

Crohn's Disease: Reviewer Assessment Form

A. Case details

Introduction

Inclusions

patients aged 16 and older, admitted to hospital as an elective or emergency admission, with Crohn's disease (ICD10 code K50-50.9) and who underwent intestinal surgery with one of the OPCS codes from chapters G (upper digestive tract: G58-83) or H (lower digestive tract: H01-H62).

Definitions

A list of definitions are found at: <http://bitly.ws/pXXt>
Further information can be found on the study page at:
<https://www.ncepod.org.uk/crohns.html>

The questions on this form refer to the events of the index admission to hospital: admission and discharge dates as detailed on the assignment screen

1a. Date of Case Review meeting

Unknown

1b. Case Reviewer initials

1c. Was a completed clinician questionnaire available at the time of the case review?

1d. NCEPOD site ID

Value should be no more than 999,999

B. Patient details

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

Unknown

2. B. Sex

Female

Male

Other

3a. Did the patient have any comorbidities?

Yes

No

Insufficient data

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

B. Please list any other non-Crohn's comorbidities?

Diabetes

Asthma

Cardiovascular disease

Renal dysfunction

No other comorbidities

Colon cancer

Depression/ anxiety

Osteoporosis

Ankylosing Spondylitis

Learning/intellectual/cognitive disability

High blood pressure

Other respiratory condition

Thyroid condition

Liver disease

Unknown

Other cancer

Other mental health condition

Rheumatoid Arthritis

Multiple Sclerosis

Please specify any additional options here...

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

- Gastroesophageal Gastroduodenal Jejunal Ileal
 Colonic Ileocolonic Rectal Panenteric
 Unknown

Please specify any additional options here...

1b. C. Was the Crohn's disease

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

Please specify any additional options here...

2. 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?

Examples of representative scores are shown for each description of disease severity

- Clinical remission (CDAI < 150/ HBI <5) Mild disease (CDAI >150-220/ HBI 5-7)
 Moderate disease (CDAI >220-450/ HBI 8-16) Severe disease (CDAI >450/ HBI >16)
 Insufficient data to answer

3. C. Please indicate how long ago this patient was first diagnosed with Crohn's disease?

- < 1 year ≥ 1-2 years ≥ 2-5 years ≥ 5-10 years
 ≥ 10-20 years >20 years ago Insufficient data New diagnosis

4. B. If Crohn's disease had been recently diagnosed for this patient, in your opinion, was sufficient information about the condition and support given to the patient?

- Yes No Insufficient data to answer
 Not applicable

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

- Yes - Temporary Stoma Yes - Permanent Stoma No

6a. C. At the time of admission, was the patient taking medication for Crohn's disease?

- Yes No Unknown

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

C. Were the medications the patient was taking for

- Treatment of active disease Maintenance of remission from disease

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

B. Was the patient on a recognised treatment regime?

- Yes No Insufficient data to answer

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

B. Is there any evidence that the patient had any complications or side effects from their pharmacological treatment?

- Yes No Insufficient data to answer

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

B. If the patient was prescribed steroids, did they receive any of the following:

Please mark all that apply (answer may be multiple)

- Bone protection
- Gastric protection
- Blood pressure monitoring
- Unknown
- Not applicable- the patient was not prescribed steroids

Please specify any additional options here...

8a. B. Was the patient taking medication for pain relief?

- Yes No Insufficient data to answer

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

B. Was the patient prescribed opiates?

- Yes No Insufficient data to answer

9a. B. In your opinion, was there any room for improvement in the management of medications for this patient?

