



National HIV Nurses Association



NHIVNA Pre-conference Study Day
'Current Issues in HIV, Hepatitis and other
Blood-borne Viruses'
In collaboration with BASLNF

Royal Armouries International, Leeds

17 June 2015



17th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Sarah Tarff
Basildon and Thurrock University Hospitals
NHS Foundation Trust

17 - 19 June 2015 - Royal Armouries International, Leeds

Basildon and Thurrock University Hospitals
NHS Foundation Trust



St. Luke's
Hospice



Management Of End Stage Liver Disease: A Shared Hospital & Hospice Care Approach

Sarah Tarff - Liver CNS Basildon

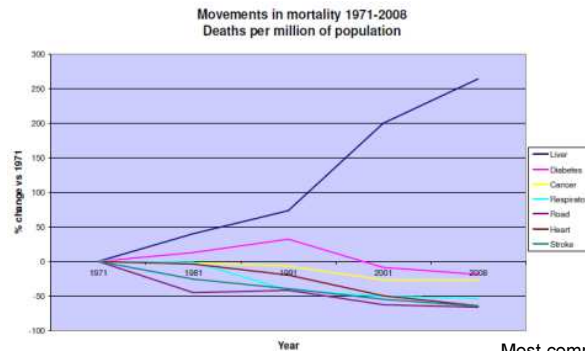
Clinical issues surrounding liver disease

- 'Liver Disease' = 5th biggest cause of death (after cancers)
- Liver disease only organ-specific mortality rising!
- Fluctuating course associated with challenging
 - Establishing prognosis (often in a younger population)
 - Managing 'end of life' period

*Patients benefit from both active medical management and
palliative and supportive care and this requires a change in culture'*

(Kendrick 2013, p5)

Increasing mortality



Most common causes, Obesity, undiagnosed Viral infections and harmful drinking. Cirrhosis in the under 65's has increased by 20% over the last 10 years

Davies, 2012, Annual report of the chief medical officer, Volume one 2011, on the state of the public's health. London:DH, tinyurl.com/DH-CMO-2012.

Office of National Statistics(2008) Health statistics Quarterly. Winter, 40, cardiff: ONS

End Stage Liver disease

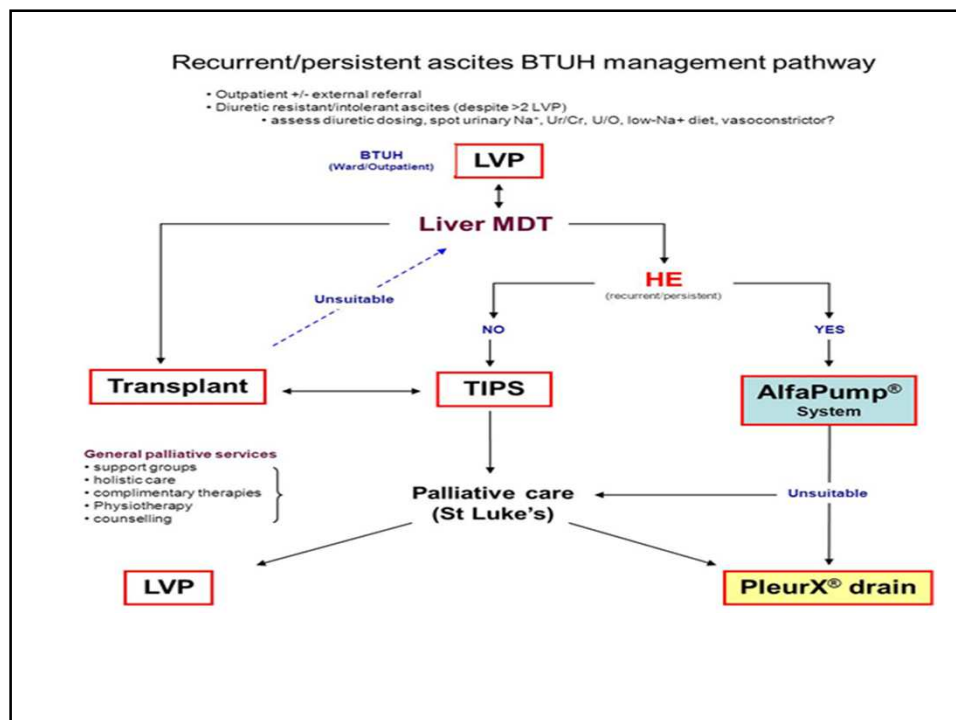
- **Compensated Liver Disease** - The Cirrhotic liver is able to function adequately.
- **Decompensated Liver disease** – The Cirrhotic Liver begins to deteriorate with evidence of:
 - Jaundice
 - Ascites
 - Hepatic encephalopathy
 - Variceal bleeding
 - Sepsis, including spontaneous bacterial peritonitis, septicaemia, chest infection
 - Lethargy or weakness
 - Anaemia
 - Nausea and vomiting
 - Pruritus (itching)
 - Malnutrition and Peripheral muscle loss



