

PMO-008 THE VALUE OF ENDOSCOPY IN PATIENTS WITH CONFIRMED DIVERTICULAR DISEASE ON CT SCAN

doi:10.1136/gutjnl-2012-302514b.8

C Daker,* T Brier, K Besherdas. *Department of Gastroenterology, Chase Farm Hospital, London, UK*

Introduction Diverticulitis, the common clinical complication of diverticulosis, may affect 10%–25% of patients with colonic diverticula. The diagnosis of diverticulitis may be made on clinical grounds. However, it is usual practice to perform a CT scan to confirm the diagnosis and assess for complications (eg, abscess, fistula, obstruction). CT criteria suggestive of diverticulitis include: presence of diverticula with pericolic infiltration of fatty tissue, thickening of the colonic wall, and abscess formation. The sensitivity of CT scan in diagnosing of diverticulitis is up to 97%. Once an episode of diverticulitis has been treated, we have observed patients to be followed up by undergoing routine colonoscopy (CSy). We hypothesised that the value of CSy in patients with a confirmed CT diagnosis of diverticulitis is negligible.

Methods A dual centre (2 North London hospitals), retrospective analysis of all patients with an ICD 10 coding on their in-patient discharge summary letters of diverticular disease (DD) over the past year was employed. Patient notes were scrutinised and correlated to endoscopic records. The dates of both CT scan and CSy were recorded. Completion rates of the endoscopies and findings in addition to diverticular disease was noted.

Results 137 patients over a 4-month period had DD recorded within the discharge summary. 47 patients with presumed diagnosis of diverticulitis had a CT scan prior to endoscopy (35 CSy and/12 Flexible sigmoidoscopy). Of the 47, DD was evident on the CT scan in 34. Endoscopy subsequently confirmed DD in 32/34 of these cases (95%), with four procedures ending in failure. No other pathological features were found in 30/34 cases. Within the cohort of 32 patients in which endoscopy confirmed CT, three had colonic polyps. Of the 13 cases (of 47) in which DD was not reported on the prior CT scan, subsequent endoscopy confirmed DD in 11/13, with one procedure ending in failure. Of these 11 cases, one had a colonic polyp. In the two cases where endoscopy did not reveal DD, a diagnosis of colitis was recorded.

Conclusion In this study, performing a CSy in patients previously diagnosed with diverticulitis confirmed on CT scan add no further information. CSy is only useful in the setting of clinical diverticulitis if the diagnosis is not supported by CT scan. In patients with diverticulitis other diagnosis such as polyps were detected in only 4 of 47 patients (8%), not a unsurprising finding as one would expect to find polyps at routine CSy in upto 25%. From this study, we would not support performing a CSy in patients with clinical diverticulitis confirmed on CT scan and avoiding CSy could save 100 colonoscopies per annum in a hospital like ours freeing up space to perform other procedures with more appropriate indications.

Competing interests None declared.

PMO-009 ARE DIETITIANS' RECOMMENDATIONS FOR THE POST-DISCHARGE SUPPORT OF MALNOURISHED PATIENTS CARRIED OUT IN THE COMMUNITY?

doi:10.1136/gutjnl-2012-302514b.9

¹D Coleman, ¹C Baldwin, ²C E Weekes.* ¹*Department of Nutrition & Dietetics, King's College London, London, UK;* ²*Department of Nutrition & Dietetics, Guy's & St Thomas' NHS Foundation Trust, London, UK*

Introduction Disease-related malnutrition is common and is often identified during a hospital admission. Hospital stays tend to be short and therefore it is crucial that nutritional interventions begun

in hospital are continued on discharge (Elia *et al* 2010). Research has highlighted failings in nutritional care across this boundary (van Bokhorst-de van der Schueren *et al* 2005; Bavelaar *et al* 2008). The aim of this study was to evaluate the continuation of dietetic interventions across the transition from acute to community care.

Methods All patients admitted to the acute medical wards and referred to a dietitian for nutrition support between 1 July and 30 September 2011 were considered eligible for this study. Patients were excluded if they died within 1-month of discharge, received enteral or parenteral nutrition, were receiving dietetic care for a long-term chronic condition or were still in hospital at 31 October 2011. Eligible patients or their carers were contacted to determine whether recommendations for their post-discharge oral nutritional support had been carried out. Data were analysed using SPSS V.17.0.