- Yes No Insufficient data to answer
- Not applicable

9b. If answered "Yes" to [9a] then:

B. Please provide further details

D. Elective surgery - pre-operative care (including pre-admission)

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

please complete the elective surgery- pre-admission section if the decision to operate was made electively even if the operation was subsequently postponed /cancelled

- Yes No

Please complete this section if the patient was referred for 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. If answered "Yes" to [1a] then:

D. In your opinion, given the progression of disease for this patient, the timing of discussion of surgery as a possible treatment option :

please select (in your opinion) the best answer for this patient

- occurred at the right time in the process
 occurred too early in the process
 would have benefited the patient if it had happened at an earlier stage
 Unknown - insufficient data to answer

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

D. What was the reason for the referral for surgery?

- Pain Obstruction Fistula Anaemia
 Cancer

Please specify any additional options here...

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

D. Was there multidisciplinary team (MDT) meeting to discuss the referral decision for surgery?

- Yes No Unknown

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

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

- Yes No Insufficient data

3c. If answered "Yes" to [1a] and "Yes" to [3a] and "Yes" to [3b] then:

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

- Yes No Insufficient data

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

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

- Yes No Insufficient data

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

C. In your opinion, was there sufficient MDT input into the decision to refer for surgery?

- Yes No Insufficient data to answer

**3f. If answered "Yes" to [1a] and "No" to [3e] then:
D. Please give further details**

**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. In your opinion, should the referral to surgery have been made earlier?**

Yes

No

Insufficient data to answer

**4c. If answered "Yes" to [1a] and "Yes" to [4b] then:
D. In your opinion, did this affect the outcome for this patient?**

Yes

No

Insufficient data to answer

**4d. If answered "Yes" to [1a] and "Yes" to [4b] and "Yes" to [4c] then:
D. Please expand on your answer**

**5a. If answered "Yes" to [1a] then:
D. When was the first surgical appointment?**

Unknown

**5b. If answered "Yes" to [1a] then:
D. At the surgical appointment, if not seen by the consultant surgeon, was there appropriate supervision?**

Yes

No

Insufficient data to answer

**5c. If answered "Yes" to [1a] then:
D. Was the appointment:**

In-person

Over the telephone

Video-call

Unknown

**5d. If answered "Yes" to [1a] and "Over the telephone" or "Video-call" to [5c] then:
D. If not in person, what was the reason?**

Covid-19 Pandemic

Trust policy

Please specify any additional options here...

6a. If answered "Yes" to [1a] then:

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

Not Applicable Unknown

6b. If answered "Yes" to [1a] then:

D. In your opinion, could the decision for surgery have benefitted from more having better/ more up-to-date imaging available?

Yes No insufficient data to answer

7a. If answered "Yes" to [1a] then:

D. Was any attempt made by the surgical team to optimise the patient's haemoglobin levels at this time?

Yes No
 Not applicable- this was not required Insufficient data to answer

If not listed above, please specify here...

7b. If answered "Yes" to [1a] then:

D. In your opinion, were there any other investigations that were not done at this time that should have been?

Yes No Insufficient data to answer

7c. If answered "Yes" to [1a] and "Yes" to [7b] then:

Please give details (further investigations)

8a. If answered "Yes" to [1a] then:

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

Yes No Unknown

8b. If answered "Yes" to [1a] and "No" to [8a] then:

D. Please give further details2

**9a. If answered "Yes" to [1a] then:
D. When was the decision to operate made?**

Unknown

**9b. If answered "Yes" to [1a] then:
D. In your opinion, the decision to operate:**

- was made at the right time should have happened earlier in the process
 should have happened later in the process insufficient data to answer

If not listed above, please specify here...

**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 "Yes" to [1a] and "Yes" to [10a] then:
D. In your opinion, were the risks/ benefits of surgery adequately discussed?**

- Yes No Insufficient data to answer

**10c. If answered "Yes" to [1a] and "Yes" to [10a] then:
D. In your opinion, was sufficient information provided about alternative treatment options?**

- Yes No Insufficient data to answer

**10d. If answered "Yes" to [1a] and "Yes" to [10a] then:
D. Were the risks/ benefits of surgery recorded on the consent form?**

- Yes No Insufficient data to answer

**10e. If answered "Yes" to [1a] and "Yes" to [10a] then:
D. In your opinion, was the consent form completed to an acceptable standard?**

