PTH-45 USING INFORMATION VIDEOS TO IMPROVE PATIENT SATISFACTION IN ENDOSCOPY (INFOVIPE)

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Introduction Endoscopy is a rapidly developing discipline with new techniques and procedures being introduced each year. Patient-Reported Outcome Measures are reputable tools that may address the increasing need to evaluate how evolving endoscopy practice affects patient satisfaction. The consenting process is central to patient perception; using information videos as additional tools to aid consent and improve the quality of care in endoscopy is not well established. The aim of this project was to develop, implement and validate the use of patient educational videos to improve patients' satisfaction and experience in endoscopy.

Methods This was a prospective service quality improvement study. Eligible patients were invited to watch the educational videos in addition to standard practice. We compared this group with a matched cohort of patients who were receiving standard care of postal information leaflets. Patient satisfaction was measured through the validated Gastrointestinal Endoscopy Satisfaction Questionnaire (GESQ).

Results The total average GESQ score was higher in the intervention group compared to the control group, but the difference was not statistically significant ($p=0.397$). A sub-score was calculated from the four questions relating to pre-procedural information. The average sub-score was significantly higher in the video group ($p=0.038$). The video group had a lower cancellation rate (4%) compared to the control group (20%).

Conclusions The videos were well-received and patients found them useful and easy to understand. Further research is still needed to determine if they reduce patient anxiety. Meanwhile, it appears to be appropriate to implement these videos into routine practice while constantly monitoring patient feedback, updating them as necessary. Eventually, these videos could be rolled out across the UK as a standard part of the information package prior to endoscopy.

PTH-46 TELEMEDICINE OUTPATIENT HEPATOLOGY CLINICS: A PATIENT SURVEY AND NOTES AUDIT DURING THE COVID-19 PANDEMIC

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Introduction The Covid pandemic in March 2020 necessitated the introduction of virtual clinic phone reviews (VC) as an alternative to face-to-face reviews (F2F). We aimed to study patient satisfaction and clinical effectiveness of VC in the setting of general hepatology outpatients.

Methods We conducted a phone survey of patients ($n=60$) who underwent a VC during a week in November 2021 from five general hepatology clinics from different consultants at a tertiary referral centre in London. Decompensated liver disease patients from specialist alcohol and cirrhosis clinics were excluded. Patient satisfaction was scored from 1 – 10 (10 = extremely satisfied). We also performed a retrospective notes audit to review clinician rated effectiveness of the clinics

looking at criteria such as appropriate triage, whether investigations/bloods were required to complete the review or if a physical exam was needed.

Results The survey was completed by 39 of 60 patients contacted (median age 54 yrs, range 23-85 yrs; M:F 19: 19 male, 4 had cirrhosis). 32 clinic visits were follow up and 7 were new. 90% of patients had access to internet and 100% had a phone. Viral hepatitis was the most common aetiology (42%), then NAFLD (13%) and AIH (10%). The median satisfaction score was 8 (4.5-10). Compared to F2F, 72% reported they had enough time, 85% felt the doctor listened, 85% got answers to questions, 90% had confidence in their doctor and 95% understood the management plan. 63% would prefer the option of VC post pandemic. There was no significant difference in ages between patients that preferred VC and those that didn't (mean 51y vs 55y; $p=0.22$). Travel distance and first language also did not appear to be associated with preference for VC. There was a significant difference ($p=0.03$) in unemployment between patients that preferred F2F (71%) compared to VC (29%). Most patients that preferred future VC still stated their ideal ratio would be 50:50. VC were rated as ineffective if requested bloods tests were not done within 4 weeks (42%, $n=14$) or a physical exam would have been required ($n=2$).

Conclusion Our results indicate that the majority of patients with well compensated liver disease found virtual reviews acceptable but would still prefer an equal ratio of VC and F2F appointments in the future. Patient preference was not predicted by age, travel distance or first language, in contrast to employment status. Further studies are required to improve the clinical effectiveness of virtual reviews and patient satisfaction, including optimising triage criteria and improving access to investigations.

2910 characters (max 3000 inc. spaces – includes title, authors and affiliations)

PTH-47 MANAGEMENT OF BLEEDING RISK IN LIVER DISEASE PATIENTS UNDERGOING INVASIVE PROCEDURES AT GLOUCESTERSHIRE HOSPITALS

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Introduction Liver disease patients undergo 'rebalanced haemostasis' whereby reduction in endogenous coagulation factors is offset by prothrombotic counter-effects. Targets of platelets $>50 \times 10^9/L$ and fibrinogen $>1.2g/L$ and use of vitamin K may prevent bleeding in high-risk procedures. PT/INR do not equate to bleeding risk and fresh frozen plasma (FFP) is not recommended as prophylaxis in liver disease.[1] Ascitic drain & liver biopsy (AD/LB) are commonly performed invasive procedures with associated haemorrhagic complications.

