

FRI-411

Nurse-led out-patient-clinic for patients with cirrhosis

Hanne Bennick¹, Anne Kjaergaard Danielsen¹, Lene Dupont¹, Marthe Forbord Huss Joensson¹, Marie Louise Sjoedin Hamberg¹, Ane Soegaard Teisner¹, Mette Lehmann Andersen¹

¹Herlev Hospital, Department of Gastroenterology and Hepatology, Herlev, Denmark

Email: hanne.bennick@regionh.dk

Background and aims: The burden of liver disease continues to rise and the main driver for morbidity and mortality are the complications of decompensated cirrhosis. Increased patient participation and out-patient access, close monitoring for complications and early preventive interventions are presumed to improve survival.

In March 2017 we established a nurse-led out-patient-clinic for patients with cirrhosis with a patient-centered approach aiming at health promotion. The nurses working in the clinic were highly competent with several years of practice in clinical hepatology.

Local clinical guidelines were set up for treatment-related interventions i.e. medicine titration of diuretics and nonselective betablockers. Clinical and paraclinical limits requiring supervision were well defined. Furthermore, the nurses had access to supervision from specialized medical doctors also working in the clinic.

The aim is therefore to describe the patient population, type of visits, and the nurse interventions within 12 months after implementation of the clinic.

Method: All patient files with visits from August 1st 2017-July 31st 2018 were screened. Patients with first visit to the clinic from August 1st were included.

Data were processed using descriptive statistical methods, and results are presented using median (min-max) or percentages were relevant. All analyses were done using IBM SPSS statistics 22.

Results: 146 patients were screened, and 97 patients were included with a total of 296 visits in the period with a median visit of 2 (1-12). 29 patients (29.9%) of the patients were admitted during the period. The visits were distributed on 75% ascites control, 11% screening for minimal HE, HE controls 5, 5% diagnostic interview and 4% to adjustment of betablockers. Diuretics were adjusted in 86 visits (29%) of all the visits.

According to the defined limits for the need for supervision 30% of the visits were interdisciplinary discussed.

Conclusion: This study shows that the nurse-led out-patient-clinic is highly functional in monitoring for complications and medicine titration in an interdisciplinary setting. Further studies on outcomes are needed.

Figure:

Age (years)	66 (45-92)
Gender (female/male)	46 (47.4%)/51 (52.6%)
Etiology	
<i>Alcohol</i>	74 (76.3%)
<i>NASH</i>	6 (6.2%)
<i>Viral</i>	7 (7.2%)
<i>Cryptogenic cirrhosis</i>	7 (7.2%)
<i>Other reasons</i>	3 (3.2%)
Child Pugh Score 1. visit	7 (5-12)