Ascites

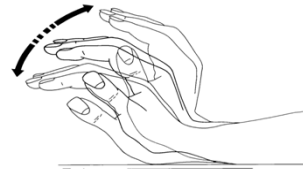
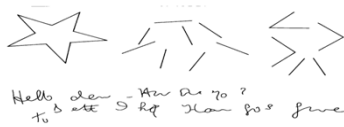


- Fluid
- Diuretics – Spirolactone, may be used with frusemide
- No added salt diet
- Paracentesis
- TIPPS - contraindicated in patients who have encephalopathy.

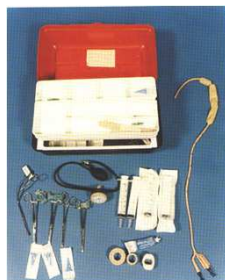


Hepatic encephalopathy

- Inability to break down nitrogen-based substances that arise from the bacteria in the gut.



Variceal bleeding



Life threatening complication, with 25% of cirrhosis patients presenting with hypertension in the portal venous system. Mortality rate 30% (Gines et al, 2012) which is a significant improvement from years gone by, due to technical improvements in endoscopic management and referral for TIPSS.

Malnutrition

Malnutrition is a common occurrence in patients with advanced liver disease, where muscle loss is evident.

Causes

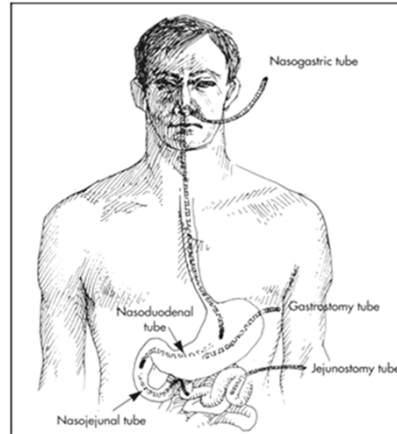
Ascites- large volume causes loss of appetite

Alcohol consumption- False calories

- A pint of lager is about 215 calories
- A measure of spirit contains around 55 calories, but this doesn't include calories from the mixer
- A standard glass of dry white wine or red wine is about 115 calories, and sweet wine is about 165 calories
- A creamy liqueur contains around 163 calories per 50ml serving, while the same amount of sherry or port contains around 60 calories a glass

Encephalopathy – causing forgetfulness – not remembering to eat.

Enteral feeding is essential in certain decompensated cirrhotic patients to improve outcomes



Case Study 1

- 48yr old female
- Presented with Variceal bleeding first presentation.
 - Haemoglobin..... 74 g/l 115.0 - 165.0 L
 - White Cell Count.... 6.3 x10⁹/L 3.9 - 11.0
 - Platelets..... 167 x10⁹/L 150 - 450
 - Total Protein..... 73 g/L 60 - 80
 - Albumin..... 30 g/L 35 - 50 L
 - Globulin..... 43 g/L 20 - 35 H
 - Total Bilirubin.. 17 umol/L <20
 - Alk. Phosphatase. 284 U/L 30 - 130 H
 - ALT..... 80 U/L 5 - 40 H
- Found to have Auto Immune Hepatitis – Bx cirrhosis Grade 3 Stage 4
- Referred for transplant assessment – deemed to well