Results Of 108 patients, 27 (25 %) died before contact could be made and 17 (16 %) did not meet the inclusion criteria. 64 patients were included in this study of whom 35 (56%) were recommended one or more post-discharge dietetic interventions, including consumption of oral nutritional supplements and follow-up dietetic appointments. Of the 35 patients, it was not possible to contact 14 (40 %) within the time limits of the study. Contact was made with 21 patients of whom 17 (81%) received all the interventions recommended by the dietitian. Of the four patients who did not receive the recommended interventions, in 3 (75%) this was due to patient perception that treatment was no longer required. Of the 64 patients who met the inclusion criteria no comments were included in the discharge letter from the medical team on either nutritional status or dietetic input.

Conclusion In this study it was possible to contact only a small sample of eligible patients however, of those who were contacted the majority had received the post-discharge interventions recommended by the dietitian. Further studies are required to determine if dietetic recommendations are as likely to be carried out in patients who are more difficult to contact post discharge.

Competing interests None declared.

REFERENCES

1. Bavelaar JW, Otter CD, van Bodegraven AA, *et al*. *Clin Nutr* 2008;**27**:431–8.
2. Elia M, Russell CA, Stratton RJ. *Proc Nutr Soc* 2010;**69**:470–6.
3. van Bokhorst-de van der Schueren MAE, Klinkenberg M, Thijs A. *Eur J Clin Nutr* 2005;**59**:1129–35.

PMO-010 IMPROVING THE ADVERSE EVENT REPORTING PROCESS FOR BOWEL SCREENING WALES

doi:10.1136/gutjnl-2012-302514b.10

C Lewis.* *Bowel Screening Wales, Public Health Wales, Llantrisant, UK*

Introduction Risk management is an essential part of the clinical governance framework and central to this is adverse event reporting. The aim of this study is to increase the number of adverse events reported to Bowel Screening Wales (BSW).

Methods The primary research method included a literature review. The focus for the study was adverse event reporting and recording methods. Referral patterns were recorded prior and post intervention and the data compared. The literature review informed the various processes adopted in an attempt to increase referrals for adverse events from the Local Assessment Centres (LACs). The interventions took place in all LACs throughout February 2011. They included defining and providing examples of adverse events, educating the Specialist Screening Practitioners (SSPs) and providing a more flexible approach for reporting. A file using Microsoft Office Excel was developed to categorise referrals by subject and consequence. Referrals from the beginning of the programme were

collated, categorised, given a consequence score and recorded in this file. This allowed for a baseline to compare against future referrals.

Results The number of adverse events reported from the launch of BSW on 27 October 2008 until 30 January 2011 was 54. This compared to 100 adverse events reported during the time period 1 February 2011 to 27 November 2011. Referrals have increased five-fold since the intervention took place. Standardising the categories and consequences allowed for monitoring and comparison on the types of events reported to BSW per LAC. This helped to focus appropriate intervention including further education for reporting where it was needed. The type and severity of adverse events reported post intervention increased for the more minor and more serious adverse events. The less serious categories 1 and 2 saw almost a sevenfold increase in the rate of reporting while the more serious categories 3, 4 and 5 experienced an increase of 1.5. There was concern that serious incidents went under-reported prior to the intervention. However, this evidence is re-assuring in that the rate of reporting is far higher for the more minor events post intervention than for the more serious events. The information for the more serious events was cross-checked retrospectively with the SSPs around Wales who confirmed these findings.

Conclusion The primary aim of the study was achieved and the annual rate of adverse events reporting to BSW has increased five-fold. Ongoing education is required to ensure adverse event reporting does not get forgotten and certainly until the process has become embedded in practice. The process and framework has enabled BSW to collate information providing a consistent approach for regular review and monitoring of adverse events by the BSW programme.

Competing interests None declared.

