

**Methods** Between December 2010 and January 2012, 42 ERCPs were performed on 36 patients (F:M 24:12, Mean age: 69.8). All procedures were done for therapeutic purposes. Indications were divided to two categories: jaundice-stones identified in biliary ducts on pre procedural imaging (n=21) and jaundice-causes besides stones were identified in pre procedural imaging (n=21).  $\chi^2$  Test was used to compare success ratios between Nobles Hospital and ASGE and JAG recommended levels.

**Results** Desired duct cannulation success rate was 88.1% (n=37). Success rate for stone removal was 80.95% (n=17). For bile duct drainage of a blocked duct was 85.7% (n=18). Had ASGE recommended rates been applied to our hospital's cases, the results would be: 38 out of 42, 18 out of 21 and 19 out of 21 respectively. No statistically significant difference was found between Nobles Hospital and ASGE figures (Successful cannulation p value=0.72, successful stone removal p value=0.68, successful blocked duct drainage=0.63). Overall success rate for Nobles was 83.3% (n=35).

**Conclusion** ERCP success rates in Nobles Hospital are equivalent to the ASGE/ACG Task Force recommended competency levels and exceed JAG recommended success rates. This study provides evidence that ERCP can be successfully performed in a non-specialised environment within the British National Health System.

**Competing interests** None declared.

## REFERENCES

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### PTU-248 A SPECIALIST CIRRHOSIS CLINIC IMPROVES SCREENING, PATIENT SATISFACTION AND ATTENDANCE OF PATIENTS WITH ADVANCED LIVER DISEASE

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**Introduction** Cirrhosis represents the end stage of progressive liver disease and is associated with potentially lethal complications. Early detection and management of these complications can improve outcome. In July 2008, a dedicated Cirrhosis Clinic was instigated at St. Mary's Hospital, London, with the aim of enhancing the standard of care by improving the diagnosis and management of liver complications. We investigated the clinical impact of this novel clinic dedicated for patients with cirrhosis.

**Methods** We compared the demographics, clinical outcomes and patient satisfaction among 50 patients attending the Cirrhosis Clinic and 30 patients with cirrhosis attending a general Hepatology outpatient clinic. Clinical information and rates of screening for complications were assessed from the case notes and the hospital databases. Attendance rates were collected prospectively and patient satisfaction assessed with a standardised questionnaire.

**Results** The mean age, gender and ethnicity of patients in the Cirrhosis Clinic were identical to those in the general Hepatology clinic (57 years; 70% male; 62% Caucasian). Patients in the Cirrhosis Clinic were more likely to have alcoholic liver disease (58% vs 23%; p<0.05). Cirrhosis Clinic patients were more likely to have ascites (56% vs 17%; p<0.05), varices (60% vs 26%; p<0.05), encephalop-

athy (20% vs 3%; p<0.05), Child stage B or C (52% vs 19%; p<0.05) and had higher UKELD (47 vs 43; p<0.05). Screening rates were higher in the Cirrhosis Clinic patients for hepatocellular carcinoma (70% vs 57%; p<0.05), vitamin D deficiency (86% vs 40%; p<0.05) and varices (90% vs 77%; p=0.11). Attendance rates in the Cirrhosis Clinic improved substantially after the introduction of a telephone reminder (86% vs 64%; p<0.05). Attendance rates were better than the general clinic (86% vs 77%) but this was not statistically significant (p=0.27). The Cirrhosis Clinic was rated excellent by 67% of patients vs 34% of patients in the general clinic (p=0.06).

**Conclusion** A dedicated clinic serving patients with cirrhosis improved screening rates for complications, boosted attendance rates and led to increased patient satisfaction. Further work is required to evaluate the impact on long-term outcomes and cost-effectiveness.

**Competing interests** None declared.

### PTU-249 KEY WORKER ALERTS IN EMERGENCY ADMISSIONS OF PATIENTS WITH GASTROINTESTINAL CANCER SUBSTANTIALLY SHORTEN LENGTH OF STAY AND READMISSION RATES

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**Introduction** A retrospective audit of data from 2007 to 2009 revealed that patients known to have gastrointestinal (GI) cancer admitted as an emergency to our trust had long median length of stays (LOS) of 13 days, despite coding in 80% indicating no procedural intervention was undertaken or limited to diagnostic testing. 50% of such GI cancer patients were admitted for symptom management or disease progression and only 18% had documented interaction with their key worker (clinical nurse specialist) during their admission.

**Methods** A pilot study of alerting the patient's key worker, when a patient known to have GI cancer was admitted as an emergency, was organised to establish whether early key worker intervention could shorten LOS and lower 30-day re-admission rates. Patients with GI cancer were flagged on Lorenzo (IPM) and an email and text message to the key worker generated via an ADT HL7 message to the Rhapsody Interface Engine, when a GI cancer patient was admitted as an emergency. The study initially involved patients with colorectal cancer but patients with upper GI cancer were also subsequently included.

**Results** During the 10-month study period, 146 colorectal alerts were received, 52 related to the patient's cancer, and during 8 months 57 upper GI cancer alerts were received, 42 related to the patient's cancer. Key worker intervention reduced LOS for colorectal patients admitted as an emergency from a median of 13 to 2 days and upper GI cancer from 7 to 1 day. Re-admittance rates were reduced from 28 to 8% for colorectal cancer patients and 35 to 23% for upper GI cancer. The principal interventions undertaken included symptom control and referral to specialist palliative care teams. Projections for 2011/2012 suggest that key worker alerts for GI cancer emergency admissions based on 260 colorectal and 146 upper GI cancer emergency admissions will save 3654 bed days.

**Conclusion** Key worker alerts are an inexpensive intervention that shortens LOS, prevents re-admission, does not adversely affect key worker workload and improves patient experience. The system has obvious potential benefits for patients with other cancer sites and patients with inflammatory bowel disease admitted as an emergency.

**Competing interests** None declared.