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Dr Falk/Guts UK Awards 2022

NURSE AWARD FOR IMPROVEMENT IN PATIENT CARE, WINNER:
Sister Kim Shaw

PROJECT:
Establishing a New Nurse–run Early Diagnostic Upper GI service Incorporating Cytosponge as Part of COVID Recovery and Service Improvement

Sister Kim Shaw is a Clinical Nurse Specialist in Gastroenterology, a Clinical Endoscopist and Nurse Prescriber at East and North Herts NHS Trust. She has a BSc in Gastroenterology.

Sister Shaw explains:

'We know that survival in oesophageal cancer relies heavily on early diagnosis and treatment of Barrett's dysplasia and early stage cancers, however during the pandemic, upper gastrointestinal endoscopy was suspended resulting in a significant backlog of Barrett's surveillance and gastric surveillance procedures.

'To address this concern, we established a new Cytosponge triage service as part of an early diagnosis pathway. Cytosponge is an oesophageal cell sampling device (a sponge) that is swallowed by the patient, then retrieved by the nurse via a 'withdrawal' string during which process cells samples are collected. The sponge is then sent for cytological analysis to identify whether cells that show biomarkers of Barrett's oesophagus and markers of dysplasia are present.

Our aims were both to identify early oesophageal dysplasia in Barrett's surveillance patients who could then be triaged to urgent endoscopy, and to triage patients with reflux symptoms appropriately to endoscopy who are found to have Barrett's on Cytosponge

Over the first 14 months 395 patients successful swallowed the Cytosponge (160 Barrett's surveillance 235 Investigation of reflux). We identified potential dysplasia in 12% of Barrett's surveillance patients who have since gone on to have urgent investigations and treatment and we were also able to discharge 9% patients from ongoing surveillance. From the reflux patient group, 29 (12%) of potential new Barrett's cases were identified who then underwent routine gastroscopy. Two thirds of patients with reflux did not require gastroscopy in the first year of follow-up and most of these were discharged with advice.

The triage system frees up endoscopy capacity, reduce waiting times to enable prompt patient management and improves the quality of the patient pathway and has allowed us to meet and maintain national targets. Importantly a patient satisfaction survey showed high patient acceptability with 94% willing to have Cytosponge again and 84% preferring Cytosponge to gastroscopy.

'I have now trained two nurses to administer Cytosponge as well as two research nurses and have continuity of care with nurse run consultant overseen clinics and dedicated gastroscopy lists for these patients to optimise their care. We have also linked in with national research with the DELTA and NHSE Cytosponge projects.
Although this has been a very demanding time to establish a new service it has also been very rewarding - we now have the largest real world single site experience of Cytosponge and look forward to it being 'business as usual'

Sister Shaw's Project Manager, Dr Danielle Morris, Consultant Gastroenterologist who leads the service comments:

'I am extremely proud that Kim and the Cytosponge team have been recognised for their hard work. Not only have they made significant changes that have directly improved patient care and early diagnosis of cancer but also helped reduce long endoscopy waiting lists.

'Kim works tirelessly for her patients and is always looking for ways to improve the patient pathway. She is an excellent gastroscopist and trainer and has run our Barrett's surveillance programme for many years. She is a huge asset to the trust -and our patients.'

Sister Shaw states:

'I am honoured to receive this nurse recognition award for improvement in patient care on behalf of the Cytosponge team, especially Dr Danielle Morris who has been instrumental in establishing the service at East and North Herts NHS trust.'

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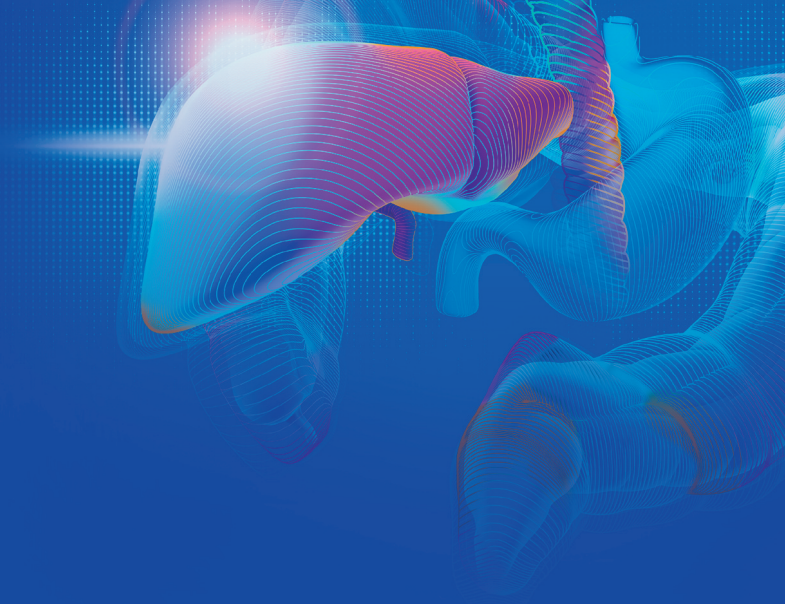

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