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Measuring the impact of a new liver specialist nursing service on patient care

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Background and aims: Mortality is high in patients admitted with decompensated chronic liver disease (DCLD). Management in the first 24 hours is critical to outcome. Historically, all hepatology reviews were by medical staff, and were frequently delayed due to competing service pressures. A pilot scheme for a specialist nurse-led in-reach and follow-up service was launched in April 2018, and the impact assessed.

Method: The nurse-led service provided daily input the acute medical unit, emergency department and non-specialist wards, and followed early management recommendations from the BSG/BASL DCLD care bundle, ensuring all appropriate investigations were completed. Appropriate patients were identified for specialist transfer, early discharge or day-case procedure. In addition, dedicated nurse-led hepatoma surveillance clinics for all cirrhotic patients were opened, as well as doubling capacity of the existing consultant-led early discharge clinic. The impact of the service on time from admission to specialist review, overall length of stay and out-patient surveillance waiting lists was audited at 6 months post-inception.

Results: The liver specialist nurse is now an integral part of hepatology reviews in the acute medical unit (AMU), with a major increase in use of the BSG/BASL DCLD care bundle by all clinical staff (82.5% of DCLD patients in the AMU between May to September 2018 had care bundle in place). Post-discharge clinic follow-up is now occurring within the required timeframe, along with more structured and timely cirrhosis surveillance clinics. The average waiting time for cirrhosis surveillance appointments is now 14 days compared to 71 days prior to the new service, an improvement of 80.3%. The introduction of the nurse-led paracentesis service significantly reduced length of stay for suitable patients by 90 % (4.5 day, reduced to 12.5 hours, $P < 0.0001$). Importantly, the service has received excellent feedback from both patients and colleagues.

Conclusion: The introduction of a liver specialist nurse has had a positive impact on both inpatient and outpatient care. This is demonstrated by increased compliance to the BSG/BASL DCLD care bundle, reduced length of stay-particularly in patients requiring large volume paracentesis, timely surveillance clinics, and increased availability of post discharge liver reviews.

Figure:

