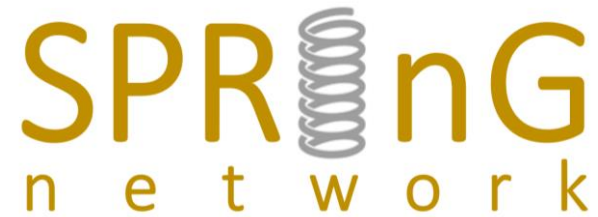



End of life care in decompensated cirrhosis: a regional perspective

Project Leads: Dr Daniel Maggs and Dr Emma Saunbury
on behalf of



REVIEW

Palliative care in liver disease: what does good look like?

Hazel Woodland ¹, Ben Hudson,² Karen Forbes,³ Anne McCune,⁴ Mark Wright,⁵ On Behalf of the British Association for the Study of the Liver (BASL) End of Life Special Interest Group

RESEARCH

Integration of palliative and supportive care in the management of advanced liver disease: development and evaluation of a prognostic screening tool and supportive care intervention

Benjamin E Hudson,^{1,2} Kelly Ameshoa,¹ Anya Gopfert,¹ Rachael Goddard,¹ Karen Forbes,^{2,3} Julia Verne,⁴ Peter Collins,¹ Fiona Gordon,¹ Andrew J Portal,¹ Colette Reid,³ C Anne McCune¹

Guidelines on the management of ascites in cirrhosis

Guruprasad P Aithal ^{1,2}, Naaventhan Palaniyappan,^{1,2} Louise China,³ Sui Härmälä,⁴ Lucia Macken ^{5,6}, Jennifer M Ryan,^{3,7} Emilie A Wilkes,^{2,8} Kevin Moore,³ Joanna A Leithead,⁹ Peter C Hayes,¹⁰ Alastair J O'Brien ³, Sumita Verma^{5,6}



British Association for the Study of the Liver

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END OF LIFE SPECIAL INTEREST GROUP

End of Life Special Interest Group

The End of Life Special Interest Group (SIG) is linked to the Cirrhosis and its Complications CRN topic area. The SIG Lead is Dr Ben Hudson of Royal Devon & Exeter Hospital. The first meeting of the SIG was held in March 2018. If anyone wishes to join the group please contact the BASL secretariat at Kim@basl.org.uk.

Recommendations

- ▶ Patients with refractory ascites who are not undergoing evaluation for liver transplant should be offered a palliative care referral. Besides repeated LVP, alternative palliative interventions for refractory ascites should also be considered. (*Quality of evidence: weak; Recommendation: strong*)

Project questions:

What degree of end of life care (EOLC) are patients with cirrhosis receiving regionally?

Can a prognostic screening tool be used to identify patients with cirrhosis with a likely prognosis of ≤ 12 months?



Could we be initiating tailored EOLC at an earlier stage?

'Poor prognosis' screening tool:

*Poor Prognosis Criteria	Tick
Child Pugh C	
>2 liver-related admissions in the last 6 months	
Ongoing alcohol use (in ArLD)	
Unsuitable for transplant work-up	
WHO performance status 3-4 <i>i.e. capable of only limited or no self-care, confined to bed or chair >50% of waking hours)</i>	
Total Score:	/5