- Yes No Insufficient data NA

**10f. If answered "Yes" to [1a] then:
D. In your opinion, was consent for surgery taken at the right time?**

- Yes No Insufficient data to answer

**11a. If answered "Yes" to [1a] then:
D. Was a perioperative Crohn's disease medication plan review carried out?**

- Yes No Unknown

**11b. If answered "Yes" to [1a] and "No" to [11a] then:
D. If NO, in your opinion, should a perioperative medications plan have been carried out?
*Please give further details***

**11c. If answered "Yes" to [1a] and "Yes" to [11a] then:
D. Were changes made to the patient's medications?**

- Yes No Unknown

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

D. Do you think the patient's medications were adequately optimised prior to surgery?

- Yes No Insufficient data
-

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

D. Was minimal access surgery considered?

- Yes No Insufficient data

12b.If answered "Yes" to [1a] and "No" to [12a] then:

D. If NO, should minimal access surgery have been considered?

- Yes No insufficient data
-

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

D. In your opinion, was there room for improvement in the holistic care/ support that the patient received prior to surgery?

- Yes No Insufficient data

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

D. Please give details of patient support that was lacking

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> IBD nurse specialist | <input type="checkbox"/> Patient information/ peer support |
| <input type="checkbox"/> Psychological support / counselling | |

Please specify any additional options here...

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

D. In your opinion, was the interval between the decision to operate and the date of operation acceptable?

- Yes No Insufficient data

14b.If answered "Yes" to [1a] and "No" to [14a] then:

D. If NO, Please give further details (interval too long)

Pre-operative optimisation

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

D. What efforts were made to improve the patient's functional status prior to surgery (and reduce the risk of surgery)

please not all the attempts to optimise the patient from the list below

- | | |
|--|---|
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Reduce alcohol consumption |
| <input type="checkbox"/> Haemaglobin levels optimisation | <input type="checkbox"/> Diet/ nutrition advice |
| <input type="checkbox"/> Exercise regime | <input type="checkbox"/> None of these are documented |
| <input type="checkbox"/> Insufficient data to answer | |

Please specify any additional options here...

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

D.In your opinion, was there room for improvement in the effort made to improve this patient's functional status prior to surgery?

- Yes No Insufficient data

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

D. In your opinion, could better optimisation have improved the surgical outcome?

- Yes No Insufficient data

15d.If answered "Yes" to [1a] and "Yes" to [15c] and "Yes" to [15b] then:

D. Please give details:

16a.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

16b.If answered "Yes" to [1a] and "No" to [16a] 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...

16c.If answered "Yes" to [1a] and "No" to [16a] then:

D. Please provide further details:

16d.If answered "Yes" to [1a] and "No" to [16a] then:

D. In your opinion, was this avoidable?

Yes

No

Insufficient data

16e.If answered "Yes" to [1a] and "No" to [16a] then:

D. In your opinion, did this affect the patient's outcome?

Yes

No

Insufficient data

1. E. Did the patient present as an emergency?

- Yes No Insufficient data to answer

Please complete this section if the patient had a flare in Crohn's disease symptoms resulting in an emergency admission for surgery (even if they were initially referred for surgery electively)

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

E. What was the emergency presentation of this patient?

- Perforation Obstruction Fistula Acute colitis
 Sepsis Abscess

Please specify any additional options here...

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

E. In your opinion, could this emergency admission have been prevented by a more timely/ elective intervention?

- Yes No Insufficient data

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

E. Please provide further details of how this emergency admission could have been prevented

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

E. In your opinion, was there room for improvement in the acute care pathway for this patient?

- Yes No Insufficient data

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

E. If YES, Please select the areas where improvements could be made:

If area not listed please select "other" and give details

- Initial clinical review in the emergency department
 Senior review in the emergency department
 Imaging
 Decision for surgery
 Dietetics
 Other

Please specify any additional options here...

