Hepatitis C Virus (HCV) Screening in a Resident-Run Clinic - More Teaching Is Needed!

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INTRODUCTION: HCV infection affects over 170 million people worldwide. Screening for HCV is simple, early detection, treatment and eradication could lead to prevention of serious sequelae. Healthcare providers in primary care settings are expected to offer HCV screening for patients born between 1945–1965 and those at high risk. At our medical clinic, it was observed that residents often overlooked screening for age-appropriate new patients. Thus, a QI project was undertaken. The questionnaire was anonymous. Results were obtained to assess the percentage of residents offering HCV screening practices on new patients. The latter consisted of didactic sessions stressing the importance of HCV screening guidelines. RESULTS: Results revealed that 6 months after the educational intervention, the percentage of medical residents offering HCV screening increased from 26% to 57%. CONCLUSION: HCV infection is a very prevalent, but highly curable disease. Early detection and treatment may prevent serious outcomes such as cirrhosis, liver failure and HCC. Current screening guidelines recommend one-time testing for patients born between 1945 and 1965. However, our national societies are leaning towards universal screening for all adults. Thus, a more aggressive educational intervention is needed to further increase the awareness and implementation of routine HCV screening among trainee physicians who will have the ultimate responsibility of improving the outcome of patients with undiagnosed HCV infection.

S3245

Delivered Diagnostic Paracentesis: Institutional Survey Results

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INTRODUCTION: Early diagnostic paracentesis (less than 24 hours) provides benefits such as reducing mortality, length of stay, hospitalization cost, and readmission rates given its role in diagnosing spontaneous bacterial peritonitis. As part of our efforts to improve time to diagnostic paracentesis within our hospitals, it was important to assess the institutions’ and staffs’ current level of understanding of when a procedure is indicated and what they feel the largest barriers are.

METHODS: From October to November 2019 we distributed 159 questionnaire surveys to Internal Medicine Residents and Attendings. Participants anonymously replied with their level of training, confidence level with performing a paracentesis, perceptions regarding indications for diagnostic paracentesis, how many hours after presentation they feel a diagnostic paracentesis becomes delayed, and what they feel are barriers to the timely performance of a diagnostic paracentesis at both our University and VA hospitals.

RESULTS: We received 61 responses (38.4% response rate) with 37 residents and 24 attendings participating. The median response time for what was perceived to be a delayed diagnostic paracentesis was 23.5 hours. There was a response of at least “reasonable confidence” in performing a paracentesis in 87.5% of resident responses and 83.5% of attending responses. Out of a list of eleven provided clinical signs or symptoms combined with ascites on presentation, the highest response rate of participants that would perform a diagnostic paracentesis were for fever (96.7%), abdominal pain (95.1%), and altered mental status (95.1%). Notably, “asymptomatic”, or ascites only, received the third lowest response rate at 60.7% for proceeding with a diagnostic paracentesis. The three most commonly cited barriers for timely performance of diagnostic paracentesis were competing priorities during regular workflow, lack of time, and lack of timely access to procedural supplies with University rates exceeding VA rates for all three responses.

CONCLUSION: This survey provided us with valuable insights that will become targets for reducing time to diagnostic paracentesis at our hospitals. One conclusion from these results is to increase awareness that ascites alone is indication to continue with diagnostic paracentesis. In addition, we can develop a more streamlined process for performing the paracentesis such as creating a checklist of supplies detailing what the minimum required supplies are and where they are located.

S3247

Prevaling Patterns of Liver Enzymes in Patients With COVID-19 Infection and Association With Clinical Outcomes

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INTRODUCTION: Coronavirus disease (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) is now a critical threat to global public health. Although, the majority of patients present with respiratory illness, several studies have described multi-organ involvement. The purpose of this study was to report liver enzyme test results in COVID-19 patients on admission and their association with clinical outcomes.

METHODS: This study was a single-center retrospective analysis of in-patients with a confirmed diagnosis of COVID-19. Demographic, clinical factors, and liver enzyme tests including aspartate aminotransferase (AST) and alanine aminotransferase (ALT) were noted from the time of admission. Association of liver enzyme elevation with clinical outcomes such as inpatient death need for intubation and vasopressor use was determined using chi-square test and multivariate regression analysis.

RESULTS: Among 200 patients, AST elevation was seen in 53% and ALT elevation in 20% of patients. AST elevation was associated with in-patient death OR 1.03 (95% CI 1.01–1.05) P = 0.035, need for vasopressors CI 1.03 (95% CI 1.01–1.05) P = 0.001 and intubation OR 1.03 (95% CI 1.01–1.05) P = 0.002. AST/ALT ratio of 2 or more was seen in 34% of patients and was associated with the need for intubation OR 2.678 (95% CI [1.205–5.96]) P = 0.016 and need for vasopressors OR 3.352 (95% CI [1.495–7.514]).

CONCLUSION: Serum aminotransferase levels are useful markers of hepatocellular injury. Patients with elevated AST, AST/ALT ratio are at higher risk of severe disease as evidence by intubation, vasopressor use, and inpatient death. These patients should be monitored closely given the propensity for severe disease.

S3248

Nutritional Evaluation of Pre-Transplant Patients With End-Stage Liver Disease

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INTRODUCTION: Inadequate screening for nutritional deficiency in patients with end-stage liver disease (ESLD) negatively affects patient outcomes and prognosis. Without a standardized nutritional assessment, malnutrition may be overlooked. The aim of this study was to assess the frequency and factors associated with nutritional screening in patients with ESLD.

METHODS: A retrospective analysis from July 2017 to September 2018 was conducted in an inpatient hepatology service at a single tertiary care hospital. Data were acquired through chart review. Hospitalized patients with a diagnosis of cirrhosis in addition to an active hepatology consult were included in analysis. Patients were excluded if they did not have a diagnosis of cirrhosis, were post liver transplant, or had known hepatocellular carcinoma. Data were analyzed with Stats version 13, College Station, TX using univariate and multivariable logistic regression and Fisher’s exact test.

RESULTS: Between July 2017 and September 2018, a total of 382 records were reviewed, of which 174 met criteria for analysis. Baseline patient characteristics are shown in Table 1. Greater than half...