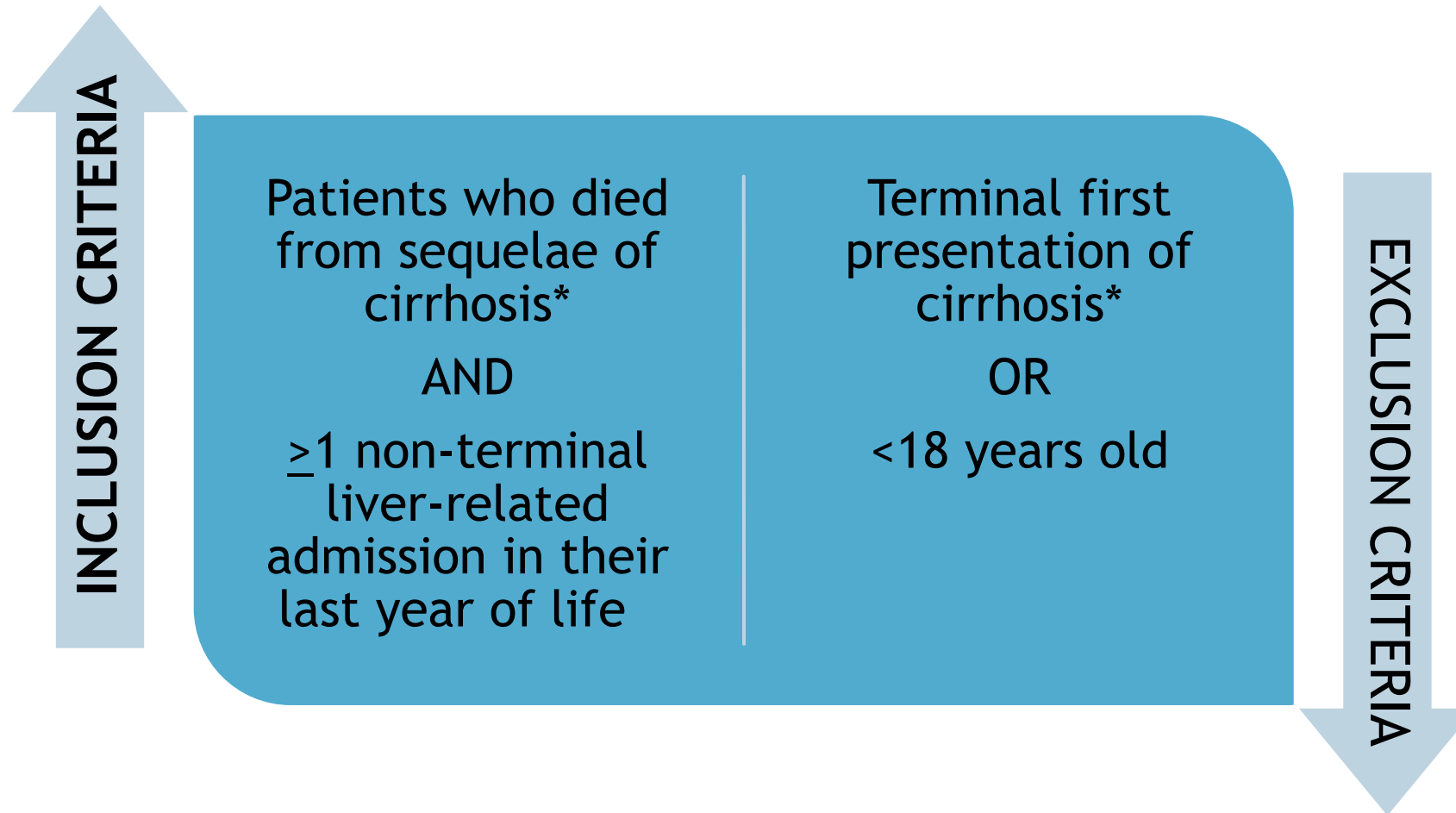
PPV for death
within 12 months:

81%

(sensitivity 72%, specificity 84%)

≥3/5 is significant

Inclusion/exclusion criteria:



*This ICD 10 list is based on official clinical coding which has been used nationally as part of the Hepatobiliary and Pancreas - Cirrhosis of the Liver (Adults) Quality Dashboard 2018/19):
<https://www.england.nhs.uk/wp-content/uploads/2018/03/hepatobiliary-and-pancreas-cirrhosis-of-the-liver-adults-metric-definitions-2018-19-v2.pdf>

Data collection:

- 31st Jan 2019 - 31st Jan 2020 (i.e. pre-COVID)
- Retrospectively looking at the last 12 months of life
- Electronic records only (discharge summaries, clinic letters, e-referrals)

Institutional Data	Patient Data
1) DGH vs tertiary 2) IQILS status 3) Liver MDT 4) Hepatology service	1) Demographics 2) Aetiology of cirrhosis 3) Child/MELD score within last year of life - Was this formally documented within last year of life? 4) Prognostic screening tool – meets ≥ 3 criteria? - If yes, how many months prior to death were ≥ 3 criteria met? 5) Drain-dependent ascites (+/- PleurX)? - If PleurX, inserted how many months before death? 6) Number of liver-related admissions in last year of life 7) Number of clinics (consultant vs SpR) in last year of life 8) Discussion re: advanced ('end stage') liver disease - If yes, how many months before death and in what setting? 9) Discussion re: palliative or EOLC planning - If yes, how many months before death and in what setting? - Was this only during terminal or final admission? 10) Inpatient palliative care referral - If yes, how many months before death? - Was this only during terminal or final admission? 11) Community palliative care referral - If yes, how many months before death? - Was this only during final admission? - Was this a CHC fast track referral? 12) Referred to a liver MDT 13) Poor prognosis letter sent to GP

Project development



Pilot project:

- RUH, Bath (n=52)

**Extension to
South West region:**


- Severn deanery
- Peninsula deanery

**Currently
involved:**

- 10 sites
- 14 trainees

Data collection:

- n=204 so far

SPR  **nG**
network

Why choose this project?

- ▶ Hot topic!
- ▶ Accessible to all types of trainees
- ▶ Relatively easy data collection
- ▶ Real chance for improvement locally, regionally and nationally

Thank you.