NCEPOD

ALCOHOL RELATED LIVER DISEASE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICIAN QUESTIONNAIRE

CONFIDENTIAL

Hospital number of patient:

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE:

Grade: _____   **Specialty:** _____

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.

Specific inclusions/exclusions:

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:

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

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.

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.

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.

Had the patient received a liver transplant?

[X] Yes   [ ] No   [ ] Unknown

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

[■] Yes   [X] No   [ ] Unknown

Unless indicated, please mark only one box per question.

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

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

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

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.

FOR NCEPOD USE ONLY [ ][ ][ ][ ][ ][ ]

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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.

☐ Alcohol related trauma ☐ Current smoker ☐ Hypertension

☐ Angina ☐ Chronic Obstructive Pulmonary Disease ☐ Neurological

☐ Arrhythmia ☐ Diabetes (insulin dependent) ☐ Pancreatitis

☐ Asthma ☐ Diabetes (non-insulin dependent) ☐ Renal dysfunction

☐ Cancer ☐ Previous myocardial infarction

☐ Other (Please specify) [_____]

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

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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

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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	☐	☐	☐	☐☐ ☐☐ ☐☐ (d d m m y y)
Lille score	☐	☐	☐	☐☐ ☐☐ ☐☐ (d d m m y y)
MELD	☐	☐	☐☐	☐☐ ☐☐ ☐☐ (d d m m y y)
UKELD	☐	☐	☐☐	☐☐ ☐☐ ☐☐ (d d m m y y)
Childs Pugh score	☐	☐	☐☐	☐☐ ☐☐ ☐☐ (d d m m y y)

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F. INVESTIGATIONS

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

☐ Clotting screen	☐ Chest X-ray	☐ CT
☐ Full blood count	☐ Ultrasound scan	☐ MRI
☐ Hepatitis B screen	☐ Liver function tests	☐ Urea and electrolytes
☐ Hepatitis C screen	☐ Other (please specify)	

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)

☐ Albumin	☐ Antibiotics (as a general prophylactic)	☐ Steroids
☐ Detoxification (to prevent alcohol withdrawal)	☐ Diuretics	☐ Vitamin K
☐ Lactulose	☐ Pentoxifylline	☐ Methadone
☐ IV Thiamine	☐ Antibiotics (at the time of a procedure)	☐ Opioid analgesia
☐ Oral Thiamine	☐ Fluids	☐ Sedation
☐ Other (please specify)		☐ 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

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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

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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?

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

42c. If NO, please give details:

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If the endoscopy was non diagnostic:

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

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

43c. If NO, please give details:

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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:

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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 Cholangiopancreatology (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?

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│                                             │
└─────────────────────────────────────────────┘
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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

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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:

[ ]

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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		d d　m m　y y y y	h h　m m	☐
Procedure 2		d d　m m　y y y y	h h　m m	☐
Procedure 3		d d　m m　y y y y	h h　m m	☐
Procedure 4		d d　m m　y y y y	h h　m m	☐
Procedure 5		d d　m m　y y y y	h h　m m	☐

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

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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

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[                                                      ]
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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:

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

74b. If YES, please give details:

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

75b. If YES, please give details:

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[                                                      ]
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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

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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**

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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 = Ophthamology	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	140 = Oral Surgery	180 = Accident & Emergency
	145 = Maxillo-Facial Surgery	190 = Anaesthetics
106 = Upper Gastrointestinal Surgery	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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