NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Draft quality standard for acute upper gastrointestinal bleeding

1 Introduction

Acute upper gastrointestinal bleeding is a common medical emergency that has a 10% hospital mortality rate. The most common causes are peptic ulcer and oesophagogastric varices. Despite changes in management, mortality has not significantly improved over the past 50 years.

This quality standard covers the management of acute upper gastrointestinal bleeding. For more information see the scope for this quality standard.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following framework:

- The NHS Outcomes Framework 2012/13.

The table below shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

NHS outcomes framework 2013/14	
Domain1: Preventing people from dying prematurely.	**Overarching indicators** 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare 1b Life expectancy at 75 i males ii females
Domain 3: Helping people to recover from episodes of ill health or following injury	**Overarching indicators** 3b Emergency readmissions within 30 days of discharge from hospital

2 Draft quality standard for acute upper gastrointestinal bleeding

Overview

The draft quality standard for acute upper gastrointestinal bleeding requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole acute upper gastrointestinal bleeding care pathway. An integrated approach to providing services is fundamental to delivering high-quality care to adults and young people (16 years and older) with acute upper gastrointestinal bleeding.

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating people with acute upper gastrointestinal bleeding should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

No.	
1	People with acute upper gastrointestinal bleeding are offered a risk assessment using a validated risk score.
2	People with severe acute upper gastrointestinal bleeding who are haemodynamically unstable are offered endoscopy within 2 hours of resuscitation.
3	People with acute upper gastrointestinal bleeding who are

	haemodynamically stable are offered endoscopy within 24 hours of admission.
4	People with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage are offered combination endoscopic treatments, or a mechanical method.
5	People with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment are offered interventional radiology.
6	People with suspected or confirmed variceal acute upper gastrointestinal bleeding are offered antibiotic therapy at presentation.
7	People with upper gastrointestinal bleeding from oesophageal varices are offered band ligation.
8	People with acute upper gastrointestinal bleeding from gastric varices are offered endoscopic injection of N-butyl-2-cyanoacrylate.
9	People with uncontrolled acute upper gastrointestinal bleeding from varices are offered transjugular intrahepatic portosystemic shunts (TIPS).
10	People with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved are advised to continue on low-dose aspirin.

Other quality standards that should also be considered when commissioning and providing a high-quality acute upper gastrointestinal bleeding service are listed in section 8.

General questions for consultation

Question 1	Can you suggest any appropriate healthcare outcomes for each individual quality statement?
Question 2	What important areas of care, if any, are not covered by the quality standard?
Question 3	What, in your opinion, are the most important quality statements and why?
Question 4	Are any of the proposed quality measures inappropriate and, if so, can you identify suitable alternatives?
Please refer to Quality standards in development for additional general points for consideration (available from www.nice.org.uk).	
Statement-specific questions for consultation:	
Question 5	For draft quality statement 2: Is 2 hours a reasonable timeframe in keeping with the clinical guideline recommendation underpinning the statement (that is, that people whose general condition is unstable should be offered endoscopy immediately)?

Question 6	For draft quality statement 3: Statements 2 and 3 cover a similar issue, with statement 2 covering people needing urgent care, statement 3 covering all other people. Does the wording of statement 3 adequately capture the appropriate population?
Question 7	For draft quality statement 5: The Topic Expert Group felt that interventional radiology was the standard of care that should be aspired to. However it recognised this may currently be difficult to achieve. Is this an achievable quality statement?
Question 8	For draft quality statement 9: This statement applies only if the interventions set out in statements 7 and 8 do not control the bleeding – hence this states 'people with uncontrolled bleeding...'. Is it clear that this intervention should be offered only if bleeding is not controlled by the interventions in statements 7 and 8?

