

9.11 An Audit evaluating the Management of Malignant Pleural Effusions admitted under the Oncology Service in St James's Hospital in 2019

Meabh McGrath¹, Thomas O'Carroll¹, Laura Gleeson^{1,2}

¹ Respiratory Department, St James's Hospital, Dublin 8

² Department of Clinical Medicine, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8

Background: Ambulatory management of malignant pleural effusions (MPE) is increasing in many health jurisdictions (1). We sought to evaluate current management of pleural effusions in patients admitted under the Oncology Service in SJH.

Methods: A list of pleural effusion procedures performed from 1st January 2019 to 31st December 2019 was generated through cytology laboratory specimen records and HIPE data. Those admitted under the Oncology Service were identified by electronic patient record, and medical chart review conducted.

Results: 42 patients, undergoing 52 pleural effusion procedures, were identified. Of 42 patients, pleural effusion was the primary reason for admission in 33 (78.5%). Median time from admission to first procedure was 3 days, and median LOS was 19 days. Thoracics review was requested for 18 patients (42%), and for these patients median time from admission to first Thoracics team review was 1 day. Respiratory team review was requested for 5 patients (11.9%), and median time from admission to first Respiratory team review was 7 days. Of 52 pleural procedures performed, 5 (9.6%) were aspirations, 44 (84.6%) were chest drain insertions, 2 (3.8%) were PleurX drain insertions, and 1 (1.9%) was a VATS procedure. Talc pleurodesis was performed on 5 occasions. Admission was deemed avoidable by individual case evaluation against referral criteria for a proposed Ambulatory Pleural Effusion Pathway in 27 (64.3%)

Conclusions: Ambulatory pathways are not routinely used for patients with MPE admitted under the SJH Oncology Service, but could potentially reduce patient wait time for procedures and save bed days.

Keywords: Pleural, Malignant Pleural Effusion, Ambulatory

Disclosures: The authors declare that they have no conflict of interest

References:

1. Young RL, Bhatnagar R, Medford AR, Maskell NA. Evaluation of an ambulatory pleural service: costs and benefits. *Br J Hosp Med (Lond)*. 2015;76(10):608.