

**Aims/Background** Upper GI bleed remains the commonest gastrointestinal emergency with a significantly high hospital mortality and prolonged hospital stay.<sup>1</sup> The aim of this study was to audit any difference of the above parameters after the introduction of GI bleed rota in our trust.

**Method** The data was collected from patient records and endoscopy database. Rockall score was used Standard statistical methods were used for analysing and Comparisons were made with an audit undertaken in 2005.

**Results** The re audit undertaken was conducted and compared to a previous one which was done in 2005, after introducing local upper GI bleed guidelines and a 24/7 GI bleed rota. A total of 107 patients (including both in- and outpatients) were referred for upper Gastrointestinal endoscopy with suspected upper GI bleed from 1st Jan to 30th June 2012. A sample of 39 patients were randomly (every third patient) included in the audit with 19 females and 20 males. The mean age was 69.6yrs (39–93). The time interval from presentation to therapeutic endoscopy was 35.35 hrs as opposed to 2.82 days according to 2005 audit data. Amongst the endoscopy findings 12.82 % (5/39) patients had Gastrooesophageal varices versus no banding in 2005 audit data; there was no significant difference among other aetiologies in both audit samples. Thirty day mortality was 7.7 % (3/39) as compared to 13.33 % (4/30) in 2005. The length of hospital stay was found to be 10.7 days as compared to 12.32 days (2005).

**Conclusion** (1) The mortality was reduced as the time delay to therapeutic endoscopy reduced. (2) The hospital stay has been shortened by a couple of days in this study sample. The estimated cost of 24/7 GI bleed rota is 15000 pounds per annum which can potentially save significant amount of funding by reducing hospital stay i.e. An investment worth spending on. (3) The incidence of variceal bleeding has increased significantly over the years.

#### REFERENCE

- 1 Rockall TA, Logan RFA, Devlin HB, *et al.* Incidence of and mortality from acute upper gastrointestinal haemorrhage in the United Kingdom. *BMJ* 1995;311:222–6.

#### THE IMPACT OF INTRODUCING A 24/7 EMERGENCY GASTROINTESTINAL (GI) BLEEDS SERVICE ON REDUCING HOSPITAL STAY AND MORTALITY IN A DISTRICT GENERAL HOSPITAL

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**Introduction** The impact of introducing a 24/7 emergency gastrointestinal (GI) bleeds service on reducing hospital stay and mortality in a District General Hospital.