BACKGROUND

- Patients with decompensated cirrhosis (defined as cirrhosis with ascites, hepatic encephalopathy, spontaneous bacterial peritonitis, variceal bleeding, and/or hepatorenal syndrome) have high rates of hospitalization and readmission.1,2
- Despite evidence-based practice guidelines outlining management of decompensated cirrhosis, studies have shown that guideline adherence is poor.3
- Kanwal et al.4 published a set of evidence-based quality indicators to guide inpatient management of decompensated cirrhosis; many groups across healthcare institutions have shown remarkable gaps in adherence to these indicators.4-6
- Recent unpublished data7 from The Ottawa Hospital demonstrates similar gaps (e.g. approximately only 40% of patients with documented SBP receive secondary prophylaxis on discharge; only 60% of patients with ascites receive diagnostic paracentesis during admission).
- Other centers have had success with utilization of admission checklists, pre-printed order sets, mandatory QI consultation, discharge teaching tools and education programs to increase adherence to evidence-based therapy for patients admitted with decompensated cirrhosis.5,8,9

OBJECTIVE

To increase adherence to quality indicators for adult patients with decompensated cirrhosis admitted to and discharged from a medical clinical teaching unit at The Ottawa Hospital.

AIM

To implement a cirrhosis care checklist for 80% of patients with decompensated cirrhosis admitted to the medicine service at The Ottawa Hospital over 5 months.

INTERVENTIONS

Cirrhosis Care Checklist
- A paper checklist for medical team use during admission for patients with cirrhosis.
- Education Sessions
  - A monthly, case-based, education session for trainees rotating through internal medicine that educates on evidence-based care for cirrhosis patients.
- Outpatient Hepatology Referral
  - At the time of discharge from a medical clinical teaching unit, every patient with cirrhosis is referred to a hepatology central triage group who assigns priority and ensures outpatient follow-up.

METHODS

- The Cirrhosis Care Checklist was designed by the iCHOP research team based on high yield evidence-based guidelines. It was implemented with PDSA cycles and modified based on verbal and written feedback from users.

OUTCOMES

Checklist Adherence Rate
- Checklist Adherence Rate
  - [Graph showing checklist adherence rate over PDSA cycles 1-4]

Reason Checklist Not Used
- Reason Checklist Not Used
  - [Graph showing reasons for checklist not being used over PDSA cycles 1-4]

Educational Session Attendance Rate
- Educational Session Attendance Rate
  - [Graph showing educational session attendance rate over PDSA cycles 1-4]

Physician Satisfaction Questionnaire
- Physician Satisfaction Questionnaire
  - [Graph showing physician satisfaction questionnaire results over PDSA cycles 1-4]

DISCUSSION

- The checklist adherence rates were lower than target. Possible reasons include personal preference not to use checklists, time constraints, lack of familiarity with the tool and/or forgetfulness. Overall, the toolkit was well received, and the feedback surveys provided suggestions that will be incorporated into future PDSA cycles.
- The education sessions, which were initiated in PDSA cycle 3, are still in their early phase. Although there is a trend of improving attendance, their delayed implementation may have limited knowledge dissemination and uptake of the Cirrhosis Care Checklist and Outpatient Hepatology Referral in PDSA cycles 1 and 2.

CONCLUSION

Barriers arise when implementing a checklist for care of inpatients, however, this was successfully achieved for 70% of patients with decompensated cirrhosis admitted to a medical clinical teaching unit at The Ottawa Hospital.

FUTURE DIRECTION

- Assessment of outcome measures including adherence to quality indicators, length of stay, re-admission rate and inpatient mortality.
- Explore alternative processes that could automate initiation of the Cirrhosis Care Checklist.
- Implement an educational booklet for patients with cirrhosis and their caregivers.

REFERENCES


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