Local story: IBD service improvements through IBD audit programme

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RWHT

IBD standards

- **The aim of the IBD Standards is to ensure that patients with IBD receive consistent, high quality care and that IBD services throughout the UK are knowledge-based, engaged in local and national networking, based on modern IT and meet specific minimum standards.**

IBD audit programme

1. Inpatient care audit

Assesses the treatment a patient receives when admitted to hospital. Each hospital participating in the audit collects information on the first 50 patients admitted with ulcerative colitis in 2013.

2. Inpatient experience questionnaire

Assesses the quality of patient care. Each patient included in the inpatient care audit is given a questionnaire when they leave hospital. They can comment on the care they received and how this made them feel.

3. Biological therapy audit

Collects information about treatment, delivery, disease activity and quality of life in patients who are prescribed Infliximab or Adalimumab for IBD.

4. Organisational audit

A web-based self-assessment which enables hospitals to measure their organisation of care compared to national service standards. The tool identifies areas for improvement and facilitates change.

5. Quality improvement initiatives

Peer support visits, which is where hospitals are paired up and meet to compare results and identify methods for improving the quality of care for patients. The IBD programme team supports the clinical teams to share best practice and explores new ways of working.

5 years ago (2010 standards %)

- Multiple general clinics (56%)
- 2 consultants with IBD interest
- No biologics clinic/follow up
- No database (39%)
- No MDT
- No IBD nurses (62%)
- No telephone clinic (96%)
- No medical guidelines (69%)
- 1 trial

How to get to where we are in 2015?

A: High Quality Clinical Care

B: Local Delivery of Care

C: Maintaining a Patient-Centred Service

D: Patient Education and Support

E: Data, Information Technology and Audit

F: Evidence-Based Practice and Research

Biggest impacts

- Inpatient care/experience –reported to trust quality standards group.
- IBD standards/ Peer review – reported to divisional management.
- Biological therapy audit – under-usage justified expansion of service – reported through local management and pharmacy groups.

2015 (round 4 national)

- Joint IBD clinic (4 consultants, 1 SpR)
- Biologics clinic/follow up – all incorporated into one clinic
- Halfway to database (36%) – limited
- 1.5 IBD nurses (86%)
- Telephone clinic (91%)
- Trust medical guidelines (84% acute UC)
  - all immunosuppressants
  - biologics
  - Acute IBD care
  - When to start biologics
  - When to stop biologics
  - Managing loss of response
  - Managing IBD anaemia
  - When to use calprotectin
  - When to use therapeutic drug level monitoring (in development)
  - Map of IBD (in development)
- 10 trials – include access to Masitinib, Ertolizumab, Vedolizumab, Golimumab

2015 – other outcomes

- “offered” a dietician to run/support dedicated IBD clinic.
- Patient panel and focus group – also PPI involvement in investigator led studies.
- Tertiary referrals.
- Psychological support.
- IBD MDT (but below standards).
- Educational sessions.

Further improvements

- Transition
- Joint surgical clinic
- Full searchable database