C patients and 65.3% (17/26) of non-transplantable patients were counselled regarding ESLD. In terms of palliative care provision, 19.2% (10/52) received inpatient palliative care, though 80% of these referrals only occurred during their terminal admission. 62.5% of community palliative care referrals occurred in the context of a Continuing Healthcare Fast Track discharge.

We have highlighted that more needs to be done to resolve the gaps in our patient pathway to ensure ESLD is recognised, patients are counselled appropriately and fitting EOLC is offered. Enhanced EOLC planning in this high-risk group is a priority, as currently palliative care input is mostly limited to a late stage in the patient journey.

Validated prognostication tools can identify those with poorer prognoses yet, without a formal pathway to review this, patients with declining trajectories were not readily recognised. We plan to introduce an inpatient 'discharge bundle' to prompt enhanced follow up of ESLD patients. The goal is to achieve an optimised parallel care model, with earlier EOLC offered alongside ongoing active management in this cohort.

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P011 'FURTHERING THE FIBROSCAN': PROMOTING THE USE OF TRANSIENT ELASTOGRAPHY IN PATIENTS WITH ALCOHOL DEPENDENCE

Emma Saunbury*, Louisa Gale. Royal United Hospitals NHS Foundation Trust, UK

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Early identification of alcohol-related liver disease in patients with alcohol dependence is vital, both to enhance their clinical management and as a potential motivator for abstinence.¹ The current Commissioning for Quality and Innovation (CQUIN) performance target necessitates that at least 20–35% of alcohol-dependent patients are offered referral for transient elastography (Fibroscan) during an overnight admission.² We aimed to assess and optimise our Fibroscan referral rate to ensure we were meeting this CQUIN target in our district general hospital.

Quarterly data from 1st April 2020–31st March 2021 (Q1–4) was retrospectively analysed to determine the Fibroscan

Abstract P011 Figure 1 Run chart data of Fibroscan referral rate in inpatients with alcohol dependence

referral rate for alcohol-dependent inpatients. Those with known fibrosis, cirrhosis or prior Fibroscan within the last year were excluded. Interventions were then implemented via quality improvement methodology PDSA (Plan, Do, Study, Act) cycles. Existing alcohol liaison and Fibroscan referral pathways were simplified in PDSA #1 and #2, whilst PDSA #3 involved promotional educational programmes. Appointment of designated 'nurse champions' is currently underway for PDSA #4.

128 patients met the inclusion criteria for Fibroscan referral. Between Q1 and Q4, the Fibroscan referral rate improved from 16.7% to 46.2% (figure 1). The referral rate for patients admitted via the medical take increased from 19% (4/21) to 55% (11/20). However, for those with simply an overnight admission to the Emergency Department Observation ward before next day discharge, the referral rate increased less markedly from 0% (0/3) to 20% (1/5). Of the patients who underwent Fibroscan, 10.8% (4/37) had a significant finding of bridging fibrosis and were referred to hepatology services.

This project has been a useful tool in highlighting gaps in our assessment of alcohol-related liver disease. We have demonstrated that our existing practice had failed to meet national performance targets, but that simple yet effective interventions have markedly improved Fibroscan referral rates. These are easily reproducible in other trusts, and the implications for both patient care and CQUIN financial payment is clear. Indeed, if current performance is maintained, the trust will receive the maximum £100,000 annual CQUIN payment.² However, there remains scope to continue progressing referral rates, especially in the Emergency Department Observation ward setting, and efforts remain ongoing locally.

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P012 INCIDENCE OF CHRONIC KIDNEY DISEASE IN NORTHERN IRELAND LIVER TRANSPLANT RECIPIENTS- A 10 YEAR RETROSPECTIVE REVIEW

¹Rebecca O' Kane*, ²Christopher Hill, ¹Neil Mc Dougall, ¹Johnny Cash, ¹Leanne Stratton. ¹Royal Victoria Hospital, Belfast, UK; ²Belfast City Hospital, Belfast, UK

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Background and Aims Post-transplant renal dysfunction is one of the most important and common complications experienced by liver transplant (LT) recipients, leading to increased morbidity and mortality. 5-year cumulative incidence of end-stage renal disease (ESRD) is reported as 18%–22%. Risk factors contributing to this include peri-operative events, immunosuppression and metabolic risk factors. There are no specific practice guidelines for chronic kidney disease (CKD) identification and management among LT recipients. Our aim was to review the incidence of CKD, and risk factors for it, in our LT cohort, who are followed up in a single centre in Northern Ireland (NI).

Method An electronic database identified all LT recipients in NI over a 10 year period from 2010–2019. Electronic care