

Comparative re-audit of novel bleeds rota provision in large district general hospital

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Introduction:

Acute upper gastrointestinal bleeding (UGIB) is a common medical emergency with an incidence of 103–172 per 100 000 in the UK. Doncaster and Bassetlaw Hospitals (DBHFT) receives 700-900 admissions with UGIBs annually. Due to an acute shortage of gastroenterologists, DBHFT offers a unique weekend-only service (WOS).

Aim:

To identify whether this method is adequate and if it confers a better prognostic outcome for patients.

Methods:

198 patients were identified by using computer code-based search criteria for random retrospective analysis. Out of 198, the first 100 patients were audited in 2014 (admitted Jan 2012-Jan 2013) and the remaining 98 patients were included in the re-audit in 2017 (admitted Jan-Dec 2016) following initiation of WOS. The end-points of each patient encounter were of those defined in the NICE guidelines.

Results:

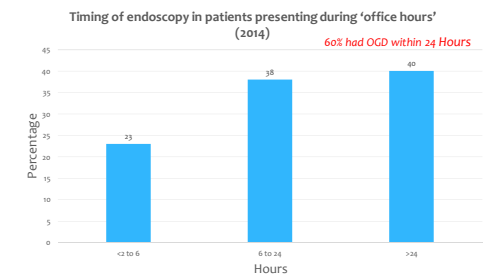
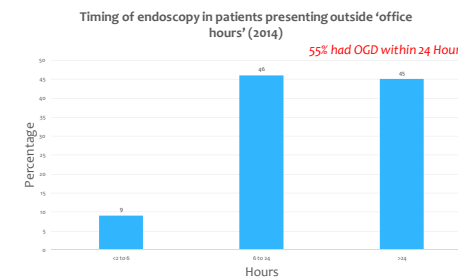
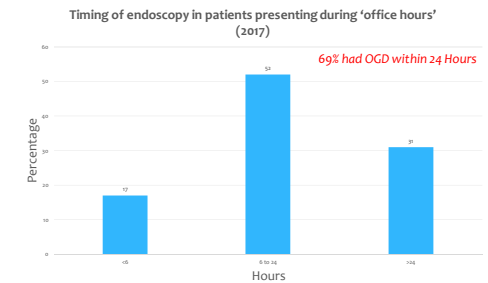
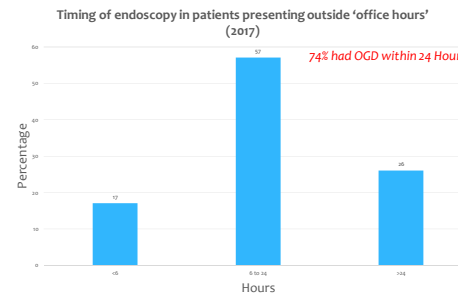
Demographic information revealed that the male to female ratio in 2014 and 2017 audits was 58:42 and 54:46, respectively. The mean ages in 2014 and 2017 were 66 and 64 years respectively.

Endoscopic dual therapy was delivered to 12% and single therapy to 7.2% of patients in 2017 audit. On the other hand in 2014, dual and single therapy was administered in 9% and 15% cases, respectively. Finally in 2017, we found that 28% of patients needed a repeat endoscopy due to further bleeding or on-going hemodynamic instability, and a further 4% had an interventional radiology procedure done.

Conclusions:

This re-audit concludes that in a busy district general hospital with insufficient number of endoscopists to provide a full 24/7 bleeds rota, this novel method of service delivery infers significant improvement in access to endoscopy, reduction in LOS and an improvement in morbidity.

Results:



Length of stay comparison		
	2017	2014
Mean:	4.5 days	
Median:	2 days	5 days
Mode:	2 days, 25 patients	
Range:	0 days (less than 24 hours) to 30 days	1 day to 125 days
0 to 5 days:	63 patients	
6 to 10 days:	24 patients	
11 to 20 days:	5 patients	
21 to 30 days:	5 patients	

References:

NICE guidelines
BSG: Upper GI bleeding audit 2007
Gut article: 'Influencing the practice and outcome in acute upper gastrointestinal haemorrhage' [164 Kb]
Rockall TA, Logan RFA, Devlin HB and Northfield TC. *Gut* 1997; 41: 606-611.
Lancet article: 'Selection of patients for early discharge or outpatient care after acute upper gastrointestinal haemorrhage' [678 Kb]
Rockall TA, Logan RFA, Devlin HB and Northfield TC. *The Lancet* 1996; 347: 9009.
ESGE guidelines