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

E. In your opinion, were there any avoidable delays in the care pathway?

- Yes No Insufficient data

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

E. Please give further details of delays/ issues in the acute care pathway for this patient

6a. If answered "Yes" to [1] then:

E. Was consent taken by a doctor of appropriate grade/ specialty

Yes No Insufficient data

6b. If answered "Yes" to [1] then:

E. In your opinion, was the consent process carried out appropriately?

Yes No Insufficient data

7. If answered "Yes" to [1] then:

E. Was the patient given the appropriate category of urgency of surgery?

Yes No Insufficient data

8. If answered "Yes" to [1] then:

E. Was the operation performed by an appropriate specialist?

Yes No Insufficient data

1. G. Please state the date and time of surgery**2a. G. What operation was carried out?**

- Right hemicolectomy
- Extended right hemicolectomy
- Subtotal colectomy and ileostomy
- Small bowel resection
- Strictureplasty
- Resection of enterocolic fistula
- Resection of enteroenteric fistula
- Resection of enterovesical fistula
- Resection of enterovaginal fistula (if applicable)

Please specify any additional options here...

2b. G. In your opinion, was the correct operation carried out?

- Yes No Insufficient data to answer

2c. If answered "No" to [2b] then:**G. Please give details****3a. 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...

3b. If answered "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)" or "Junior specialist trainee (ST1&ST2 or CT equivalent)" to [3a] then:**G. If not performed by a consultant surgeon, was appropriate supervision given**

- Yes No Insufficient data

4. G. Did the operating notes include the following information?

Please mark all items recorded on the operating note from the list below

- | | |
|--|--|
| <input type="checkbox"/> Date and time | <input type="checkbox"/> Elective/ emergency procedure |
| <input type="checkbox"/> Names of operating surgeon and assistant | <input type="checkbox"/> Name of the theatre anaesthetist |
| <input type="checkbox"/> Operative procedure carried out | <input type="checkbox"/> Incision |
| <input type="checkbox"/> Operative diagnosis | <input type="checkbox"/> Operative findings |
| <input type="checkbox"/> Any problems/ complications | |
| <input type="checkbox"/> Any extra procedures performed and the reason why | |
| <input type="checkbox"/> Details of tissues removed/ added/ altered | <input type="checkbox"/> Details of closure technique |
| <input type="checkbox"/> Estimated blood loss | <input type="checkbox"/> Antibiotic prophylaxis (where applicable) |
| <input type="checkbox"/> DVT prophylaxis (where applicable) | <input type="checkbox"/> Detailed post-operative care instructions |
| <input type="checkbox"/> Signature of operating surgeon | |

Please specify any additional options here...

5a. G. Was appropriate prophylaxis delivered?

- Yes No Insufficient data

5b. If answered "No" to [5a] then:

G. Please give details of prophylaxis not given

6a. G. Was this a laparoscopic procedure?

- Yes No

6b. If answered "No" to [6a] then:

G. In your opinion, should this have been a laparoscopic procedure?

- Yes No Insufficient data

7a. G. Were there any intraoperative complications?

- Yes No Unknown

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

G. Please give details of any intraoperative complications

- Excessive bleeding Injury to other organs Temporary abdominal closure

Please specify any additional options here...

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

G. If there were any intraoperative complications, in your opinion, were they appropriately managed?

- Yes No Insufficient data

8a. G. Was an anastomosis formed during the operation?

- Yes No

**8b. If answered "Yes" to [8a] then:
G. What technique was used?**

- Stapled Sutured Kono-s Unknown
-

9a. G. Was a stoma formed during the operation?

- Yes No

**9b. If answered "Yes" to [9a] then:
G. Was this expected?**

- Yes No

**9c. If answered "Yes" to [9a] then:
G. What type of stoma was formed?**

- Ileostomy - End Ileostomy - Split Ileostomy - Loop
 Colostomy - End Colostomy - Double barrelled Colostomy - Loop

If not listed above, please specify here...

