renal support in the ITU?</td>
<td>□ Yes</td>
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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).