Acute Bowel Obstruction Case Reviewer Assessment Form

A. PATIENT DETAILS

1. A1a. Age at the time of admission

☐ Unknown

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2. A1b. Sex

○ Male   ○ Female

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3. A1c. Location of the bowel obstruction

○ Large bowel   ○ Small bowel   ○ Both large and small bowel
○ Unable to answer

1a. B1a. In your opinion, was an opportunity missed to diagnose colorectal cancer prior to admission?

○ Yes   ○ No   ○ Unable to answer

1b. If answered "Yes" to [1a] then:
B1b. If YES to B1a, please expand on your answer:

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C. PRE-ARRIVAL IN HOSPITAL

1a. C1a. From the time of the onset of symptoms to the time of first contact with a health care professional, in your opinion was there a delay in the time to referral to hospital?

○ Yes ○ No ○ Unable to answer

1b. If answered "Yes" to [1a] then:
C1b. If YES, from where did this delay occur? (Please tick all that apply)

☐ From the patient ☐ From the GP ☐ Unable to answer

Please specify any additional options here...

1c. If answered "Yes" to [1a] then:
C1c. If YES to 1a, please expand on your answer:

1a. D1a. In your opinion, was the initial assessment satisfactory?

◯ Yes   ◯ No   ◯ Unable to answer

1b. If answered "No" to [1a] then:
D1b. If NO to 1a, please expand on your answer:

[ ]

2a. D2a. In your opinion, was there a delay in recognising bowel obstruction at the time of initial assessment?

◯ Yes   ◯ No   ◯ Unable to answer

2b. If answered "Yes" to [2a] then:
D2b. If YES to 2a, did this affect outcome?

◯ Yes   ◯ No   ◯ Unable to answer

2c. If answered "Yes" to [2b] then:
D2c. If YES to 2b, please expand on your answer:

[ ]

3a. D3a. In your opinion, was there a delay in recognizing peritonitis?

◯ Yes   ◯ No   ◯ Unable to answer   ◯ Not applicable

3b. If answered "Yes" to [3a] then:
D3b. If YES to 3a, did this affect outcome?

◯ Yes   ◯ No   ◯ Unable to answer

3c. If answered "Yes" to [3b] then:
   D3c. If YES to 3b, please expand on your answer:

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4a. D4a. In your opinion, were any UNNECESSARY INVESTIGATIONS performed at the initial assessment?

○ Yes   ○ No   ○ Unable to answer

4b. If answered "Yes" to [4a] then:
   D4b. If YES to 4a, please specify which unnecessary investigations were undertaken: (Please tick all that apply)

☐ Abdominal x-ray   ☐ CT scan with IV contrast
☐ CT scan without IV contrast   ☐ Abdominal ultrasound
☐ MRI   ☐ Gastrografin follow through (WSCS)
☐ Arterial blood gas   ☐ Lactate
☐ C-reactive protein   ☐ Full blood count
☐ Urea & electrolytes

Please specify any additional options here...

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4c. If answered "Yes" to [4a] then:
   D4c. If YES to 4a, please expand on your answer:

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5a. D5a. In your opinion were all NECESSARY INVESTIGATIONS performed at initial assessment?

○ Yes   ○ No   ○ Unable to answer

5b. If answered "No" to [5a] then:
D5b. If NO to 5a, please specify which investigations WERE NOT undertaken: (Please tick all that apply)

☐ Abdominal x-ray   ☐ CT scan with IV contrast
☐ CT scan without IV contrast   ☐ Abdominal ultrasound
☐ MRI   ☐ Gastrografin follow through (WSCS)
☐ Arterial blood gas   ☐ Lactate
☐ C-reactive protein   ☐ Full blood count
☐ Urea & electrolytes

Please specify any additional options here...

[ ]

5c. If answered "No" to [5a] then:
D5c. If NO to 5a, please expand on your answer:

[ ]

6a. D6a. In your opinion, was resuscitation at initial assessment satisfactory?

