



Gastrointestinal Haemorrhage Study – Info for Local Reporters

Introduction

Gastrointestinal Haemorrhage (GIH) is a common cause of hospital admission (incidence 100/100,000 adults annually) and death. The overall in-hospital mortality is 10%. It is much higher among inpatients than new admissions (26% vs. 7%). Upper GIH is 4 times commoner than lower GIH. 9000 UK patients die annually from upper GIH alone.

GIH is managed by both medical and surgical teams and requires a multidisciplinary approach. Management differs between upper and lower GIH.

Upper GIH is managed by supportive therapy, pharmacologically, endoscopic treatment, interventional radiology (embolisation), and open surgery.

Lower GIH is managed by supportive therapy, diagnostic and interventional radiology or open surgery.

Primary aim: To identify the remediable factors in the quality of care provided to patients who are diagnosed with an upper or lower GIH.

Objectives

The study will explore the following areas of care:

- 1) Initial assessment and treatment plan
- 2) Availability and timeliness of interventions (e.g. endoscopy, IR and surgery)
- 3) Use of guidelines, protocols and policies for the management of GIH patients
- 4) Organisational aspects of care

Methods

Population/Inclusions

All patients aged 16 and over who were admitted between 1st January 2013 and 30th April 2013 inclusive and diagnosed as having a gastrointestinal haemorrhage (GIH) at any time during their inpatient stay. The diagnosis of GIH does not need to be the patient's primary diagnosis.

The included ICD10 codes for GIH are:

I85.0	Oesophageal varices with bleeding
K92.0	Haematemesis
K92.1	Melena
K92.2	Gastrointestinal haemorrhage, unspecified gastrointestinal bleeding
K25.0	Gastric ulcer, acute with haemorrhage
K25.2	Gastric ulcer, acute with both haemorrhage and perforation
K26.0	Duodenal ulcer, acute with haemorrhage
K26.2	Duodenal ulcer, acute with both haemorrhage and perforation
K27.0	Peptic ulcer, site unspecified, acute with haemorrhage
K27.2	Peptic ulcer, site unspecified, acute with both haemorrhage and perforation
K28.0	Gastrojejunal ulcer, acute with haemorrhage
K28.2	Gastrojejunal ulcer, acute with both haemorrhage and perforation
K29.0	Acute haemorrhagic gastritis



Patient identifier spreadsheet

The spreadsheet collects data on a number of fields, many of which are **key** to the study. Please try and complete all fields requested on the spreadsheet for the patients meeting the study inclusion criteria, any problems then please contact our office.

The **blood transfusion** data is of particular importance as we intend using it as a marker of bleed severity. We realise that this may involve some manual data entry as, information on blood transfusions will not be contained within the hospitals patient administration system (PAS). However, since it is a legal requirement to keep a record of blood usage, it should be obtainable from a data source such as the lab IT systems (OPCS coding **will not identify** all those patients receiving blood). Please indicate the number of units the patient received during this inpatient stay.

Clinician questionnaire

A sample of ~ 500 patients (with a maximum of 5 patients per hospital) whom suffered a GIH and received 4 or more units of blood will then be selected for questionnaire dissemination and peer review. Please note, the figure of 4 units may be reduced if insufficient patients received this amount of blood, adding extra importance to the blood transfusion data we are requesting.

A clinician questionnaire regarding the inpatient episode will be sent to the consultant responsible for the patient at the time of their discharge or death. It will collect information related to the study objectives

Case note extracts for peer review

At the time of questionnaire dissemination photocopied case note extracts will be requested for each patient included in the study sample. These will be used for the peer review aspect of the study.

Organisational questionnaire

An organisational questionnaire will be sent out towards the end of January 2014 to collect information regarding facilities, equipment, policies and guidelines relevant to the management of patients with a GI haemorrhage.

We would be grateful if you could return the completed password protected patient identifier spreadsheet to our nhs.net account; ncepod@nhs.net by **Friday 31st January 2014** but if you require more time, please contact the office.

Further information about the study can be found on our website <http://www.ncepod.org.uk/qih.htm> or please contact the office on 020 7251 9060 or by email qih@ncepod.org.uk