PMO-011 EVALUATING PARTICIPANTS' EXPERIENCES OF THE BOWEL SCREENING WALES SERVICE

doi:10.1136/gutjnl-2012-302514b.11

C Lewis.* *Bowel Screening Wales, Public Health Wales, Llantrisant, UK*

Introduction The aim of the study is to evaluate participants' opinions on their experience of the Bowel Screening Wales (BSW) service and thus provide a snapshot view of the programme.

Methods The primary research incorporated a thorough examination of peer-reviewed articles focusing on factors that may influence the patient experience of healthcare services. This included issues surrounding service performance, specifically, public satisfaction and experience processes, relationship with healthcare professionals, information giving and waiting times. Additionally region of residence and gender as influencing factors of user perspectives were discussed. An anonymous survey took the form of a self-administered, postal questionnaire.

Results It was established that the users of the programme had a positive experience. User satisfaction was very high in all areas of the programme. Respondents were satisfied with the invitation pack and the way results were communicated to them. A high majority of those that contacted the freephone helpline were satisfied with the service they received. A high positive result was received in relation to satisfaction with the SSP appointment and the information received to prepare them for this appointment. 100% of respondents reported that they were satisfied with the services they received for further investigations. Participants appeared satisfied with the information provided to prepare them for a sensitive investigation which is significant since only one respondent had received a face to face appointment. The majority of respondents reported that they were treated with respect by the healthcare staff and that they were confident in their abilities. Longer waiting times

did not appear to influence user satisfaction of the service. The data on region of residence and experience was inconclusive. It emerged from the data on sex and gender that there was little variation in the experiences of males and females. It is recognised that participants may respond to questionnaires in a favourable manner. However, the qualitative data provided by this study has confirmed the positive findings of the quantitative information.

Conclusion The outcomes of the study achieved the aims and objectives. Recommendations for service improvements were made to BSW based on the findings of this study. The study will allow for future snap shots to compare user experience and trend over time. This is a new national service and there were many comments expressing gratitude for the opportunity to participate and relief at obtaining a negative result. As the programme becomes embedded and users become more familiar with bowel screening there would be an opportunity to compare these findings against experiences in several years time.

Competing interests None declared.

PMO-012 IMPROVING THE PATIENT JOURNEY IN HEPATOLOGY: THE EFFICACY OF PRE-APPOINTMENT INVESTIGATIONS

doi:10.1136/gutjnl-2012-302514b.12

¹C Lever,* ¹J House, ²S Ramaharack, ³N Sheron, ³M Wright. ¹*Cost improvement and Transformation, University Hospital Southampton, Southampton, UK;* ²*Department of Medicine, Southampton University Hospital Trust, Southampton, UK;* ³*Department of Hepatology, Southampton University Hospital Trust, Southampton, UK*

Introduction Most patients attending hepatology clinic for the first time require a basic liver screen before a definitive diagnosis or plan of action can be made. We sought to establish if doing these tests prior to the visit could speed up the patient journey.

Methods New referrals appraised by a consultant hepatologist and considered for routine outpatient appointments were entered in to the pre-appointment investigation study. 58 patients during July and August 2010 were sent blood forms and booked for ultrasound to be completed before coming to the first consultation. Of the 58 patients 55 were eligible for analysis.

Results 17 (30%) patients had all blood results available at clinic, 30 (54%) patients had imaging reports available and 10 (18%) had both.

At first consultation

Nine patients were discharged back to the GP

One booked for MRCP, discharged from clinic

One had no follow-up booked

Three discharged to the nurse led clinic

One booked into the virtual clinic

One went for TACE

16 (29%) of patients did not require a follow-up appointment in a consultant led hepatology clinic with 11 of these patients requiring no follow-up at all. 49 out of the 55 (89%) patients had a definite diagnosis made at the first clinic appointment, verified subsequently by imaging and blood results. Compared to the same time frame for the year before a fivefold increase (from 4.3% to 20%) in discharges to GP was achievable.

Conclusion This involves a commitment to arrange blood tests and imaging in advance, the costs are no different as these are routine investigations. With blood results available at the first consultation there was a significant increase in discharges. Simply changing the order of interventions results in a reduction in follow-up allocations, with an associated increase in the speed of patient progression across all clinics. Moving 89% of the patients seen in hepatology clinic on to the correct pathway at the first consultation, saves time and money.

Competing interests None declared.