○ Yes   ○ No   ○ Unable to answer   ○ NA - not required

6b. If answered "No" to [6a] then:
D6a. If NO to 6a, please expand on your answer:

[ ]

7a. D7a. Was there any evidence of Acute Kidney Injury (AKI) at initial assessment?

○ Yes   ○ No   ○ Unable to answer

7b. If answered "Yes" to [7a] then:
D7b. If YES to 7a, in your opinion was this treated correctly?

○ Yes   ○ No   ○ Unable to answer

7c. If answered "No" to [7b] then:
   D7c. If NO to 7b, please expand on your answer:

1a. E1a. In your opinion, was the patient admitted under the correct specialty?

◯ Yes   ◯ No   ◯ Unable to answer

1b. If answered "No" to [1a] then:
E1b. If NO, please expand on your answer:

2a. E2a. In your opinion, was the patient admitted to the appropriate ward?

◯ Yes   ◯ No   ◯ Unable to answer

2b. If answered "No" to [2a] then:
E2b. If NO to 2a, please expand on your answer:

3a. E3a. In your opinion, was there a delay in the patient being assessed by Tier 1 (Foundation level) clinicians:
Please see definitions

◯ Yes   ◯ No   ◯ Unable to answer   ◯ Not applicable

3b. If answered "Yes" to [3a] then:
E3b. If YES to 3a, did this affect outcome?

◯ Yes   ◯ No   ◯ Unable to answer

3c. If answered "Yes" to [3b] then:
E3c. If YES to 3b, please expand on your answer:

3d. E3d. In your opinion, was there a delay in the patient being assessed by Tier 2 (Middle grade) clinicians
Please see definitions

○ Yes　　　　　　○ No　　　　　　○ Unable to answer　　○ Not applicable

3e. If answered "Yes" to [3d] then:
E3e. If YES to 3d, did this affect outcome?

○ Yes　　　　　　○ No　　　　　　○ Unable to answer

3f. If answered "Yes" to [3e] then:
E3f. If YES to 3e, please expand on your answer:

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3g. E3g. In your opinion, was there a delay in the patient being assessed by Tier 3 (Consultant) clinicians
Please see definitions

○ Yes　　　　　　○ No　　　　　　○ Unable to answer　　○ Not applicable

3h. If answered "Yes" to [3g] then:
E3h. If YES to 3g, did this affect outcome?

○ Yes　　　　　　○ No　　　　　　○ Unable to answer

3i. If answered "Yes" to [3h] then:
E3i.If YES to 3h, please expand on your answer:

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4a. E4a. In your opinion, was there a delay in surgical assessment?

○ Yes　　　　　　○ No　　　　　　○ Unable to answer　　○ Not applicable

4b. If answered "Yes" to [4a] then:
E4b. If YES, please expand on your answer:

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5a. E5a. In your opinion, was surgical decision making appropriate?

○ Yes   ○ No   ○ Unable to answer   ○ Not applicable

5b. If answered "No" to [5a] then:
E5b. If NO, please expand on your answer:

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6a. E6a. Was the referral process adequate during this admission?

○ Yes   ○ No   ○ Unable to answer

6b. If answered "No" to [6a] then:
E6b. If NO, why not? (Please specify)

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7a. E7a. Was the ongoing review and decision making appropriate?

○ Yes   ○ No   ○ Unable to answer

7b. If answered "No" to [7a] then:
E7b. If NO, please expand on your answer:

8a. E8a. In your opinion, was the patient started appropriately on antibiotics following admission?

◯ Yes   ◯ No   ◯ Unable to answer   ◯ NA

8b. E8b. During admission, did the patient develop an antibiotic related infection?

◯ Yes   ◯ No   ◯ Unable to answer

8c. If answered "Yes" to [8b] then:
E8c. In your opinion, did this lead to a delay in discharge?

◯ Yes   ◯ No   ◯ Unable to answer

1a. F1a. In your opinion, was resuscitation on the ward adequate?

◯ Yes ◯ No ◯ Unable to answer

1b. If answered "No" to [1a] then:
F1b. If NO, please expand on your answer

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2a. F2a. Did the patient develop AKI following admission?