Case Study 2

- 37yr old Male
- Alcoholic Liver disease – still drinking
- Presented with Ascites –
- Tried on diuretics found to be resistant, undergoing fortnightly paracentesis.
- Regular reviews with community drug and alcohol services.
- Consideration for possible TIPSS

Concept

In patients with advanced chronic liver disease:

- To create an easily accessible shared-care pathway between acute hospital and local hospice services
- Provide seamless liver-specific and palliative care options:
 - (e.g. general, disease specific, holistic and 'end of life' support)
- Designed to serve patients:
 - 1) In the terminal phase of their disease, but also with
 - 2) more stable liver patients still amenable to disease modifying therapy (e.g. OLTx)

Basildon and Thurrock University Hospitals NHS Foundation Trust

NHS St. Luke's Hospice

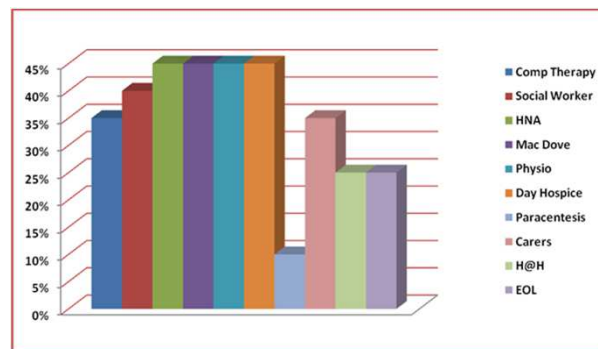
Dr Mel Piggot Liz Tripp Dr Gavin Wright Sarah Tarff Virginia Campbell



The Team



Access to current services



Initial Findings:

. Paracentesis

Pathway has been refined in the majority of cases. Average length of stay has been reduced from 6.5 days in acute hospital to 1.5 days in St Luke's with average cost savings being approx £2,255 saving/episode of care

Has reduced unwanted and unnecessary attendances

Improved Quality of Life

Day Hospice

- One stop shop approach
- Individualised care
- HNA by SNP and then signposted to appropriate service – multiple services
- Peer support – unmeasurable

Support, Assessment and Advice Service (SAAS)

Patients in last year of life with palliative care needs

Integrated care model

Single Point of contact

Signposts and accesses care for patients and families

Rapid response element – responding within 2 hours

24/7 nursing care and support for people in the community at end of life

Quality of service

key performance indicators (KPI's):

1. Improved patient experience:
 - access to services (e.g. POS palliative outcome scores)
2. Reduced morbidity
3. Reduction in hospital admissions and length of stays
4. Need for inpatient paracentesis
5. Mortality (30-day, 3-month, 6-month and 1-year)

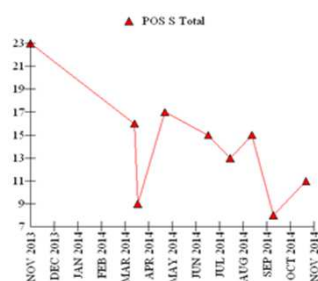
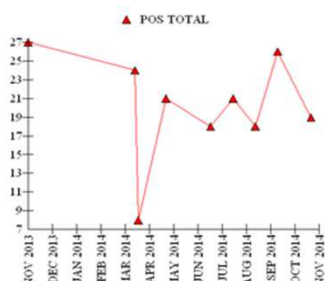
Quality of Life Outcomes

- The Palliative Care Outcome Scale (POS) is a resource for palliative care practice, teaching and research. POS is a tool to measure patients' physical symptoms, psychological, emotional and spiritual needs, and provision of information and support at the end of life (www.pos-pal.org).
- POS-s – is a further tool used to measure symptoms

Outcome

physical domains

psychological & social domains



'Prior to coming to St Luke's I felt as if my life was not worth living and I felt suicidal most of the time. I feel that I now have something to live and fight for and I know that there are other people in a similar or worse situation to me'.

'Going into hospital for drainage usually meant a 3-4 day stay and now I can often have the procedure done in a day at St Luke's and go home at night. The staff at the hospice have the time to understand how I feel and really look after me'.



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