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FIGURE 1 – Rapid Cycle Plan-Do-Study-Act methodology [16]

**FIGURE 2 - Integration of prognostic screening tool and development of supportive care intervention using rapid-cycle PDSA methodology**

**INTEGRATION OF PROGNOSTIC SCREENING INTO ROUTINE ASSESSMENT**

**PDSA CYCLE**

1. **PLAN/DO:** Staff informed of prognostic criteria, and criteria displayed on wall chart
   **STUDY/ACT:** Prognostic scoring not routinely considered or completed following random audit

2. **PLAN/DO:** Prognostic screening added to agenda for discussion at weekly hepatology MDT
   **STUDY/ACT:** Junior staff not confident in completing scoring (e.g. uncertainty re performance score)

3. **PLAN/DO:** Objective guidelines for scoring printed as single sheet and made available to junior staff
   **STUDY/ACT:** Inconsistent documentation of discussions

4. **PLAN/DO:** MDT proforma with integrated prognostic screening(completion guidelines on back)
   **STUDY/ACT:** Nursing staff - difficulty locating documentation within large volumes of medical notes

5. **PLAN/DO:** MDT proforma sheets coloured blue so easily identified
   **STUDY/ACT:** MDT documentation mass printed and completed for each patient during MDT

6. **PLAN/DO:** Prognostic screening and MDT documentation standardised for hepatology inpatients
   **STUDY/ACT:** Random audit demonstrated completion rate of 89%. Proforma adopted.

**POOR PROGNOSIS SCREENING CRITERIA FOR INPATIENTS WITH CIRROSIS**

- Childs Pugh C
- > 2 liver related admissions last 6/12
- Ongoing alcohol use in known ArLD
- Currently unsuitable for transplantation
- WHO performance status 3-4

**SCORE ≥ 3**

**DEVELOPMENT OF SUPPORTIVE CARE INTERVENTION**

- Consultant led poor prognosis discussion
- Poor prognosis letter to GP
- Opportunity for advance care planning
- Specialist palliative care review if complex symptomatic/social/psychological needs
- Allocation of hepatology specialist nurse

**INTEGRATION OF PROGNOSTIC SCREENING INTO ROUTINE ASSESSMENT**

- Retrospective analysis of patient admission and mortality data.
  - Cumulative score of ≥3 selected as trigger for intervention

FIGURE 3 - Integration of prognostic screening into weekly hepatology MDT proforma, completed weekly for each hepatology inpatient at University Hospitals Bristol Trust (front and reverse of sheet)