Comprehensive Care Models in Cirrhotic Ascites
Combining an office visit with a paracentesis procedure to improve outcomes
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Background
• The most common complication of cirrhosis is ascites, which is linked to high rates of hospital admissions. (1,2)
• Ascites management involves procedures, pharmacotherapy, lab work monitoring, and nutrition. (3,4)
• Ascites management is optimized by multidisciplinary teamwork, centralized care locations, and efficient access. (5,6)
• Current care model is fragmented & involves 3 appointments in 3 different departments.

Design:
Pre/Post survey, pre/post description outcomes, financial data
Setting:
Interventional Radiology
Sample:
Adults with cirrhosis related ascites

Intervention Workflow

Purpose & Aims
Purpose: To combine an APRN office visit with a paracentesis and albumin infusion.
Aims
1. Increase patient satisfaction in the comparison model
2. Compare cost between two models
3. Reduce ED and hospital admission in the comparison model

Methods
Design: Pre/Post survey, pre/post description outcomes, financial data
Setting: Interventional Radiology
Sample: Adults with cirrhosis related ascites
Measures: Press Ganey survey

Results

Aim 1: No statistically significant difference patient satisfaction scores. Change scores of summed pre and post test results
Aim 2: At staff level APRN, cost the same in both model. Increased value comparison group with added office visit
Aim 3: No statistically significant difference in ED/hospital admission rates (n=20, U=29, p value = 1.103)

Discussion
• The evidence supports of comprehensive models
• First project to suggest adding office visit to paracentesis in this setting

Strengths:
• Patient satisfaction scores remained high when office visit added to the model
• Financial value of APRN led care models
• Clinically significant reduction in ED and hospital admissions in both models
• Brings paracentesis in line with other GI related procedures

Limitations:
• Insufficient sample size/underpowered
• ED & hospital admission rates combined

Sustainability: Train other APRNs to perform paracentesis, expand to other areas, & collect more data

References

Unit Cost Usual Care
Supply Cost Paracentesis 74.93
Supply Cost Albumin Infusion 379
Staff Cost Physician per procedure 45.6
Staff Cost APRN per procedure 18.3
Staff Cost PA per procedure 20
Staff Cost Total Physician 499.53
Staff Cost Total APRN 472.23
Staff Cost Total PA 473.03
Staff Cost Comparison Group
Supply costs: Same as usual
Staff Cost APRN 18.3
Office Visit 0 included in procedure
Unit Cost Total Physician 499.53
Unit Cost Total APRN 472.23
Unit Cost Total PA 473.03
Unit Cost Comparison Group
Supply costs
Staff Cost APRN 18.3
Office Visit 0 included in procedure
Unit Cost Total Physician 499.53
Unit Cost Total APRN 472.23
Unit Cost Total PA 473.03

Aim: No statistically significant difference in ED/hospital admission rates (n=20, U=29, p value = 1.103)

Control Intervention
56% 57%/70%