**9d. If answered "Yes" to [9a] and "Yes" to [9a] then:
G. Was the stoma:**

- Permanent Temporary Unknown

**9e. If answered "Yes" to [9a] and "Temporary" to [9d] and "Yes" to [9a] then:
G. Was the temporary stoma closed within 12 months?**

- Yes No Unknown

**9f. If answered "Yes" to [9a] and "No" to [9e] and "Temporary" to [9d] then:
G. Please give further details**

10a.G. In your opinion could the perioperative care have been improved for this patient?

- Yes No Unknown

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

G. How could the perioperative care have been improved?

1a. H. Did the patient have a CT scan post-operatively?

- Yes No Insufficient data

1b. H. In your opinion, was this appropriate for this patient?

Please answer this question whether or not the patient had a CT scan

- Yes No Insufficient data

1c. H. Please expand on your answer (CT scan)

2a. H. Were there any complications post-surgery?

- Yes No Insufficient data

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

H. Please list any post-surgical complications that occurred:

- | | |
|---|---|
| <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...

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

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

- Yes No Insufficient data

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

H. In your opinion, were any complications appropriately managed?

- Yes No Insufficient data

2e. If answered "Yes" to [2a] and "No" to [2d] then:

H. If NO, please give details:

3. H. Where did the patient go after theatre?

- Ward/ Level 0
- Enhanced Care Unit/ Level 1
- High Dependency Unit/ Level 2
- Intensive Care Unit/ Level 3
- Insufficient data to answer

If not listed above, please specify here...

4a. H. Did the patient go to the Intensive Care Unit* (ICU)?

** Level 3 care (see definitions)*

- Yes
- No
- Insufficient data

4b. H. Should this patient have gone to the ICU?

- Yes
- No
- Insufficient data

5a. H. Was the patient seen by a gastroenterologist post-operatively?

- Yes
- No
- Insufficient data

5b. If answered "No" to [5a] then:

H. If NO, should they have been reviewed by a gastroenterologist?

- Yes
- No
- Insufficient data

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

- Consultant Colorectal surgeon
- Consultant General surgeon
- Gastroenterologist
- IBD Nurse specialist
- Stoma nurse - if applicable
- Counsellor/ psychologist

Please specify any additional options here...

7. H. Was the medications plan reviewed post-operatively?

- Yes
- No
- Insufficient data

8a. H. Did the patient receive supplementary nutrition?

- Yes - Parenteral nutrition
- Yes - Enteral nutrition
- No
- Unknown

8b. If answered "Yes - Parenteral nutrition" or "Yes - Enteral nutrition" to [8a] then:

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

- Unknown

8c. If answered "Yes - Parenteral nutrition" or "Yes - Enteral nutrition" to [8a] then:

H. When was normal nutrition resumed?

- Not Applicable
- Unknown

9. H. Did the patient receive any psychological support?

- Yes
- No
- Unknown

10a.H. Was the patient's pain assessed?

- Yes
- No
- Unknown

10b.H. Was there a post-operative Pain team specialist/ equivalent review?

- Yes
- No
- Unknown

11. H. Was there any other area with room for improvement post -operatively?

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

- Patient discharged alive Patient died during admission

2. I. Please indicate the date and time of discharge/death during admission

3. If answered "Patient discharged alive" to [1] then:

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

- Yes No Insufficient data

4a. If answered "Patient discharged alive" to [1] then:

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...

