Audit of management of acute upper gastrointestinal bleeding in a district general hospital trust against National Institute of Health and Care Excellence (NICE) guidelines

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Aims

To assess the management of acute upper gastrointestinal bleeding (AUGIB) in a district general NHS trust against NICE guidelines (June 2012). After an initial audit and implementation of recommendations, was there any improvement in practice?

Methods

An initial audit was conducted between June and August 2012 at Barking, Havering and Redbridge NHS Trust. Retrospective data were collected from medical notes and recorded according to the NICE audit tool. Results were presented at the trust's clinical governance board meeting in January 2013. Specific improvement measures were implemented from March 2013. A re-audit was performed between June and August 2013.

Results

The baseline audit (76 patients) showed poor compliance with key recommendations from NICE guidelines, including risk assessment, pre-endoscopic resuscitation (particularly of variceal bleeds) and management of patients on antiplatelet therapy.

A specific AUGIB endoscopy request form was introduced with features to prompt better initial management and risk stratification. The re-audit (105 patients) was performed 3 months after implementation. Uptake of the new request form was only 43%, but already demonstrated improved practice (Table 1). Documentation of Blatchford score improved 40×, which probably contributed to improved time to endoscopy. Blatchford score correlated with need for intervention, as well as length of hospital stay (Table 2). Average stay was 10.6 days at baseline and 7.2 at re-audit.

Conclusion

This audit highlighted areas of suboptimal practice in managing AUGIB, despite availability of national guidelines. Our intervention demonstrated improved patient care. We identified lack of awareness and poor communication between clinicians and endoscopists as targets – the new request form acted as a platform to educate junior doctors, and to promote correct risk stratification and resuscitation. Subsequently, we observed better practice and more timely endoscopies. We believe other hospitals may benefit from a similar intervention which prompts better management of AUGIB by clinicians and helps endoscopists prioritise cases safely and appropriately.

Table 1. Compliance with key guidelines.

NICE guideline	Baseline (N=76)	Re-audit (N=105)
Use of Blatchford score for initial assessment	1.3%	50.9%
Compliance with local red blood cell transfusion policy	77.5%	90.6%
Endoscopy immediately post-resuscitation (unstable)	50%	75%
Endoscopy within 24 hours (stable)	47.5%	69.8%
Use of acid-suppression therapy pre-endoscopy	82.6%	92.9%
Use of prophylactic antibiotics in variceal bleeding	33.3%	100%
Use of terlipressin in variceal bleeding	33.%	100%
Appropriate stopping and restarting of antiplatelets	34.8%	72.2%

Table 2. Blatchford score and clinical outcome.

Blatchford (N)		Rockall	RBC	Endo. therapy	Days
0	(6)	0–1	0	0	2.7
1–2	(6)	NA	0	0	3.5
3–4	(10)	0–5	1	3	3.8
5–7	(12)	1–7	3	2	7.2
8–10	(12)	1–4	7	4	7.6
11–13	(21)	0–8	17	11	9.6
>14	(7)	4–9	6	4	11

Conflict of interest statement

None to declare. ■

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