



GASTROINTESTINAL BLEED 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?

NCEPOD are undertaking a study to explore remediable factors in the processes of care of patients, aged 16 or over, who suffer a gastrointestinal bleed (GIB). Both upper and GI bleeds are included in the study.

Data is being collected over a 4 month period from all sites which care for patients with a GI bleed across England, Wales, Northern Ireland, Jersey, Guernsey and the Isle of Man, from both the public and the independent sector (where applicable).

How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

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.

Does your hospital have an emergency department?

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.

Who should complete this form?

This questionnaire should be completed by the Medical Director of the Trust or person(s) nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately. Input from the clinical leads for gastroenterology and interventional radiology is strongly recommended.

To ensure confidentiality of the data, please return the completed questionnaire to NCEPOD in the SAE provided.

Questions or help?

A list of definitions is provided on page 2 of the questionnaire.

If you have any queries about this study or this questionnaire, please contact

gih@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in June 2015.

FOR NCEPOD USE ONLY

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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)

2a. Does this hospital have an emergency department? Yes No

2b. Does this hospital have a HDU Yes No and/or ITU Yes No

B GASTROINTESTINAL BLEEDING SERVICES

3. Does this hospital admit patients with gastrointestinal bleeding as an emergency? Yes No

4. Please indicate which GI bleed services this hospital can provide

a. Variceal Upper GI Bleed (VUGIB)	b. Non variceal Upper GI Bleed (NVUGIB)	c. Lower GI Bleeds (LGIB)
Oesophago-gastro duodenoscopy (OGD) <input type="checkbox"/> Yes <input type="checkbox"/> No	OGD <input type="checkbox"/> Yes <input type="checkbox"/> No	IR <input type="checkbox"/> Yes <input type="checkbox"/> No
Transjugular intrahepatic portosystemic shunt (TIPS) <input type="checkbox"/> Yes <input type="checkbox"/> No	Interventional radiology (IR) <input type="checkbox"/> Yes <input type="checkbox"/> No	Colonoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No

5a. Where are patients with an upper GI bleed admitted to? (please tick all that apply)

- GI bleed unit Gastroenterology ward Hepatology ward

General medical ward Other
(please specify)

5b. Where are patients with a lower GI bleed admitted to? (please tick all that apply)

- GI bleed unit Gastroenterology ward General surgical ward

General medical ward Other
(please specify)





C ENDOSCOPY

6a. Is the endoscopy service JAG accredited Yes No

6b. Where are endoscopies performed in hours (please tick all that apply)

Endoscopy suite Theatre General surgical ward HDU/ITU

Other (please specify)

6c. Where are endoscopies performed out of hours? (please tick all that apply)?

Endoscopy suite Theatre General surgical ward HDU/ITU

Other (please specify)

7a. Is the endoscopy equipment used out of hours equivalent to that in hours? Yes No

7b. If No what are the differences?
(please specify)

8a. Does the hospital have an endoscopy on-call rota? Yes No

8b. If Yes who delivers the service? (please tick all that apply)

Gastroenterologists Surgeons Other

(please specify)

8c. Is the endoscopy on-call rota 24/7? Yes No

8d. If No to 8c what hours are covered?

8e. If No to 8c is there a formal network with another Trust/hospital to cover uncovered hours? Yes No

8f. If Yes which hospitals?

8g. If Yes to 8c does this hospital provide a tertiary endoscopy service for other Trusts/hospitals via a formal network? Yes No

8h. If Yes which hospitals?

9a. How many consultant endoscopists are on the on-call rota?

9b. How many Specialist Registrar/Fellow endoscopists are on the on-call rota?



9c. Please use the table below to indicate (Yes or No) which therapies are currently provided by each consultant endoscopist on the on call rota

No.	Specialty of endoscopist	NVUGIB Mechanical clips	NVUGIB Dual therapy (adrenalin + a second therapy)	NVUGIB Other (please specify)	Band oesophageal varices	n-butyl cyanoacrylate for gastric varices	Insert sengstaken tube or similar
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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- 10a. Is there an endoscopy nurse on-call rota? Yes No
- 10b. If not how is this service provided?
11. Can rigid sigmoidoscopy and protoscopy to exclude anorectal pathology be provided 24/7? Yes No
12. Can colonoscopy be performed in hours? Yes No and/or out of hours Yes No
- 13a. Is there 24/7 access to intra-operative gastroscopy? Yes No
- 13b. Is there 24/7 access to intra-operative colonoscopy? Yes No

D INTERVENTIONAL RADIOLOGY

- 14a. Does this hospital have an interventional radiology service in hours? Yes No go to 18
- 14b. Does this hospital have an interventional radiology on-call rota? Yes No go to 18
- 14c. If Yes to 14b how many consultant interventional radiologists are on the on-call rota?
- 15a. Can GI bleeds be embolised 24/7, 365 days a year? Yes No
(i.e. can all interventional radiologists on the rota embolise GI bleeds)
- 15b. If Yes does this hospital provide this service for other Trusts/hospitals in a formal network? Yes No
- 15c. If Yes which hospitals?
- 15d. If No to 15a how many consultant interventional radiologists on the on-call rota can embolise GI bleeds?
- 15e. If No to 15a is there a formal network with another Trust/hospital to cover uncovered hours? Yes No
- 15f. If Yes which hospital provides this service?
- 16a. Can TIPS be performed 24/7, 365 days a year? Yes No
- 16b. If Yes does this hospital provide this service for other Trusts/hospitals in a formal network? Yes No
- 16c. If Yes which hospitals?
- 16d. If No to 16a how many consultants on the on-call rota can perform TIPS?
- 16e. If No to 16a is there a formal network with another Trust/hospital to cover uncovered hours? Yes No
- 16f. If Yes which hospital provides this service?