Draft quality statement 1: Risk assessment

Draft quality statement	People with acute upper gastrointestinal bleeding are offered a risk assessment using a validated risk score.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that people with acute upper gastrointestinal bleeding are offered a risk assessment using a validated risk score. **Process:** Proportion of people with acute upper gastrointestinal bleeding who receive a risk assessment using a validated risk score. Numerator – the number of people in the denominator who receive a risk assessment using a validated risk score. Denominator – the number of people with acute upper gastrointestinal bleeding.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with acute upper gastrointestinal bleeding to be offered a risk assessment using a validated risk score. **Healthcare professionals** offer people with acute upper gastrointestinal bleeding a risk assessment using a validated risk score. **Commissioners** ensure they commission services that offer people with acute upper gastrointestinal bleeding a risk assessment using a validated risk score. **People with acute upper gastrointestinal bleeding** are offered an assessment of their risk of further bleeding or complications, using an accepted scoring system.
Source clinical guideline references	NICE clinical guideline 141 recommendations 1.1.1 (key priority for implementation) and 1.1.2.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained in NICE audit support for Acute upper gastrointestinal bleeding: management (NICE clinical guideline 141). The 2007 UK comparative audit of upper gastrointestinal bleeding and the use of blood from the British Society of Gastroenterology asks 'Does your hospital routinely calculate and document a risk score (e.g. Rockall or Blatchford scores) for patients with suspected upper GI bleeding?'
Definitions	NICE clinical guideline 141 recommendations 1.1.1 and 1.1.2 suggest the following approach for risk assessment: Use the following formal risk assessment scores for all patients with acute upper gastrointestinal bleeding:

	• the Blatchford score at first assessment, and • the full Rockall score after endoscopy. Consider early discharge for patients with a pre-endoscopy Blatchford score of 0.

Draft quality statement 2: Timing of endoscopy (immediate endoscopy for people who haemodynamically unstable)

Draft quality statement	People with severe acute upper gastrointestinal bleeding who are haemodynamically unstable are offered endoscopy within 2 hours of resuscitation.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure that people with severe acute upper gastrointestinal bleeding who are haemodynamically unstable are offered endoscopy within 2 hours of resuscitation. **Process:** a) Proportion of people with severe acute upper gastrointestinal bleeding who are haemodynamically unstable who receive endoscopy within 2 hours of resuscitation. Numerator – the number of people in the denominator who receive endoscopy within 2 hours of resuscitation. Denominator – the number of people with severe acute upper gastrointestinal bleeding who are haemodynamically unstable. **Outcome:** Mortality rates for people with severe acute upper gastrointestinal bleeding who are haemodynamically unstable.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with severe acute upper gastrointestinal bleeding who are haemodynamically unstable to be offered endoscopy within 2 hours of resuscitation. **Healthcare professionals** offer endoscopy within 2 hours of resuscitation to people with severe acute upper gastrointestinal bleeding who are haemodynamically unstable. **Commissioners** ensure they commission services that offer endoscopy within 2 hours of resuscitation to people with severe acute upper gastrointestinal bleeding who are haemodynamically unstable. **People with severe acute upper gastrointestinal bleeding whose blood pressure or pulse is unstable** are offered an investigation called an endoscopy (which involves swallowing a long narrow tube that allows the gullet and stomach to be examined) within 2 hours of resuscitation.
Source clinical guideline references	NICE clinical guideline 141 recommendation 1.3.1 (key priority for implementation).
Data source	**Structure:** a) and b) Local data collection.

	Process: Local data collection. Contained in NICE audit support for Acute upper gastrointestinal bleeding: management (NICE clinical guideline 141). **Outcome:** Local data collection.
Definitions	The full guideline Acute upper gastrointestinal bleeding: management states that patients should be optimally resuscitated to minimise the risk of complications, and that if possible the procedure should not be undertaken until cardiovascular stability is achieved. Haemodynamically unstable patients are those with active bleeding whose blood pressure or pulse cannot be normalised.
Specific questions for consultation	Is 2 hours a reasonable timeframe in keeping with the clinical guideline recommendation underpinning the statement (that is, that people whose general condition is unstable should be offered endoscopy immediately)?