◯ Yes ◯ No ◯ Unable to answer
◯ NA – present on arrival

2b. If answered "Yes" to [2a] then:
F2b. If YES, in your opinion was this avoidable?

◯ Yes ◯ No ◯ Unable to answer

2c. If answered "Yes" to [2b] then:
F2c. If YES to 2b, please expand on your answer:

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3a. F3a. Was a nutritional assessment undertaken on admission?

◯ Yes ◯ No ◯ Unable to answer

3b. If answered "Yes" to [3a] then:
F3b. If YES, in your opinion, was this adequate?

◯ Yes ◯ No ◯ Unable to answer

3c. If answered "No" to [3b] then:
F3c. If NO, please expand on your answer:

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4. F4. Was the patient identified as being frail prior to the onset of acute bowel obstruction?

○ Yes　　　　○ No　　　　○ Unable to answer

5a. F5a. Was a frailty assessment undertaken on admission?

○ Yes　　　　○ No　　　　○ Unable to answer

5b. If answered "Yes" to [5a] then:
F5b. If YES, in your opinion, was this satisfactory?

○ Yes　　　　○ No　　　　○ Unable to answer

5c. If answered "No" to [5b] then:
F5c. If NO, please expand on your answer:

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6a. F6a. Was a pain assessment undertaken on admission?

○ Yes　　　　○ No　　　　○ Unable to answer

6b. If answered "Yes" to [6a] then:
F6b. If YES, in your opinion, was this adequate?

○ Yes　　　　○ No　　　　○ Unable to answer

6c. If answered "No" to [6b] then:
F6c. If NO, please expand on your answer:

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7. F7. Was analgesia given in a timely manner?

○ Yes   ○ No   ○ Unable to answer

○ NA - analgesia not given

8a. F8a. In your opinion, was adequate analgesia given?

○ Yes   ○ No   ○ Unable to answer

○ NA – analgesia not given

8b. If answered "No" to [8a] then:
F8b. If NO, please expand on your answer:

9a. F9a. In your opinion, was the patient's pain adequately controlled during this admission?

○ Yes   ○ No   ○ Unable to answer

9b. If answered "No" to [9a] then:
F9b. If NO, please give further detail:

10a.F10a. Was this patient managed using a "bundle" or care pathway specifically for bowel obstruction?

○ Yes   ○ No   ○ Unable to answer

10b.If answered "Yes" to [10a] then:
F10b. If Yes, please give details

G. IMAGING FOLLOWING ADMISSION

1a. G1a. Following admission, as evidenced in the case notes, what diagnostic imaging did the patient have?
Answers may be multiple

☐ Abdominal X -ray   ☐ CT scan with IV contrast
☐ CT scan without IV contrast   ☐ Gastrografin follow through (WSCS)
☐ MRI scan   ☐ None
☐ Unable to answer

Please specify any additional options here...

1b. G1b. Did the patient have a CT scan?

○ Yes   ○ No   ○ Unable to answer

1c. If answered "Yes" to [1b] then:
G1c. If Yes to 1b, does the CT scan report comment on closed loop obstruction?

○ Yes   ○ No   ○ Not applicable   ○ Unable to answer

1d. If answered "Yes" to [1b] then:
G1d. If Yes to 1b, does the CT scan report comment on bowel ischaemia?

○ Yes   ○ No   ○ Not applicable   ○ Unable to answer

2a. G2a. In your opinion, following admission was all appropriate imaging performed?

○ Yes   ○ No   ○ Unable to answer

2b. If answered "No" to [2a] then:
G2b. If NO, please expand on your answer:

3a. G3a. In your opinion, following admission was any unnecessary imaging performed?

○ Yes   ○ No   ○ Unable to answer

3b. If answered "Yes" to [3a] then:
G3b. If YES, please expand on your answer:

4a. G4a. In your opinion, were there any unnecessary delays in imaging?

   ⚪ Yes   ⚪ No   ⚪ Unable to answer

4b. If answered "Yes" to [4a] then:
G4b. If YES, please expand on your answer:

4c. If answered "Yes" to [4a] then:
G4c. If YES to 4a, in your opinion did this affect outcome?