17a. Is there a vascular radiographer on-call rota?

Yes

No

17b. Is there a radiology nurse on-call rota?

Yes

No

Please answer the following question if your hospital does not have an interventional radiology service or an on call rota for interventional radiology

18. Is there a formal network with another Trust/hospital to cover uncovered hours for interventional radiology (please indicate which hospital this service is provided by)?

Embolisation Yes No

TIPS Yes No

E SURGERY

19a. Does this hospital have a surgical service for managing GI bleeds in hours?

Yes

No

19b. Does this hospital have a surgical on-call rota for managing GI bleeds?

Yes

No

19c. Please use the table below to indicate (Yes or No) which operations are currently provided by each consultant on the surgical on-call rota

No.	Specialty of surgeon	Under-run bleeding ulcer	Gastrectomy	Vagotomy	Colectomy	Other (please specify)
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

19d. Is it hospital policy that all operations to control GI bleeding are carried out with a consultant surgeon present?

Yes

No

20a. Can GI bleeds be treated surgically 24/7, 365 days a year?

Yes

No

20b. If Yes does this hospital provide this service for other Trusts/hospitals in a formal network?

Yes

No



20c. If Yes which hospitals?

20d. If No to 20a is there a formal network with another Trust/hospital to cover uncovered hours?

 Yes No

20e. If Yes which hospital provides this service?

21a. Is there an emergency theatre team onsite?

 Yes No

22b. If No is there an emergency theatre team on-call rota?

 Yes No

F GUIDELINES/STANDARD OPERATING PROCEDURES

23a. Does your hospital have written guidelines for the management of variceal upper GI bleeding?

 Yes No

23b. If Yes which of the following does it include ?

Terlipressin administration

Banding of oesophageal varices

Antibiotics

N-butyl-2-cyanoacrylate (glue) injection for gastric varices

TIPS

24a. Does your hospital have written guidelines for the management of non-variceal upper GI bleeding?

 Yes No

24b. If Yes which of the following does it include ?

Endoscopy

Interventional radiology (embolisation)

Action when bleeding not controlled endoscopically

Surgery

Action when blood obscures bleeding site at endoscopy

Stopping aspirin

Use of CT angiography

Stopping clopidogrel (or similar)

25a. Does your hospital have written guidelines for the management of lower GI bleeding?

 Yes No

25b. If Yes which of the following does it include ?

Rigid sigmoidoscopy & proctoscopy to exclude anorectal pathology

Use of CT angiography

Colonoscopy

Interventional radiology (embolisation)

Surgery

OGD

26. Does your hospital have guidelines for the blood transfusion management of

a. VUGIB Yes No

b. NVUGIB Yes No

c. LGIB Yes No

27. Does your hospital have a massive blood transfusion policy?

 Yes No



28. What is the age of the most frequently used equipment (in years):

For OGD in hours CT scanner For colonoscopy in hours

For OGD out of hours Angiography (DSA) For colonoscopy out of hours

29a. Is there a planned high cost equipment replacement program for imaging and/or endoscopy? Imaging Endoscopy Neither

29b. If there is a high cost equipment replacement program please complete the following table

Equipment	Part of high cost equipment program		Age at which equipment routinely replaced (yrs)
CT scanner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Angiography (DSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Colonoscopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Endoscopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/>

29c. If there is not a high cost equipment replacement program for imaging or endoscopy how is equipment replacement managed?

30. How are patients with a GI bleed managed in the event of an equipment failure (please tick all that apply)?

	Transferred to another hospital	Second machine/equipment	No fixed plan	Other (please specify)
a. Endoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
b. CT angiography	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
c. Catheter angiography	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
d. Colonoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

30e. Is there a tracking/replacement protocol for faulty surgical instruments? Yes No

30f. If No how is the risk of faulty or missing instruments managed?



31. Please complete the table below for upper and lower GI bleed patients at this hospital

	i) Upper GI Bleed patients		ii) Lower GI Bleed patients	
a) Reviewed at MDT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Reviewed at M&M meetings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Identified clinical lead	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Audit of Trusts compliance with guidelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) When was the last audit of guideline compliance?	<input type="checkbox"/> < 12 months		<input type="checkbox"/> < 12 months	
	<input type="checkbox"/> < 3 Years		<input type="checkbox"/> < 3 Years	
	<input type="checkbox"/> < 5 Years		<input type="checkbox"/> < 5 Years	

32. Please use the space below if you need to expand on any responses or have further comments on the GI Bleed services provided by this hospital

Thank you for completing this questionnaire



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