Draft quality statement 3: Timing of endoscopy – endoscopy within 24 hours

Draft quality statement	People with acute upper gastrointestinal bleeding who are haemodynamically stable are offered endoscopy within 24 hours of admission.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that people with acute upper gastrointestinal bleeding who are haemodynamically stable are offered endoscopy within 24 hours of admission. **Process:** Proportion of people with acute upper gastrointestinal bleeding who are haemodynamically stable who receive endoscopy within 24 hours of admission. Numerator – the number of people in the denominator who receive endoscopy within 24 hours of admission. Denominator – the number of people with acute upper gastrointestinal bleeding who are haemodynamically stable. **Outcome:** a) Mortality rates for people with acute upper gastrointestinal bleeding who are haemodynamically stable. b) Length of hospital stay for people with acute upper gastrointestinal bleeding who are haemodynamically stable.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with acute upper gastrointestinal bleeding who are haemodynamically stable to be offered endoscopy within 24 hours of admission. **Healthcare professionals** offer endoscopy within 24 hours of admission to people with acute upper gastrointestinal bleeding who are haemodynamically stable. **Commissioners** ensure they commission services that offer endoscopy within 24 hours of admission to people with acute upper gastrointestinal bleeding who are haemodynamically stable. **People with people with acute upper gastrointestinal bleeding whose blood pressure and pulse is stable** are offered an investigation called an endoscopy (which involves swallowing a long narrow tube that allows the gullet and the stomach to be examined) within 24 hours of admission.
Source clinical guideline references	NICE clinical guideline 141 recommendation 1.3.2 (key priority for implementation)
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained within NICE audit support for Acute upper gastrointestinal bleeding: management

	(NICE clinical guideline 141). **Outcome:** a) and b) Local data collection.
Definitions	Haemodynamically stable patients are those with stabilised blood pressure and pulse.
Specific questions for consultation	Statements 2 and 3 cover a similar issue, with statement 2 covering people needing urgent care, statement 3 covering all other people. Does the wording of statement 3 adequately capture the appropriate population?

Draft quality statement 4: Management of non-variceal bleeding – endoscopic treatment

Draft quality statement	People with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage are offered combination endoscopic treatments, or a mechanical method.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage are offered combination endoscopic treatments, or a mechanical method. **Process:** Proportion of people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage who receive combination endoscopic treatments, or a mechanical method. Numerator – the number of people in the denominator who receive combination endoscopic treatments, or a mechanical method. Denominator – the number of people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage. **Outcome:** a) Proportion of people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage who have uncontrolled bleeding or re-bleeding within 48 hours. b) Proportion of people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage who need rescue therapies.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage to be offered combination endoscopic treatments, or a mechanical method. **Healthcare professionals** offer combination endoscopic treatments, or a mechanical method, to people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage. **Commissioners** ensure they commission services that offer combination endoscopic treatments, or a mechanical method, to people with non-variceal acute upper gastrointestinal bleeding and stigmata of recent haemorrhage. **People with acute upper gastrointestinal bleeding caused by stomach or duodenal ulcers** are offered treatment using an endoscope (a narrow, flexible tube that is swallowed and has a very small camera at its tip).
Source clinical	NICE clinical guideline 141 recommendations 1.4.1 and 1.4.2 (key

guideline references	priorities for implementation)
Data source	**Structure:** Local data collection **Process:** Local data collection. Contained in NICE audit support for Acute upper gastrointestinal bleeding: management (NICE clinical guideline 141). The 2007 UK comparative audit of upper gastrointestinal bleeding and the use of blood from the British Society of Gastroenterology asks 'Were any therapeutic endoscopic procedures undertaken?' **Outcome:** a) and b) Local data collection.
Definitions	NICE clinical guideline 141 recommendation 1.4.2 recommends using one of the following endoscopic treatments • a mechanical method (for example, clips) with or without adrenaline • thermal coagulation with adrenaline • fibrin or thrombin with adrenaline. The full guideline Acute upper gastrointestinal bleeding: management concludes that each of these approaches can control active bleeding, and reduce the rate of re-bleeding and need for blood transfusion compared with not receiving endoscopic therapy, and trials have failed to show superiority of any single approach.

