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**Clinical Practice**

**Illustrative Improved Clinical Care Pathways to Manage Gastroenterology Patients**

We have two illustrative improved clinical pathways in the Department of Gastroenterology and Hepatology.

For patients who are found to have acute cholecystitis, and acute biliary pancreatitis who have abnormal liver function tests but on routine liver ultrasound does not show any biliary duct dilatation, we are now using endoscopic ultrasound (EUS) as a diagnostic triage to assess the presence of common bile duct stones before considering endoscopic retrograde pancreatography (ERCP). This allows us to only performed ERCP for the purpose of removal of the intraductal stone, which then reduces unnecessary ERCP procedures which has a higher risk profile.

For patients who are medically stable based on strict clinical criteria who present with gastrointestinal (GI) bleeding (hematemesis or melena), we are able to avoid admission by means of the next available gastroscopy assessment. These patients are scoped that same day or the very next morning of their presentation. Where there are no serious findings on the endoscopy, patients are discharged from the emergency department with medical advice. There have been no reattendances or readmissions from this early discharge and we are able to transfer the cost savings to patients.

We also have a Hepatitis B care programme which is a comprehensive holistic practice aiming to reduce the avoidable complications of this disease, where we review our chronic Hepatitis B patients as well as provide regular reminders and educational updates and reviews for such patients.