   ⚪ Yes   ⚪ No   ⚪ Unable to answer

4d. If answered "Yes" to [4c] then:
G4d. If YES to 4c, please expand on your answer:

5a. G5a. In your opinion, was appropriate action taken following imaging?

   ⚪ Yes   ⚪ No   ⚪ Unable to answer

5b. If answered "No" to [5a] then:
G5b. If NO, please expand on your answer:

1a. H1a. In your opinion, was there a delay in making a diagnosis?

○ Yes   ○ No   ○ Unable to answer

1b. If answered "Yes" to [1a] then:
H1b. If YES, please expand on your answer:

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1c. If answered "Yes" to [1a] then:
H1c. If YES to 1a, in your opinion did this affect outcome?

○ Yes   ○ No   ○ Unable to answer

1d. If answered "Yes" to [1c] then:
H1d. If YES to 1c, please expand on your answer:

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I. TREATMENT PLAN

1a. I1a. In your opinion, did multiple handovers in care contribute to delays in treatment?

○ Yes   ○ No   ○ Unable to answer

1b. If answered "Yes" to [1a] then:
I1b. If YES, please expand on your answer:

2a. I2a. Was there a delay in decision-making?

○ Yes   ○ No   ○ Unable to answer

2b. If answered "Yes" to [2a] then:
I2b. If YES, did this impact on outcome?

○ Yes   ○ No   ○ Unable to answer

2c. If answered "Yes" to [2b] then:
I2c. Please expand on your answer:

3a. I3a. In your opinion, was there an inappropriate delay in treatment (excluding time to operation)?

○ Yes   ○ No   ○ Unable to answer

3b. If answered "Yes" to [3a] then:
I3b. If YES, please expand on your answer:

3c. If answered "Yes" to [3a] then:
  I3c. If YES to 3a, in your opinion did this affect outcome?

  ○ Yes   ○ No   ○ Unable to answer

3d. If answered "Yes" to [3c] then:
  I3d. If YES to 3c, please expand on your answer:

_____

4a. I4a. In your opinion, was adequate morbidity/mortality risk assessment performed?

  ○ Yes   ○ No   ○ Unable to answer

4b. If answered "No" to [4a] then:
  I4b. If NO, please expand on your answer:

_____

5a. I5a. In your opinion, was the treatment decision appropriate?

  ○ Yes   ○ No   ○ Unable to answer

5b. If answered "No" to [5a] then:
  I5b. If NO, please expand on your answer:

_____

6a. I6a. Was a critical care opinion sought to aid decision making?

  ○ Yes   ○ No   ○ Unable to answer

6b. If answered "No" to [6a] then:
  I6b. If NO to 6a, should a critical care opinion have been sought?

  ○ Yes   ○ No   ○ Unable to answer

7a. I7a. In your opinion, was there adequate shared decision making between the patient, family and professionals?

◯ Yes   ◯ No   ◯ Unable to answer

7b. If answered "No" to [7a] then:
I7b. If NO, please expand on your answer:

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8a. I8a. Is there a statement in the case notes detailing the patient's resuscitation status?

◯ Yes   ◯ No   ◯ Unable to answer

8b. If answered "Yes" to [8a] then:
I8b. If YES, what was the patient's resuscitation status?

◯ For resuscitation   ◯ Do not attempt resuscitation ◯ Unable to answer

J. NON-SURGICAL THERAPY FOR ALL PATIENTS

1a. J1a. Was a MUST score recorded on a weekly basis?

○ Yes   ○ No   ○ Unable to answer

○ NA – admission <1 week

1b. J1b. In your opinion, was the ongoing nutritional assessment of the patient acted upon appropriately?

○ Yes   ○ No   ○ Unable to answer

○ Not applicable - not required

2a. J2a. In your opinion, was non-surgical treatment appropriate for this patient?

