

PTH-046 BENCHMARKING ENDOSCOPY SERVICES IN IRAQ – RESULTS OF A NATIONAL SURVEY

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Introduction In the UK the Global Rating Scale (GRS) has been adopted as QA tool to improve the standards of endoscopic practice and of the patient experience. Endoscopy in Iraq is provided by a number of training and regional centres but without the level of integration seen in the NHS. We sought to benchmark practice against UK quality standards by surveying the main training centres and service providers of endoscopy in Iraq. **Methods** A Survey Monkey questionnaire with 40 questions relating to local endoscopic practice and based on defined areas of the GRS was sent to departmental leads in all regional centres in Iraq performing GI endoscopy by the President of the Iraqi Medical Society International. 24/35 responses (69%) were received (all 12 major institutions responded).

Results 67% of respondents were from University Teaching Hospitals, others worked in Regional Public or Private Hospitals. Population served ranged from 100,000 to 10 million; reflected in lists performed per week (range 3 to 20+). All Units perform diagnostic upper and lower GI endoscopy. Whilst 90% perform some ERCP, only half perform >250 per year. Figures for EUS were similar (85% some EUS, 55% >250 cases per year). Enteroscopy is only performed in small numbers. No agreed performance standards exist on a national level.

Access to modern endoscopes, accessories and diathermy was acceptable. Survey data aligned to the patient experience, quality of procedure, workforce and training highlighted resource and training gaps: only 70% of respondents use a structured referral form with stratification of urgent cases, 54% are able to vet appropriateness of referral and 20% can effectively audit referral practice. Written information about procedures is limited and the practice of informed consent falls short of UK standards. Numbers of recovery beds and staffing levels varied widely. Patient monitoring equipment was not universally available. 47% have an ERS, 47% paper-based records and 16% no reporting system. Morbidity and mortality, sedation practice and patient experience were recorded in less than half of responding institutions. Centres with a large numbers of trainees tend to have experienced trainers but assessment tools and training goals varied across institutions. Data on workforce was inconsistent, with conflicting reports from respondents working in the same institution.

Conclusion Web-based surveys provide a means of investigating and benchmarking endoscopic practice, via non-UK national societies, against the quality standards integral to the GRS. Resource and training gaps have been identified using this method and will inform a planned BSG sponsored visit to Iraq to deliver targeted training on quality assurance, safety and training for endoscopy.

Disclosure of Interest None Declared.

PTH-047 EVALUATION OF PATIENT SATISFACTION FOLLOWING PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) INSERTION: DAY CASE VERSUS IN-PATIENT MODEL IN UHCW NHS TRUST

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Introduction In patients with head and neck (HandN) cancer, standard practice is to insert a prophylactic gastrostomy tube to optimise nutrition and enable nutrition support during treatment. Although traditionally an inpatient procedure, many are now treated as outpatients, allowing a more time and cost effective service. There is very little data however regarding patient satisfaction with this move to a day case model.

Aim Having recently introduced a new day case PEG service for HandN cancer patients in UHCW NHS Trust, we wanted to evaluate the service and compare patient satisfaction levels in both in-patient and day case cohorts.

Methods We selected 20 sequential HandN patients who had undergone a day case PEG procedure since the day case service was introduced in March 2013. For comparison, we identified a further 20 sequential HandN patients who had undergone PEG insertion as an in-patient during the previous 12-months (Oct 2012 to Sep 2013). Deceased patients were excluded. A modified GHAA-9 questionnaire was used to assess patient satisfaction with the procedure [1]. This questionnaire was sent out retrospectively, and a pre-paid reply envelope was included with the questionnaire. Patients not responding within 1-month were telephoned to ask if they wished to complete the feedback survey.

Results Day case patients (n = 20) were aged 40–70 yrs (mean 54); 80% male. In-patients (n = 20) were aged 42–81 yrs (mean 60); 59% male. 75% of the day case PEGs were inserted prior to cancer treatment start, versus 45% of in-patient procedures. Those undergoing in-patient insertions utilised 53 bed-days collectively. No patient from either cohort was admitted within 7 or 30 days. There were no major complications in either group.

Patient satisfaction questionnaires were returned by 26 (65%): 11 in-patients (55%) and 15 day case (75%). Mean satisfaction score for day case was 36.3 ± 3.8 , whereas mean score for in-patients was 32.7 ± 7.8 (max score = 40). Only 1.7% day case patients identified aspects of their PEG procedure that were fair/poor, compared to 7.9% in-patients. In-patients described higher dissatisfaction relating to time from referral to insertion, and delays waiting for insertion once admitted.

Conclusion Our results suggest greater overall satisfaction in patients undergoing PEG insertion as a day case, with no increase in complications. Moreover the PEG was undertaken in a more timely fashion with the majority (75%) having their PEG inserted prior to treatment start. 53 patient bed days were saved for just 20 procedures which represent a cost saving to the Trust of approximately £13,992 [2].

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- 2 www.gov.uk/government/uploads/system/uploads/attachment_data/file/213060/2011-12-reference-costs-publication.pdf

Disclosure of Interest None Declared.

