

# IMPLEMENTATION OF DECOMPENSATED CIRRHOSIS DISCHARGE BUNDLE: A UNIVERSITY HOSPITAL EXPERIENCE

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## INTRODUCTION

Decompensated Liver Cirrhosis is a frequent reason for admission to the hospitals, and the complex medical needs in such patients could lead to prolonged hospital stay and increased mortality risk<sup>1</sup>.

A significant rise in the prevalence of liver cirrhosis in the UK has been noted, with the major culprits being alcohol related liver diseases, hepatitis B & C, and non alcoholic obesity related disease<sup>2</sup>.

Re-admission to the hospitals are common following discharge of the patients with decompensated cirrhosis.

To improve the quality of discharge and reduce the re-admissions, a discharge bundle has been developed by the British Society of Gastroenterology (BSG) and British association for the study of liver diseases (BASL).

A study revealed that decompensated liver cirrhosis discharge bundle improves outcomes in the patient care<sup>3</sup>.

## CURRENT SITUATION

It hasn't been adopted by most of the trusts as it was introduced recently

No data available whether it has been implemented or tried to be adopted in various trusts across the UK

The bundle has been kept simple so that it can be filled easily by the health care professionals

## AIMS

Assessment of the practice within our hospital against BSG/BASL standards

Evaluation of the impact by the implementation of discharge bundle based upon the BSG/BASL toolkit.

## METHODS

National QIP Model Strategy of PDSA cycle 1 and 2 adopted

Retrospective audit in PDSA cycle 1 was carried out on 40 patients admitted with decompensated cirrhosis.

Prospective 3 months audit after intervention

## RESULTS (PDSA Cycle 1)

Baseline audit revealed inconsistencies in discharge documentations of the patients with decompensated liver cirrhosis.

Documentation in most of the discharge letters was suboptimal when assessed against the discharge bundle tool kit.

## INTERVENTIONS

Emails circulated to juniors to inform them regarding the importance and the way to fill the proformas

Awareness Posters were displayed in gastroenterology unit



- Does your patient have decompensated liver cirrhosis?
- a) Does he have:
- Acute/ SBP history (If yes, has he been managed for it?)
  - Hepatic Encephalopathy/ Portal Hypertension (If yes, has it been managed?)
  - AMU/renal dysfunction (Has the renal functions been mentioned in the discharge letter, and plan about U&Es monitoring?)
- b) Has the diagnosis and management plan been discussed with the patient, and information leaflets given?
- c) Discharge cirrhosis bundle check list to be filled

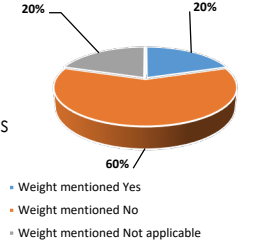
## RE-AUDIT (PDSA Cycle 2)

The overall results improved significantly as compared to the PDSA cycle 1

The detailed results are illustrated in the form of graphs & charts

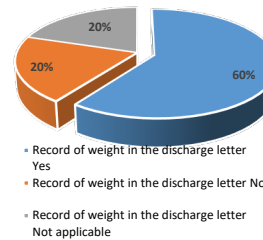
## PDSA Cycle 1

Record of weight in the discharge letter

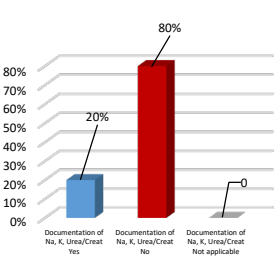


## PDSA Cycle 2

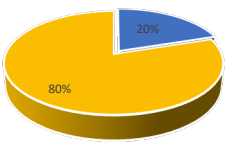
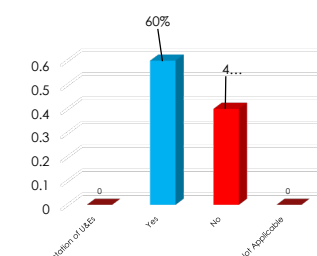
Record of weight in the discharge letter



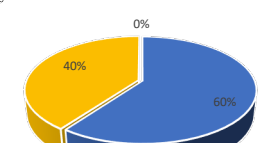
Documentation of U&Es in the discharge letter



Documentation of U&Es in the discharge letter

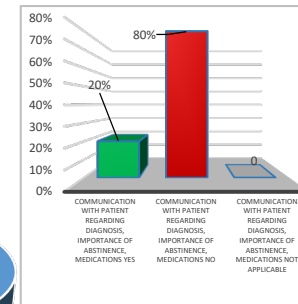


- Adjustment of the diuretic dose Yes
- Adjustment of the diuretic dose No
- Adjustment of the diuretic dose Not applicable

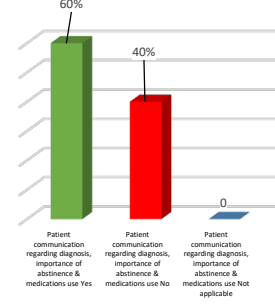


- Adjustment of the diuretic dose Yes
- Adjustment of the diuretic dose No
- Adjustment of the diuretic dose Not applicable

## PDSA Cycle 1



## PDSA Cycle 2



## CONCLUSION

There has been a significant improvement in discharge letter documentations after implementation of decompensated cirrhosis discharge bundle.

## RECOMMENDATIONS

We need to incorporate the cirrhosis discharge bundle into the CRRS/e-library for easier access to the juniors while completing the discharge letters.

Additionally, junior doctors to be educated about the discharge bundle as a part of mandatory induction session.

## REFERENCES

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- NHS liver care. NHS Atlas of Variation for People with liver disease: reducing the unwanted variation to increase value and improve quality. Right Care 2013:1-141.
- Gallacher J, Majjiyagbe T, Jopson L, Johnson A, Coleman P, McPherson S. P191 Use of a decompensated cirrhosis discharge care bundle improves outcomes in patient care. Gut. 2021;70(Suppl 1):A142-A142.