P14 EXAMINING THE OUTCOMES OF A PLEURAL DISEASE CLINIC

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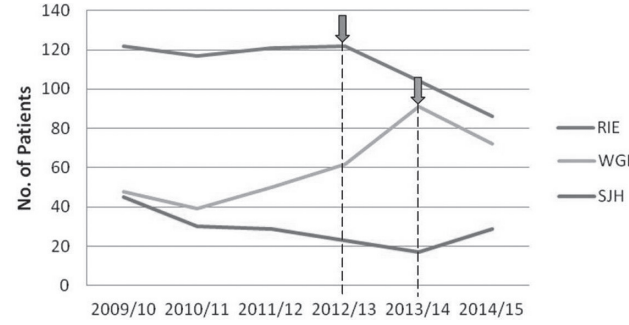
Background Pleural effusions, the result of the accumulation of fluid in the pleural space, are a common medical problem. Patients with symptoms of cough and breathlessness with associated signs and chest x-ray (CXR) changes suggestive of a pleural effusion commonly present acutely to the medical assessment unit or to the respiratory outpatient department. Pleural effusions may also develop during admission. Advances in the availability of pleural diagnostic techniques, including thoracic ultrasound, thoracocentesis kits, and medical thoracoscopy means that pleural expertise can be concentrated in a dedicated clinic with the aim of facilitating ambulatory care, reducing hospital admissions and rationalising the use of laboratory services. This study aimed to assess the impact of a dedicated pleural clinic on these factors.

Methods A retrospective analysis of the hospital electronic patient records was carried out on patients attending the pleural clinic from 2014 to 2016. 146 patients were identified. Hospital admission data was also evaluated to assess inpatient admission for pleural effusion before and after the pleural clinic was instituted. In addition, quantification of laboratory samples sent pre- and post-pleural clinic was carried out.

Results Malignant disease was diagnosed in 44% of cases versus 46% for benign disease. A 29% reduction in ward admissions for pleural effusion was seen over 2 years. With a median length of stay of 5 days this resulted in 175 bed days saved in 205 with an associated annual cost saving of approximately £87,000. The number of diagnostic samples sent for cytology dropped by 11% following the introduction of the pleural clinic with estimated annual cost savings of around £3000.

Conclusions The introduction of a pleural clinic is not only cost effective in reducing hospital admissions and optimising diagnostic costs but also improves the patient journey by facilitating ambulatory care wherever possible.



Abstract P14 Figure 1 Pleural effusion inpatient admissions at three different hospitals.
Arrows = Pleural clinic established at hospital

P15 A PILOT STUDY OF A DEDICATED BALLOONED INTERCOSTAL DRAIN

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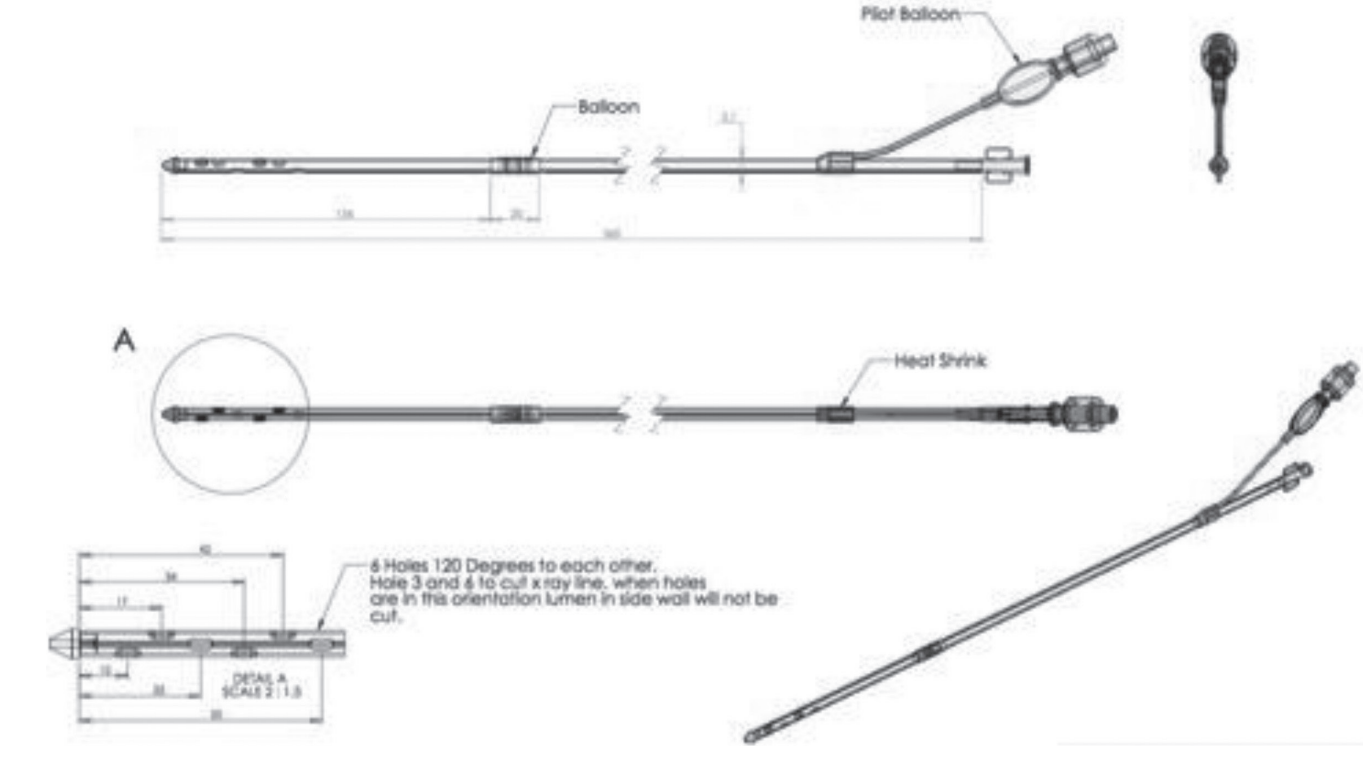
Introduction Intercostal tube drainage of pleural air or fluid is an essential tool in the management of respiratory patients. A common complication of drain insertion is accidental removal of the drain, usually as a result of inadequate securing techniques, with rates of up to 21% quoted in the literature.[1,2] This often results in the need for further pleural procedures (including drain re-siting), with associated additional risk to the patient and an increase



Abstract P15 Figure 1