PTH-048 PERCEPTION OF ASSESSING THE NUTRITIONAL STATUS OF INTENSIVE CARE PATIENTS: A CROSS SECTIONAL STUDY OF JORDANIAN ICU NURSES

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Introduction Enteral nutrition is a pivotal strategy for nutrition in ICUs (Fullbrook *et al.* 2007). Nurses are keys to assess patients' nutritional status, detect feeding-intolerance, and curtail the prospect of complications (Persenius *et al.*, 2006; Bourgault *et al.*, 2007).

This study aimed to assess ICU nurses' perception of their ability to assess critically ill patients' nutritional status using the evidence-based guidelines.

Methods A cross sectional descriptive design was employed. A total of 190 ICU nurses from two health care sectors in Jordan participated in the study and completed a structured questionnaire prepared to assess nurses' perception of patients' nutritional status.

Results Nurses showed greater levels of responsibility for 'preventing complications' and 'evaluation' than 'assessment' and 'identifying goals'. Tube position is still confirmed via unreliable measures such as air bubbling technique (mean 4.00, SD 1.14). The mean for measuring Gastric Residual Volume was above the mid-point (3.70, SD 1.33). However, there was inconsistency in recognising the limit, threshold and frequency of measuring this volume. Diarrhoea is the most frequent complication of enteral nutrition (mean 3.36, SD 1.34) followed by abdominal pain, tube dislodgment, weight loss and uncontrolled blood sugar. Nurses perceived that the incidences of complications are less likely to occur in the presence of evidence-based guidelines than absence ($\rho = 0.73$, $df = 251$, $p < 0.001$).

Conclusion Nurses show more concerns about the outcomes of enteral feeding instead of the preliminary assessment. Measuring GRV and confirming tube placement are still deficient and require further attention. EBP is acknowledged by nurses where undertaking such protocols is emphasised.

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PTH-049 THE SPLIT CLINIC – A PRESCRIPTION FOR EFFICIENCY IN THE GASTROENTEROLOGY OUTPATIENT CLINIC

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Introduction Worldwide, healthcare providers are striving to balance escalating costs with the patient's expectation of efficient access to specialist opinion, rapid investigation and treatment. Over the past 65 years, the NHS gastroenterology outpatient journey has remained unchanged. Patients are assessed at the first visit, followed by one or more hospital visits for gastrointestinal investigations and a return hospital visits for final assessment. The split clinic has been designed, wherever possible, to condense the journey from weeks or months to hours.

Methods Over a period of three months, each gastroenterology referral letter was previewed four to six weeks prior to the outpatient appointment, and each patient was triaged as "Solution" and "Complex". For the solution cohort, investigations were predicted and booked for the same day as the outpatient visit.

The patients were asked to attend clinic starved and told to expect one or more same day gastrointestinal investigations. On the appointment day, "Solution" patients attended the split clinic for an initial assessment, then proceeded to investigation, returning thereafter to the clinic for feedback.

Results Of 174 referrals, 95 patients were triaged from the referral letter as "Solution" patients, and 81 attended the split clinic (7 did not arrive, 4 postponed, 3 direct to surveillance colonoscopy). In those who attended, 46 same day tests were performed (14 upper endoscopies, 11 sigmoidoscopies, 5 barium swallows, 6 Eso Capsule endoscopies, 5 ultrasound scans, 1 electrogastrogram, 2 CT abdomen and 2 CT colonoscopy). Twenty-seven patients (34%) were discharged, and twenty-two (27%) were discharged after a single follow up telephone consultation. Overall, 49 patients designated as "Solution" patients (60%) required only a single hospital visit. Sixteen patients (17%) were re-designated as "Complex" requiring further tests and 3 (3%) were referred elsewhere. Overall, 95 (46 same day tests and 49 return to follow up clinic in old system) return hospital visits were avoided and the attended to discharged ratio was 81:27 (1:0.3).

Conclusion Analytical triage of GP referral information allows identification of most gastroenterology "Solution" patients. This facilitates pre-emptive investigation planning and scheduling which, in turn, supports a split clinic designed to condense weeks or months of investigation and follow up into a few hours. The well planned split clinic meets the patient's expectation for an efficient journey, quick diagnosis and reduced number of hospital visits.

Disclosure of Interest None Declared.

PTH-050 THE IMPACT OF A DEDICATED INPATIENT BLEEDERS ENDOSCOPY LIST IN THE TIMELY MANAGEMENT OF ACUTE UPPER GASTROINTESTINAL BLEEDS

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Introduction Acute upper gastrointestinal bleeding (AUGIB) is still a medical emergency with a hospital mortality rate of 10%^[1]. NICE guidelines recommend that endoscopy is offered to all patients presenting with AUGIB within 24 h^[1]. In order to improve our waiting times, a week day dedicated Inpatient Bleeders (IB) list was introduced from October 2012 and its impact on time to endoscopy and length of hospital stay monitored through audit.

Methods A retrospective audit of all AUGIB in Princess Alexandra Hospital (a district general hospital in Essex) was conducted from April-September 2012 (prior to the introduction of the IB

Abstract PTH-050 Table 1

	Pre-IB (April-September 2012)	Post-IB (January to April 2013)
Total cases	103	88
No of AUGIB (primary reason for admission)	65	60
Days to OGD (mean)	2.15	1.78*
% of OGDs within 24 h	36.9	53.3
Median LOS (days)	5	4*

* $p < 0.05$