

Decompensated Liver Disease

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Getting to Good: Fundamentals in Care

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Abstract: Decompensated liver cirrhosis is a medical emergency, associated with a high mortality. However, effective early interventions can save lives and shorten hospital stays.

SMART Aim

To increase the uptake of the decompensated cirrhosis care bundle (DCCB) in patients with decompensated liver disease to 100% by December 2022.

Plan

The British Society of Gastroenterology introduced a “Decompensated Cirrhosis Care Bundle (DCCB)”, which highlights key investigations that can positively influence patient outcomes if performed early (<6 hours). Studies show that effective early interventions can save lives and reduce hospital length of stay. At SaTH there is inconsistent use of the DCCB, including completion of elements such as: Ascitic tap performed, antibiotics prescribed when presenting with upper gastrointestinal bleed (UGIB), use of albumin, antibiotics with spontaneous bacterial peritonitis and patients seen by a gastroenterologist/hepatologist within 24 hours of admission. The plan was to increase the use of the DCCB in order to improve patient outcomes.

Do

The Hepatology Clinical Nurse Specialist involved within the process carried out a survey to understand whether colleagues were aware of the care bundle and how to access. Initial data suggested that 53% of team members were not aware of the bundle and 60% did not know how to access it.

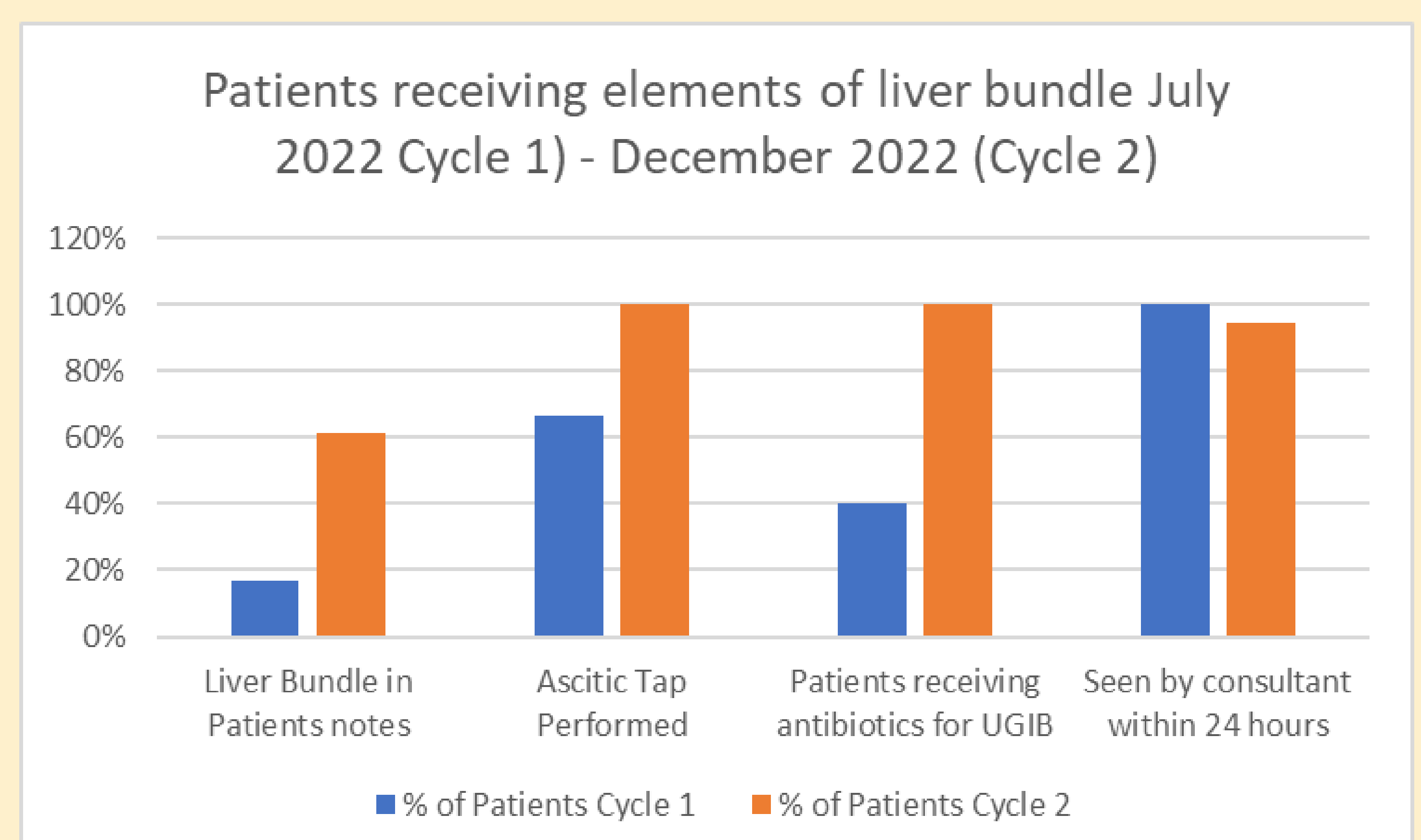
A poster was produced reminding doctors to refer to the decompensated care bundle which explains how to manage patients who come into the hospital with decompensated liver cirrhosis which was placed within the A&E and AMU offices. A training package was also developed and delivered to junior doctors on how to use the bundle and included in induction packs.

Study

The below areas showed improvement:

- Patients that had the liver bundle recorded in their notes showed an improvement of 44%,
- Patients receiving an ascitic tap improved by 33%.
- Patients receiving antibiotics when presenting with UGIB improved by 60%

Patients that have the liver bundle recorded in their notes increased to 61%. Further work will need to be carried out to understand why this is not present for 100% of patients.



Act

The next steps for teams will be to correlate the use of the liver bundle with patient mortality and to promote better visibility of the liver bundle following the changeover of doctors in training. Additional suggestions for improvement included access to teaching on the DCCB earlier on into the junior doctor training rotation and access to the information online or via the electronic patient systems.