



## Service Priorities and Programmes Electronic Presentations

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### **Same Day Admission for Transarterial Chemoembolization will not Jeopardize Patient's Safety**

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#### **Keywords:**

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#### **Introduction**

Transarterial chemoembolization (TACE) is widely used as palliative treatment for inoperable hepatocellular carcinoma. Many of these patients have underlying cirrhosis with increased risk of post-TACE complications. Patient used to be admitted one day before for pre-procedure preparations. With the introduction of Hepatobiliary and Pancreatic Nurse Led Clinic (HBPC) and Surgical Ambulatory Care Centre (SACC) in Prince of Wales Hospital, patients could be admitted on the day of procedure

#### **Objectives**

- (1) to engage patient in the treatment plan;
- (2) to reduce length of hospital stay;
- (3) to minimize unplanned cancellation of procedure;
- (4) to maintain procedure safety.

#### **Methodology**

A standardized protocol with comprehensive selection criteria and logistics of TACE patients for same day admission (SDA) was adopted. Eligible patients would have blood checked within 7 days of the procedure. Pre-procedure counseling, assessment, screening and education would be performed in HBPC with information leaflet provided. These patients would be admitted on the day of procedure with intravenous fluid and prophylactic antibiotics given as per protocol. Respective doctor would evaluate the patients before sending to angiogram suite. Post-TACE care, discharge criteria and follow-up plan remained the same regardless of mode of admission. Patients admitted as per routine practice during the same period were used as comparison arm.

#### **Result**

A total of 35 patients were admitted for TACE from January to June 2016 with total 44 TACE episodes. There were 20 TACE episodes (45%) admitted under SDA protocol. 95% of SDA patients attended pre-procedure HBPC. Among those cases, 9 patients

(45%) received their first TACE session. 24 episodes were excluded from SDA protocol. The main reason for exclusion was thrombocytopenia (33.3%). The median length of hospital stay of the SDA group and routine admission group was 4 days and 5 days respectively ( $p=0.002$ ). There was no immediate post-TACE complication observed and no 30-day mortality in both groups. There was no significant difference in the unplanned readmission rates within 30 days (10% in SDA vs 8.3% in routine admission group,  $p=1.00$ ). No scheduled procedure was cancelled.

Conclusions:

Same day admission for TACE in well selected patients was safe and feasible with significantly reduced hospital stay. Further refinement and validation of case selection criteria might be able to expand the coverage of same day admission policy.