

Abstract Submission Form

TITLE	Adapting a Care Bundle to Improve Management for Patients with Decompensated Liver Cirrhosis
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ABSTRACT DETAILS:	
Background:	After demonstrating suboptimal management of patients with decompensated liver cirrhosis in Wishaw General hospital, we set out to improve management.
Method:	<p>We used the 'Plan, Do, Study, Act' method of quality improvement.</p> <ul style="list-style-type: none"> • Cycle 1; We scored patients admitted with decompensated cirrhosis against the British Society of Gastroenterology's cirrhosis care bundle. A questionnaire was also collected to assess prior usage of the bundle. Based on problems found, we shortened the bundle and made it hospital specific. • Cycle 2; The adapted bundle was reviewed by consultants and junior doctors who reported on its usability. The bundle was launched at a medical meeting along with a talk on management. Posters were placed in the medical acute admissions areas. Further data was collected after 2 months. • Cycle 3; Results were analysed, and the bundle adapted into a sticker which fits in the management section of the admission booklet. Further data was collected, and it presented at a hospital meeting.
Results:	57% of doctors questioned had heard of the bundle but most never used it, citing reasons such as time constraints and difficulty finding it. Baseline data showed only 20% of patients with cirrhosis and gastrointestinal bleeding got terlipressin and prophylactic antibiotics. This improved to 100% in the final data collection. Post-intervention prescribing of prophylactic heparin improved from 33% to 75% to 66%. Ascitic taps within 24 hours improved from 25% to 50% to 82%.
Conclusions:	Management of patients with decompensated liver cirrhosis remains an area of concern. With the use of an adapted bundle and raising awareness, there was a significant improvement in management. Adapting and shortening the bundle improved its uptake.
References:	