○ Yes   ○ No   ○ Unable to answer

2b. If answered "No" to [2a] then:
J2b. If NO, please expand on your answer:

K. SMALL BOWEL OBSTRUCTION

1a. K1a. Did the patient have a small bowel obstruction?

○ Yes   ○ No   ○ Unable to answer

1b. If answered "Yes" to [1a] then:
K1b. Was Gastrografin used to aid decision making?

○ Yes   ○ No   ○ Unable to answer

1c. If answered "Yes" to [1a] then:
K1c. Was Gastrografin used therapeutically?

○ Yes   ○ No   ○ Unable to answer

1d. If answered "Yes" to [1b] then:
K1d. If YES to 1b, in your opinion was gastrografin used appropriately?

○ Yes   ○ No   ○ Unable to answer

1e. If answered "No" to [1d] then:
K1e. If NO to 1d, please expand on your answer:

○ Yes   ○ No   ○ Unable to answer

1f. If answered "No" to [1b] then:
K1f. If NO to 1b, in your opinion should it have been?

○ Yes   ○ No   ○ Unable to answer

1g. If answered "Yes" to [1f] then:
K1g. If YES to 1f, please expand on your answer:

L. LARGE BOWEL OBSTRUCTION

1. L1. Did the patient have a large bowel obstruction?

○ Yes   ○ No   ○ Unable to answer

2a. If answered "Yes" to [1] then:
L2a. Was colonic stenting performed during this admission?

○ Yes   ○ No   ○ Unable to answer

2b. If answered "Yes" to [2a] and "Yes" to [1] then:
L2b. If YES, in your opinion was stenting performed appropriately?

○ Yes   ○ No   ○ Unable to answer

2c. If answered "No" to [2b] and "Yes" to [1] then:
L2c. If NO to 2b, please expand on your answer:

[ ]

2d. If answered "Yes" to [2a] and "Yes" to [1] then:
L2d. If YES to 2a, was stenting undertaken in a timely manner?

○ Yes   ○ No   ○ Unable to answer

2e. If answered "No" to [2d] and "Yes" to [1] then:
L2e. If NO to 2d, please expand on your answer:

[ ]

2f. If answered "No" to [2a] and "Yes" to [1] then:
L2f. If NO to 2a, in your opinion should stenting have been considered

○ Yes   ○ No   ○ Unable to answer

2g. If answered "Yes" to [2f] and "Yes" to [1] then:
L2g. If YES to 2f, please expand on your answer:

3a. If answered "Yes" to [1] then:
L3a. Was a percutaneous endoscopic colostomy (PEC) inserted?

○ Yes   ○ No   ○ Unable to answer

3b. If answered "No" to [3a] and "Yes" to [1] then:
L3b. If NO, should a PEC have been considered?

○ Yes   ○ No   ○ Unable to answer

1a. M1a. Was the patient operated on during this admission?

◯ Yes   ◯ No   ◯ Unable to answer

1b. If answered "No" to [1a] then:
M1b. If NO to 38a, in your opinion should they have been?

◯ Yes   ◯ No   ◯ Unable to answer

2a. If answered "Yes" to [1a] then:
M2a. If YES to 1a, in your opinion was the decision to operate appropriate?

◯ Yes   ◯ No   ◯ Unable to answer

2b. If answered "No" to [2a] and "Yes" to [1a] then:
M2b. If NO to 2a, please expand on your answer:

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2c. If answered "No" to [2a] and "Yes" to [1a] then:
M2c. If NO to 2a, in your opinion did it affect outcome?

◯ Yes   ◯ No   ◯ Unable to answer

2d. If answered "Yes" to [2c] and "Yes" to [1a] then:
M2d. If YES to 2c, please expand on your answer:

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3. If answered "Yes" to [1a] then:
M3. Did the patient have the capacity to consent to treatment?

◯ Yes   ◯ No   ◯ Unable to answer

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4. If answered "Yes" to [1a] then:
M4. Was the patient seen by a critical care outreach nurse pre-operatively?

◯ Yes   ◯ No   ◯ Unable to answer

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5. If answered "Yes" to [1a] then:
M5. Were all alternative options discussed prior to surgery?