4b. If answered "Patient discharged alive" to [1] then:

I. In your opinion, was there any room for improvement in the discharge planning for this patient?

- Yes No Insufficient data

4c. If answered "Yes" to [4b] then:

I. Please give details of room for improvement in discharge planning

5. If answered "Patient discharged alive" to [1] then:

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

Please refer to the Rockwood clinical frailty scale score on the definitions page

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

6a. If answered "Patient discharged alive" to [1] then:

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

- Yes No N/A - not relevant Insufficient data

6b. If answered "Patient discharged alive" to [1] then:

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

- Yes No Insufficient data

**6c. If answered "Patient discharged alive" to [1] then:
I. Was a review with the surgeon organised post-discharge?**

- Yes No Unknown

**6d. If answered "Patient discharged alive" to [1] then:
In your opinion was there any room for improvement in the follow-up appointments?**

- Yes No Insufficient data

**6e. If answered "Yes" to [6d] then:
I. Please give details of any room for improvements**

**7a. If answered "Patient discharged alive" to [1] then:
I. Was the medication plan documented on the discharge summary?**

- Yes No Unknown

**7b. If answered "Patient discharged alive" to [1] then:
I. Was a copy of the discharge summary sent to the GP within 48 hours of discharge?**

- Yes No Insufficient data

**7c. If answered "Patient discharged alive" to [1] then:
I. Was a copy of the discharge summary sent to the patient?**

- Yes No Insufficient data

**8a. If answered "Patient discharged alive" to [1] then:
I. Was the patient readmitted within 30 days of discharge?**

- Yes No Unknown

**8b. If answered "Yes" to [8a] and "Patient discharged alive" to [1] then:
I. Please state the date of the readmission**

Unknown

**8c. If answered "Yes" to [8a] and "Patient discharged alive" to [1] then:
I. Please state the reason for readmission:**

- Wound infection Bowel obstruction Acute Kidney Injury Stoma complications
 Bleeding

Please specify any additional options here...

9a. I. Did the patient die within 90 days of the date of surgery?

- Yes No Insufficient data

**9b. If answered "Yes" to [9a] then:
I. Please state the date of death**

Unknown

**9c. If answered "Yes" to [9a] then:
I. Please specify the cause of death:**

**10a. If answered "Yes" to [9a] then:
I In your opinion were there any avoidable factors contributing towards the outcome for this patient?**

Yes No Insufficient data

**10b. If answered "Yes" to [10a] and "Yes" to [9a] then:
I. If YES, Please provide details:**

I. Overall quality of care

Please use the following grading to rate the overall quality of care received by this patient

GOOD PRACTICE: A standard that you would accept from yourself, your trainees and your institution

ROOM FOR IMPROVEMENT: Aspects of CLINICAL care that could have been better

ROOM FOR IMPROVEMENT: Aspects of ORGANISATIONAL care that could have been better

ROOM FOR IMPROVEMENT: Aspects of CLINICAL AND ORGANISATIONAL care that could have been better

LESS THAN SATISFACTORY: Several aspects of clinical and/or organisational care that were well below that you would accept from yourself, your trainees and your institution.

INSUFFICIENT DATA: Insufficient information submitted to NCEPOD to assess the quality of care

1a. Please rate the overall quality of care using the grading system provided.

- Good practice
- Room for improvement in clinical aspects of care
- Room for improvement in organisational aspects of care
- Room for improvement in clinical AND organisational aspects of care
- Less than satisfactory
- Insufficient data to grade

1b. J Please indicate why you rated the care how you did

2a. J. Are there any themes/ issues from this case you feel should be highlighted in the final report?

- Yes No

2b. If answered "Yes" to [2a] then: J. Please expand on your answer

3. Do you think we should use this case as an illustrative vignette/ case study in the report?

- Yes No

CAUSE FOR CONCERN

Occasionally NCEPOD will refer cases that have been identified as 'LESS THAN SATISFACTORY' when it is felt that further feedback to the Trust/ Health Board concerned is warranted. This is usually due to an area of concern to the hospital or clinician involved, and not for issues highlighted across the body of case notes.

This process has been agreed by the NCEPOD Steering Group and the GMC. The medical director of the Trust/ Health Board is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for 10 years and the responses received have always been positive in that they feel we are dealing with the concerns in the most appropriate manner.

4a. J. Do you feel that this case should be considered for such action?

Yes

No

4b. J Please expand on your answer