

Background

- Spontaneous bacterial peritonitis (SBP) is a common complication of portal hypertension in patients with cirrhosis, which may be associated with increased mortality.
- Recognition of this complication mandates inpatient admission and there remains variation in clinical practices.
- A co-management team in this population may reduce variability and improve overall outcomes.
- The aim of this study was to evaluate utilization of guideline-based management and outcomes with SBP management by a co-management vs. traditional (consultative) based model.

Methods

- A retrospective review of 41 patients admitted to the academic medicine service with cirrhosis and SBP from May 1, 2018, to November 17, 2019, was performed.
- Patients with the aforementioned diagnosis were then distributed to either the co-management team or the other four academic medicine teams.
- The co-management model consisted of a medicine attending, medicine residents, hepatologist, gastroenterology fellow, and hepatology nurse practitioner. There were formal daily rounds to discuss common patients. The other traditional academic teams interacted indirectly with the hepatology service in consultative form and without formal rounds.

Results

- A total of 41 patient met the inclusion criteria (28 patients in the co-management team).
- Under the co-management model, patients were more likely to be initiated on antibiotics within 6 hours of paracentesis (100% vs 76.9%, $p = 0.008$).
- Additionally, there was a trend towards improved outcomes based on the following: administration of day one and day three albumin and discharge on appropriate SBP antibiotic prophylaxis.

Discussion

- Our results show that the co-management model is a promising one for the treatment of patients with chronic liver disease
- Under the co-management model, antibiotics are started sooner, albumin is more likely to be administered on day one and day three, and appropriate antibiotics are more likely to be ordered on discharge for prophylaxis of SBP
- Given the complexity of this patient population and the higher mortality rates associated with portal hypertensive complications, such as SBP, this model may help decrease the variability in clinical practice and provide overall improved care