◯ Yes   ◯ No   ◯ Unable to answer

6a. If answered "Yes" to [1a] then:
M6a. In your opinion, was the right operation carried out?

○ Yes   ○ No   ○ Unable to answer

6b. If answered "No" to [6a] then:
M6b. If NO, please expand on your answer:

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7a. If answered "Yes" to [1a] then:
M7a. In your opinion, was the grade and/or specialty of surgeon appropriate?

○ Yes   ○ No   ○ Unable to answer

7b. If answered "No" to [7a] and "Yes" to [1a] then:
M7b. If NO, please expand on your answer:

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8a. If answered "Yes" to [1a] then:
M8a. In your opinion, was the grade of anaesthetist appropriate?

○ Yes   ○ No   ○ Unable to answer

8b. If answered "No" to [8a] and "Yes" to [1a] then:
M8b. If NO, please expand on your answer:

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9a. If answered "Yes" to [1a] then:
M9a. In your opinion, was the timing of surgery (including the timing from decision to operate to time of operation) appropriate?

○ Yes   ○ No   ○ Unable to answer

9b. If answered "No" to [9a] and "Yes" to [1a] then:
M9b. If NO, please expand on your answer:

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9c. If answered "No" to [9a] and "Yes" to [1a] then:
M9c. If NO to 9a, in your opinion did the delay affect outcome?

○ Yes   ○ No   ○ Unable to answer

9d. If answered "Yes" to [9c] and "Yes" to [1a] then:
M9d. If YES to 9c, please expand on your answer:

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10. If answered "Yes" to [1a] then:
M10. In your opinion, was the grade and/or sub-specialty of the operating surgeon appropriate?

○ Yes   ○ No   ○ Unable to answer

11a. If answered "Yes" to [1a] then:
M11a. In your opinion, was the post-operative location appropriate for this patient?

○ Yes   ○ No   ○ Unable to answer

11b. If answered "No" to [11a] and "Yes" to [1a] then:
M11b. If NO, please expand on your answer:

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N. ESCALATION OF CARE AND CRITICAL CARE ADMISSION

1a. N1a. In your opinion, was there any delay in the escalation of care of the patient?

○ Yes   ○ No   ○ Unable to answer

○ NA - no escalation necessary

1b. If answered "Yes" to [1a] then:
N1b. If YES, please expand on your answer:

1c. If answered "Yes" to [1a] then:
N1c. If YES to 1a, in your opinion did this affect outcome?

○ Yes   ○ No   ○ Unable to answer

1d. If answered "Yes" to [1c] then:
N1d. If YES to 1c, please expand on your answer:

2a. N2a. Was the patient admitted to critical care?

○ Yes   ○ No   ○ Unable to answer

2b. If answered "Yes" to [2a] then:
N2b. Was the critical care admission appropriate?

○ Yes   ○ No   ○ Unable to answer

O. COORDINATION OF CARE DURING THE ADMISSION

1. **O1. Were there any gaps in the continuity of care during the admission?**

   ○ Yes   ○ No   ○ Unable to answer

2a. **O2a. In your opinion, did multiple handovers result in delays in treatment?**

   ○ Yes   ○ No   ○ Unable to answer

2b. **If answered "Yes" to [2a] then:**
   O2b. If YES, please expand on your answer:

2c. **If answered "Yes" to [2a] then:**
   O2c. If YES to 2a, in your opinion did this affect outcome?

   ○ Yes   ○ No   ○ Unable to answer

2d. **If answered "Yes" to [2c] then:**
   O2d. If YES to 2c, please expand on your answer:

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3. **O3. Was the admitting consultant the same as the operating consultant?**

   ○ Yes   ○ No   ○ Unable to answer   ○ Not applicable

4a. **O4a. In your opinion, were there any avoidable complications?**

   ○ Yes   ○ No   ○ Unable to answer

4b. If answered "Yes" to [4a] then:
    O4b. If YES, please expand on your answer:

1. P1. What was the outcome of this admission?

◯ Discharged alive ◯ Died ◯ Unable to answer

2a. If answered "Died" to [1] then:
P2a. If the patient died, in your opinion was the death avoidable?

