Abstract P12 Table 1 Characteristics of patients who received chemotherapy and patients who declined chemotherapy

	Received chemo	Declined chemo	p
Total (n = 139)	93 (66.9)	46 (33.1)	
Gender, n (%)	83 (89.2)	35 (76.1)	0.041
Male	10 (10.8)	11 (23.9)	
Female			
Laterality, n (%)	54 (58.1)	27 (58.7)	0.943
Right	39 (41.9)	19 (41.3)	
Left			
Age, mean (SD)	68.4 (6.36)	74.4 (7.35)	<0.001
Performance status, n (%)	40 (43.0)	8 (17.4)	0.005
0	48 (51.6)	32 (69.6)	
1	5 (5.4)	6 (13.0)	
2			
Histology, n (%)	63 (67.7)	36 (78.3)	0.540
Epithelioid	15 (16.1)	6 (13.0)	
Sarcomatoid	9 (9.7)	1 (2.2)	
Biphasic	2 (2.2)	1 (2.2)	
Desmoplastic	4 (4.3)	2 (4.3)	
Not specified			
IMIG stage, n (%)	28 (30.1)	15 (32.6)	0.587
I	4 (4.3)	2 (4.3)	
II	33 (35.5)	13 (28.2)	
III	16 (17.2)	8 (17.4)	
IV	12 (12.9)	8 (17.4)	
Not documented			
Symptoms, n (%)	6 (6.5)	0 (0)	0.078
Asymptomatic	37 (41.9)	22 (47.8)	0.470
Chest pain	76 (81.7)	39 (84.8)	0.550
Breathlessness	41 (44.1)	18 (39.1)	0.499
Cough	38 (41.3)	22 (47.8)	0.367
Systemic symptoms (fatigue, weight loss or sweats)			
Blood tests, median (IQR)	138 (126–150)	132.5 (121–149)	0.263
Haemoglobin, g/dL	5.73 (4.80–7.00)	5.84 (4.28–7.00)	0.729
Neutrophils, $\times 10^9/L$	1.6 (1.15–2.15)	1.32 (1.00–1.94)	0.076
Lymphocytes, $\times 10^9/L$	35 (31–38)	34 (30–38)	0.456
Albumin, g/L	4.00 (2.73–5.38)	4.18 (3.09–6.38)	0.255
NLR			
Survival, days, median (IQR)	426 (290–674)	203 (126–405)	0.001
HR (univariable cox proportional hazards)	0.519		0.015
HR (multivariable cox proportional hazards)			

P13 THE RATIONALE FOR SETTING UP A DEDICATED PLEURAL PROCEDURE LIST: BENEFITS FOR PATIENTS AND TRUSTS

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Introduction and objectives Pleural disease contributes to a significant proportion of acute admissions and hospital bed-days. Traditionally, patients presenting with pleural effusion, were admitted for management, including patients with terminal disease.

In May 2014, we designed one of the first dedicated pleural procedure lists regionally allowing patients to undergo procedures on a day-case basis.

A dedicated pleural procedure room was established for a weekly session to accommodate a maximum of 5 pleural procedures. The list was consultant-delivered by a level 2 thoracic ultrasound-trained Consultant, with built in consultant cross-cover to prevent cancellation. An electronic referral system, pleural procedure patient pathway and WHO procedural checklist was designed to be completed for each case to maximise patient safety and efficiency. Dedicated nursing was provided to enhance patient experience and multi-professional development. The list provided weekly opportunity for education/training for those wishing to gain ultrasound certification and procedural competency-based assessment.

This study looked at the impact of acute service redesign.

Methods This was a review of a prospectively maintained database of a weekly pleural procedure list, from May 2014–May 2016. Comparison was made with data obtained from previous local audit, including LOS pre and post introduction of the new service.

Results 398 patients were referred over 2 years; 178 outpatients, 200 inpatients. On average, 4 pleural procedures/ultrasound were performed per session. A total of 3738 bed days were saved, based on an average LOS of 22 days for patients previously admitted with pleural effusions, demonstrated by audit pre-2014. In 178 cases, due to the ambulatory nature of the introduced service, average LOS was reduced from 22 to 1 day. There have been no reported adverse events since set-up, and additional income has been generated by receiving a day-case best practice tariff (BPT), introduced in 2013/14.

Conclusion Service innovation resulting in a dedicated hospital pleural procedure list has resulted in demonstrable benefits for patients in terms of LOS, patient safety and experience. Our set up has generated recurrent financial gains through bed day savings, created a regional hub for US training and confirmed the commendable merits of ambulatory care for patients requiring pleural procedures.

Abstract P13 Table 1 LOS and cost savings from day case procedures: Based on average LOS of 22 days for patients admitted with pleural effusions in 2013

Year	Number of outpatients patients seen	Number of bed-days saved	Additional income generated by receiving the improved BPT (HRG Code DZ06Z) (BPT minus standard tariff) x day case
May 2014	83	83 patients x 22 = 1,826 bed days minus 83 bed days (one day case spell) = 1743	£ 80,925 (BPT Day case tariff = £1,511)
May 2015	95	95 patients x 22 = 2,090 bed days minus 95 bed days (one day case spell) = 1995	£ 75,240 (BPT Day case tariff = £1,328)