Draft quality statement 5: Management of non-variceal bleeding – treatment after first or failed endoscopic treatment

Draft quality statement	People with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment are offered interventional radiology.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment are offered interventional radiology. **Process:** Proportion of people with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment who receive interventional radiology. Numerator – the number of people in the denominator who receive interventional radiology Denominator – the number of people with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment to be offered interventional radiology. **Healthcare professionals** offer interventional radiology to people with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment. **Commissioners** ensure they commission services that offer interventional radiology to people with non-variceal acute upper gastrointestinal bleeding who are haemodynamically unstable and who re-bleed after endoscopic treatment. **People with acute upper gastrointestinal bleeding caused by stomach or duodenal ulcers whose blood pressure or pulse is unstable and who have more bleeding after treatment** are offered interventional radiology. This procedure uses scans to identify where the bleeding is coming from. A long tube, called a catheter, is then placed at the site of the bleeding, and the bleeding is stopped with an artificial blood clot.
Source clinical guideline references	NICE clinical guideline 141 recommendation 1.4.7 (key priority for implementation).
Data source	**Structure:** Local data collection

	Process: Local data collection. Contained within NICE audit support for (NICE clinical guideline 141). The 2007 UK comparative audit of upper gastrointestinal bleeding and the use of blood from the British Society of Gastroenterology shows the proportion of people having either surgery or radiological intervention.
Definitions	NICE clinical guideline 141 recommendation 1.4.7 states that if interventional radiology is not promptly available, people should be referred urgently for surgery.
Specific questions for consultation	The Topic Expert Group felt that interventional radiology was the standard of care that should be aspired to. However it recognised this may currently be difficult to achieve. Is this an achievable quality statement?

Draft quality statement 6: Management of variceal bleeding – prophylactic antibiotic therapy

Draft quality statement	People with suspected or confirmed variceal acute upper gastrointestinal bleeding are offered antibiotic therapy at presentation.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people with suspected or confirmed variceal acute upper gastrointestinal bleeding are offered antibiotic therapy at presentation. **Process:** Proportion of people with suspected or confirmed variceal acute upper gastrointestinal bleeding who receive antibiotic therapy at presentation. Numerator – the number of people in the denominator who receive antibiotic therapy at presentation. Denominator – the number of people with suspected or confirmed variceal acute upper gastrointestinal bleeding at presentation. **Outcome:** a) Proportion of people with sepsis and suspected or confirmed variceal acute upper gastrointestinal bleeding. b) Proportion of people with re-bleeding and suspected or confirmed variceal acute upper gastrointestinal bleeding. c) Mortality rates for people with suspected or confirmed variceal acute upper gastrointestinal bleeding.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with suspected or confirmed variceal acute upper gastrointestinal bleeding to be offered antibiotic therapy at presentation. **Healthcare professionals** offer antibiotic therapy at presentation to people with suspected or confirmed variceal acute upper gastrointestinal bleeding. **Commissioners** ensure they commission services that offer antibiotic therapy at presentation to people with suspected or confirmed variceal acute upper gastrointestinal bleeding. **People with suspected or confirmed acute upper gastrointestinal bleeding probably caused by enlarged veins** are offered antibiotics when they first see a healthcare professional.
Source clinical guideline references	NICE clinical guideline 141 recommendation 1.5.2 (key priority for implementation).
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained in NICE audit support for Acute upper gastrointestinal bleeding: management (NICE

	clinical guideline 141). **Outcome:** a), b) and c) Local data collection.

Draft quality statement 7: Management of oesophageal variceal bleeding – band ligation