◯ Yes ◯ No ◯ Unable to answer

2b. If answered "Yes" to [2a] and "Died" to [1] then:
P2b. If YES, please expand on your answer:

3a. If answered "Discharged alive" to [1] then:
P3a. Was a frailty assessment undertaken at discharge?

◯ Yes ◯ No ◯ Unable to answer

3b. If answered "Yes" to [3a] and "Discharged alive" to [1] then:
P3b. If YES, was this:

◯ A formal score ◯ Clinical assessment ◯ Unable to answer

3c. If answered "Discharged alive" to [1] then:
P3c. What was the patient's level of function as assessed using the Rockwood Frailty Score?

◯ 1. Very fit ◯ 2. Well ◯ 3. Managing well
◯ 4. Vulnerable ◯ 5. Mildly frail ◯ 6. Moderately frail
◯ 7. Severely frail ◯ 8. Very severely frail ◯ 9. Terminally ill
◯ Unable to answer

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4. If answered "Discharged alive" to [1] then:
P4. Was a nutritional assessment undertaken at discharge?

◯ Yes ◯ No ◯ Unable to answer

5a. If answered "Discharged alive" to [1] then:
P5a. Was there evidence of adequate discharge planning?

◯ Yes ◯ No ◯ Unable to answer

5b. If answered "No" to [5a] and "Discharged alive" to [1] then:
    P5b. If NO, please expand on your answer:

1a. Q1a. Was the patient on an end of life care pathway?

◯ Yes ◯ No ◯ Unable to answer

1b. If answered "Yes" to [1a] then:
Q1b. If YES to 1a, in your opinion was this appropriate?

◯ Yes ◯ No ◯ Unable to answer

1c. Q1c. Was there any advanced care planning discussed within the last year (up to and including during this admission)?

◯ Yes ◯ No ◯ Not applicable ◯ Unable to answer

1d. If answered "No" to [1c] then:
Q1d. If NO to 1c, please expand on your answer:

1e. Q1e. In your opinion, was there the opportunity to discuss advanced care planning prior to this hospital admission?

◯ Yes ◯ No ◯ Not applicable ◯ Unable to answer

2a. Q2a. In your opinion, was end of life care satisfactory?

◯ Yes ◯ No ◯ Not applicable ◯ Unable to answer

2b. If answered "No" to [2a] then:
Q2b. If NO, please expand on your answer:

R. OVERALL ASSESSMENT OF CARE

1a. R1a. Please indicate what your overall view is of the case. Practice was:

◯ Good practice - A standard that you would expect 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
◯ Insufficient data

1b. R1b. Please provide reasons for your grade:

1. **S1. Cause for concern cases – occasionally NCEPOD will refer cases that have been identified as "less than satisfactory" when it is felt that further feedback to the Trust/Board concerned is warranted. This is usually due to an area of concern particular 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/Board is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for ten years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner. Do you feel that this case should be considered for such action?**

   ○ Yes   ○ No

1a. T1a. Are there any issues from this case that you feel should be highlighted in the final report?

○ Yes ○ No

1b. If answered "Yes" to [1a] then:
T1b. If Yes to a, please give details:

2. T2. Do you think we should consider this as a case study/ vignette in the report?

○ Yes ○ No

1a. U1a. Reviewer initials

[   ]

1b. U1b. Date of reviewer meeting

[   ]

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2. U2. Site ID
NCEPOD Site ID

[   ]   ☐ Unknown

Value should be no more than 500,000

3a. U3a. Were there any relevant case note extracts missing for the review of this case?

○ Yes   ○ No

3b. If answered "Yes" to [3a] then:
U3b. If Yes to 3a, please list any missing case note extracts for this case:

☐ Clinical notes incomplete   ☐ A&E documentation   ☐ Admission clerking
☐ ICU notes   ☐ Imaging reports   ☐ Observations
☐ Blood results   ☐ Discharge documentation

Please specify any additional options here...

[   ]