Background
It has been standard practice for all patients to have US prior to paracentesis.

This involved:
- Ambulance transfer to/from Acute Hospital in Southampton [SGH]
- Nurse escort
- Admin time
- Cost average = £600 per patient
- Increased Length of stay by 4–7 days, awaiting scan at SGH
- Poor patient experience

50% of our patients died within 10 days of paracentesis, indicating their general frailty and the importance of short admission.

Results
50 scans were performed over 1 year:
- 2 at home - both no ascites [died at home within 7 days]
- 17 in OPA : 8 admitted for paracentesis
  - 9 no ascites [1 GB abscess, 1 U.retention]
- 31 IPU scans: 17 drains placed
  - 6 no ascites
  - 5 catheters inserted

Outcomes
- 11 admissions avoided
- 31 transfers avoided [31x £600] = £18600
- 124 bed days saved [31x4 minimum wait for scan at £294 per day] = £36456

Patient experience improved:
- Unnecessary admission avoided
- Transfer avoided
- Faster relief of symptoms
- Reduced length of stay

Reflections on QI Fellowship
WE LOVE THE PROBE!