Draft quality statement	People with upper gastrointestinal bleeding from oesophageal varices are offered band ligation.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people with upper gastrointestinal bleeding from oesophageal varices are offered band ligation. **Process:** Proportion of people with upper gastrointestinal bleeding from oesophageal varices who receive band ligation. Numerator – the number of people in the denominator who receive band ligation. Denominator – the number of people with upper gastrointestinal bleeding from oesophageal varices. **Outcome:** a) Proportion of people with upper gastrointestinal bleeding from oesophageal varices who have uncontrolled bleeding. b) Mortality rates for people with acute upper gastrointestinal bleeding from oesophageal varices.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with upper gastrointestinal bleeding from oesophageal varices to be offered band ligation. **Healthcare professionals** offer band ligation to people with upper gastrointestinal bleeding from oesophageal varices **Commissioners** ensure they commission services that offer band ligation to people with upper gastrointestinal bleeding from oesophageal varices **People with recent upper gastrointestinal bleeding caused by enlarged veins in the oesophagus** are offered band ligation, a type of elastic band that helps to stop the bleeding.
Source clinical guideline references	NICE clinical guideline 141 recommendation 1.5.3.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained in NICE audit support for Acute upper gastrointestinal bleeding: management (NICE clinical guideline 141). The 2007 UK comparative audit of upper gastrointestinal bleeding and the use of blood from the British Society of Gastroenterology shows the number of endoscopic therapeutic procedures, which includes banding. **Outcome:** Local data collection.

Draft quality statement 8: Management of gastric variceal bleeding – N-butyl-2-cyanoacrylate

Draft quality statement	People with acute upper gastrointestinal bleeding from gastric varices are offered endoscopic injection of N-butyl-2-cyanoacrylate.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people with acute upper gastrointestinal bleeding from gastric varices are offered endoscopic injection of N-butyl-2-cyanoacrylate. **Process:** Proportion of people with acute upper gastrointestinal bleeding from gastric varices who receive endoscopic injection of N-butyl-2-cyanoacrylate. Numerator – the number of people in the denominator who receive endoscopic injection of N-butyl-2-cyanoacrylate. Denominator – the number of people with acute upper gastrointestinal bleeding from gastric varices. **Outcome:** a) Proportion of people with acute upper gastrointestinal bleeding from gastric varices who have uncontrolled bleeding. b) Mortality rates for people with acute upper gastrointestinal bleeding from gastric varices.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with acute upper gastrointestinal bleeding from gastric varices to be offered endoscopic injection of N-butyl-2-cyanoacrylate. **Healthcare professionals** offer endoscopic injection of N-butyl-2-cyanoacrylate to people with acute upper gastrointestinal bleeding from gastric varices. **Commissioners** ensure they commission services that offer endoscopic injection of N-butyl-2-cyanoacrylate to people with upper gastrointestinal bleeding from gastric varices. **People with acute upper gastrointestinal bleeding caused by enlarged veins in the gastric region** are offered an injection using an endoscope (a narrow, flexible tube with a camera at its tip) of N-butyl-2-cyanoacrylate, a special adhesive that helps to stop the bleeding.
Source clinical guideline references	NICE clinical guideline 141 recommendation 1.5.5.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained in NICE audit support for Acute upper gastrointestinal bleeding: management (NICE clinical guideline 141).

	Outcome: a) b) and c) Local data collection.

Draft quality statement 9: Management of oesophageal and gastric variceal bleeding – transjugular intrahepatic portosystemic shunts

Draft quality statement	People with uncontrolled acute upper gastrointestinal bleeding from varices are offered transjugular intrahepatic portosystemic shunts (TIPS).
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure people with uncontrolled acute upper gastrointestinal bleeding from gastric varices are offered TIPS. b) Evidence of local arrangements to ensure healthcare professionals consider TIPS if bleeding from oesophageal varices is not controlled by band ligation. **Process:** The proportion of people with uncontrolled acute upper gastrointestinal bleeding from gastric varices who receive TIPS. Numerator – the number of people in the denominator who receive TIPS. Denominator – the number of people with uncontrolled acute upper gastrointestinal bleeding from gastric varices. **Outcome:** Mortality rates for people with uncontrolled acute upper gastrointestinal bleeding from varices.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with uncontrolled acute upper gastrointestinal bleeding from varices to be offered TIPS. **Healthcare professionals** offer TIPS to people with uncontrolled acute upper gastrointestinal bleeding from varices. **Commissioners** ensure they commission services that offer TIPS to people with uncontrolled acute upper gastrointestinal bleeding from varices. **People with uncontrolled acute upper gastrointestinal bleeding caused by enlarged veins** are offered transjugular intrahepatic portosystemic shunts (also called TIPS). These are tubes inserted into the veins in the liver to help improve the blood flow and lower the pressure in the enlarged veins.
Source clinical guideline references	NICE clinical guideline 141 recommendations 1.5.4 (key priority for implementation) and 1.5.6.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained in NICE audit support for Acute upper gastrointestinal bleeding: management (NICE

	clinical guideline 141). **Outcome:** Local data collection.
Specific questions for consultation	This statement applies only if the interventions set out in statements 7 and 8 do not control the bleeding – hence this states 'people with uncontrolled bleeding...'. Is it clear that this intervention should be offered only if bleeding is not controlled by the interventions in statements 7 and 8?

