Service Priorities and Programmes

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Identifying factors leading to decrease in same day admission rate for transarterial chemoembolization (TACE)

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Introduction

Transarterial chemoembolization (TACE) is widely used as palliative treatment for inoperable hepatocellular carcinoma. With the introduction of Hepatobiliary and Pancreatic Nurse Led Clinic (HBPC) and Surgical Ambulatory Care Centre (SACC) in our institute, patients could be admitted on the day of procedure, i.e. same day admission (SDA) which is a practical and cost-effective alternative to admission the night before procedures. However, the SDA rate in 2017 was found to have decreased when compared to 2016. This review aims to identify the underlying reasons.

Objectives

1. To identify factors affecting SDA rate for TACE
2. To re-evaluate logistics and protocol of SDA program
3. To improve SDA rate without affecting procedure safety

Methodology

Retrospective review of patients admitted to surgical ward for TACE was performed from the prospectively collected database by APN-in-charge. Data were retrieved from CDARS and review of Clinical Management System. Reasons prohibiting SDA was documented prospectively after TACE booking was made. Data were compared between 2 consecutive years. Surveys were also conducted among referring clinicians about their awareness and knowledge towards SDA program.

Result

115 and 157 patients were admitted for TACE in 2016 and 2017 respectively. The number of SDA episodes decreased from 40 (34.8%) in 2016 to 16 (10.2%) in 2017 ($p<0.001$). The commonest reasons for non-SDA remained the same: low platelet count (37.3% in 2016; 34.0% in 2017), clinicians concern (18.7% in 2016; 18.4% in 2017) and unavailability of HBPC (9.3% in 2016; 17.0% in 2017). The proportion of non-SDA cases due to unknown reason increased from 4.0% in 2016 to 9.9% in 2017. It was found that a lack of awareness about the SDA program and its related logistics among surgeons also contributed to the low utilization rate. It is also worth noting that the rate of 28-days emergency re-admission has decreased for both SDA cases

(7.5% in 2016; 6.3% in 2017) and non-SDA cases (6.7% in 2016; 2.1% in 2017).
Conclusion:
The decrease in SDA rate for TACE could be related to insufficient quota for the nurse-led clinic with increasing caseload and inadequate advocacy for the program. Promoting the SDA program and its workflow among surgeon and increasing resources to relevant nurse-led clinic might be an answer to improve the low SDA rate.