Aims 1) Assess recent practice of the management of bleeding risk in liver disease patients undergoing AD/LB. 2) Develop a multi-speciality trust proforma on managing bleeding risk in liver disease patients undergoing AD/LB based on national guidelines.[1]

Methodology A retrospective analysis of medical notes from August 2017-19 at Gloucestershire Hospitals was performed. Inclusion criteria were inpatient AD/LB performed on liver cirrhosis patients; and platelets $\leq 50 \times 10^9/L$, fibrinogen $\leq 1.2g/L$,

Abstract PTH-47 Table 1 Use of blood products/vitamin K pre and post implementation of a trust proforma

		Pre proforma 08/17-08/19		Post proforma 01/21 onwards			
Liver biopsy		4		0			
Ascitic drain		38		4			
Total		42		4			
Test	Value	Cases with blood test result (data range)	Cases given appropriate prophylaxis*	Cases given prophylactic FFP	Cases with blood test result	Cases given appropriate prophylaxis	Cases given prophylactic FFP
Platelets $\times 10^9/L$	≤ 50	6 (18 to 42 $\times 10^9/L$)	2 (33%)		1	1 (100%)	
	> 50	36			3		
	Not measured	0			0		
Fibrinogen g/L	≤ 1.2	8 (0.53 to 1.18 g/L)	0		1	0	
	> 1.2	32			1		
	Not measured	2			2		
PT seconds	> 16	39 (17 to 31 seconds)	4 (10%)	3 (8%)	4 (INR 1.5 in one case)	4 (100%)	1 (25%)
	≤ 16	1			0		
	Not measured	2			0		

*Platelets, cryoprecipitate or vitamin K

INR >1.2 or PT >16 . An online doctors survey was disseminated assessing knowledge of national guidelines. A trust proforma developed with input from local gastroenterology, haematology and interventional radiology services was implemented in January 2021.

Results The online survey (28 responses F1-registrar) identified 60% were unaware of national guidelines. 40% were not confident managing bleeding risk in liver disease, 33% felt FFP is useful prophylactically and 53% considered PT/INR as reliable predictors of bleeding risk.

Conclusion Clinician practice of the management of bleeding risk in liver disease patients undergoing AD/LB did not reflect national guidelines. Our intervention of a trust proforma shows promise in improving use of blood products. This project highlights the value of a collaborative approach to guideline development. The ongoing assessment of impact and review of the proforma by the multi-speciality steering group is recommended.

REFERENCE

1. Neuberger J, Patel J, Caldwell H, *et al* Guidelines on the use of liver biopsy in clinical practice from the British Society of Gastroenterology, the Royal College of Radiologists and the Royal College of Pathology *Gut* 2020;**69**:1382-1403

PTH-48

PATIENTS' PERSPECTIVES OF PALLIATIVE AND END-OF-LIFE CARE IN ADVANCED LIVER DISEASE: SYSTEMATIC REVIEW OF LITERATURE

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Introduction Liver disease, a major cause of death, worldwide affects younger people compared to other major causes of death. Though guidelines are emerging on what good end-of-

life (EOL) care in liver disease should look like, little appears to be known about patients' perspectives regarding palliative and EOL care, even though they are most affected by these guidelines.

Methods

Aim Explore current knowledge and understanding of patients' lived experiences, perspectives, and expectations in relation to palliative and EOL care in advanced liver disease.

Design Systematic review with thematic synthesis complying to the ENTREQ Statement.

Setting and participants Systematic search of databases (Ovid Medline and Web of Science) to identify qualitative studies, in English, exploring patients' perspectives of palliative and EOL care in advanced liver disease.

Abstract PTH-48 Table 1

1. The disease trajectory

- Unpredictability of course
- High rates of hospital admission as illness progresses
- Death in hospital

2.The distribution of services

- More in secondary care and hospital based
- Lack of coordinated care in the community

3.What do patients and carers want

- More care in the community

4.The disabilities from end-stage liver disease encompass a wide range

- Physical disabilities
- Consequences on day-to-day functioning
- Psychological distress
- Difficulties in advance care planning (ACP)

5.Barriers to discussing end-of-life care in end-stage liver disease

- Clinicians' reluctance to discuss palliative care
- Palliative care is perceived negatively