Draft quality statement 10: Control of bleeding and prevention of re-bleeding – patients on aspirin

Draft quality statement	People with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved are advised to continue on low-dose aspirin.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved are advised to continue on low-dose aspirin. **Process:** Proportion of people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved who are advised to continue on low-dose aspirin. Numerator – the number of people in the denominator who are advised to continue on low-dose aspirin. Denominator – the number of people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved. **Outcome:** a) Proportion of people with acute upper gastrointestinal bleeding who were taking aspirin for secondary prevention of vascular events and in whom haemostasis had been achieved who have a stroke. b) Proportion of people with acute upper gastrointestinal bleeding who were taking aspirin for secondary prevention of vascular events and in whom haemostasis had been achieved who have a myocardial infarction. c) Mortality rates for people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved. d) Proportion of people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved who have further bleeding.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place to advise people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved to continue on low-dose aspirin. **Healthcare professionals** advise people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been

	achieved to continue on low-dose aspirin. **Commissioners** ensure they commission services that advise people with acute upper gastrointestinal bleeding who take aspirin for secondary prevention of vascular events and in whom haemostasis has been achieved to continue on low-dose aspirin. **People with acute upper gastrointestinal bleeding who take aspirin to prevent strokes and heart attacks and who have stabilised** are advised to continue on low-dose aspirin.
Source clinical guideline references	NICE clinical guideline 141 recommendation 1.6.1.
Data source	**Structure:** Local data collection. **Process:** Local data collection. The 2007 UK comparative audit of upper gastrointestinal bleeding and the use of blood from the British Society of Gastroenterology records the drugs taken by people who have acute upper gastrointestinal bleeding. **Outcome:** a), b), c) and d) Local data collection.

3 Status of this quality standard

This is the draft quality standard released for consultation from 11 February until 12 March 2013. This document is not NICE's final quality standard on acute upper gastrointestinal bleeding. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 12 March 2013. All eligible comments received during consultation will be reviewed by the Topic Expert Group and the quality statements and measures will be refined in line with the Topic Expert Group considerations. The final quality standard will then be available on the NICE website from July.

4 Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in the evidence sources section.

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of healthcare. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice when taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement programme. For statements for which national quality indicators

do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of care.

For further information, including guidance on using quality measures, please see What makes up a NICE quality standard.

5 Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments will be published on the NICE website with the final version of the quality standard.

Good communication between health and social care professionals and people with acute upper gastrointestinal bleeding is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with acute upper gastrointestinal bleeding should have access to an interpreter or advocate if needed.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in appendix 1, along with relevant policy context, definitions and data sources. Further explanation of the methodology used can be found in the quality standards interim process guide.

7 Related NICE quality standards

- Patient experience in adult NHS services. NICE quality standard (2012).
- Alcohol dependence and harmful alcohol use. NICE quality standard (2011).
- Gastro-oesophageal reflux disease. NICE quality standard. Publication date to be confirmed.
- Resuscitation following major trauma and major blood loss. NICE quality standard. Publication date to be confirmed.

Appendix 1: Development sources

Evidence sources

The document below contains clinical guideline recommendations or other recommendations that were used by the TEG to develop the quality standard statements and measures.

- Acute upper gastrointestinal bleeding. NICE clinical guideline 141 (2012; NICE accredited).

Definitions, and data sources for the quality measures

References included in the definitions and data sources sections.

British Society of Gastroenterologists (2007) UK comparative audit of upper gastrointestinal bleeding and the use of blood