MANAGEMENT OF DECOMPENSATED LIVER DISEASE IN THE MEDICAL ASSESSMENT UNIT

Dr Nabeel Salim, Dr Fatima Zain and Dr Sian Gilchrist Victoria Hospital Kirkcaldy, NHS Fife nabeel.salim@nhs.scot



THE PROBLEM:

• Decompensated liver disease is a prevalent presentation to secondary care with a high in-patient mortality. The patient group can be challenging and present unique complications.

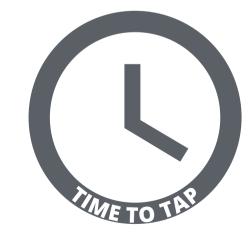
THE SOLUTION:

- We sought to audit and increase the use of the BSG Decompensated Cirrhosis Bundle in the Medical Assessment Unit of a district general hospital and survey the confidence of Doctors in Training in managing this complex patient group.
- Following the first audit cycle we raised awareness of the bundle by sending emails to all DiT, putting posters in doctor's offices and ensuring printed copies were readily available.

FOLLOWING OUR INTERVENTION:



Use of the BSG bundle rose from 17% to 37%



Time to ascitic tap dropped from 35 to 18 hours



Rate of VTE prophylaxis prescribing rose from 12% to 62%

DOCTORS IN TRAINING SAID...



Reported low levels of confidence in managing decompensated liver disease



Only 32% of respondents could independently perform an ascitic tap



80% of respondents stated they would benefit from further teaching on the subject

41% of respondents were unaware of the BSG bundle and had not used it before

This audit shows decompensated liver disease is a challenging condition to manage however outcomes can be improved with increased use of the BSG bundle.

It is clear that trainees lack confidence in this area and this presents an opportunity for further teaching and education.

