



Summary of the national report of the results of the UK IBD audit 3rd round inpatient experience questionnaire responses

Background

- Round 1 of the UK IBD audit was the first UK-wide audit performed within gastroenterology for adults. It demonstrated wide variation in the resources and quality of care for adult IBD patients across the UK with particular deficits in some fundamental aspects of IBD care.
- Following the first round members of the UK IBD audit steering group met with representatives of the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) and agreed to include paediatric gastroenterology in the 2nd audit round so the UK IBD audit could become a truly comprehensive audit encompassing IBD patients of all ages.
- During this 3rd round of audit, the inclusion of inpatient experience and primary care questionnaires provided the opportunity to give an even fuller picture of the provision of IBD care throughout the UK.

Full report can be downloaded by clicking [here](#) or alternatively downloaded by visiting the UK IBD audit page on the RCP website (<http://www.rcplondon.ac.uk/resources/inflammatory-bowel-disease-audit>)

Overall Summary

Inpatient questionnaires were received from one third of adults and children. Results show that most IBD patients reported positive experiences of hospital care with 40% rating their overall care as excellent.

The single question that correlated most strongly with overall satisfaction was a patients rating of how well doctors and nurses worked together – confirming that good teamwork is the key to delivering a high quality experience.

It is suggested that a key driver for improvement would be better provision of specialist IBD nurses with job plans that allow sufficient time to deliver ward based care and educational support for general nurses. Over one third of adults reported receiving no visit from a specialist nurse during their stay.

Key findings and recommendations can be found overleaf



Key findings

1. One in ten adult respondents rated their overall inpatient care as only fair (7%) or poor (2.9%)
2. No paediatric patients rated their care as poor, 6.7% rated it as only fair
3. For both adults and children with IBD, overall care satisfaction correlated most strongly with their rating of how well doctors and nurses worked together. Patients place high importance on consistent, co-ordinated care from medical and nursing staff who have knowledge of their condition
4. Composite scores across six domains of acute adult care were comparable across all the countries involved in the audit, suggesting no major national differences
5. When compared with general inpatients (pooled scores for Trusts from the National Inpatient Survey, 2009), IBD patients appeared to give relatively poorer rating for consistency and coordination of care and nursing care
6. Hospital food was rated as poor by one in five adults and one in ten children. At least one in ten of all IBD patients reported that the food provided was 'not enough'. Over half of adults and a quarter of children reported receiving no visit from a dietician.
7. Eight out of every ten IBD patients experienced some pain during their inpatient stay. Around a quarter reported being in pain all or most of the time. Over one in ten IBD patients rated their analgesic medication as 'not enough'
8. At least one in ten patients reported sub-optimal aspects of discharge information such as lack of information about drug side effects, the danger signs to watch for or how to manage their condition after going home

Key recommendations

1. All admitted IBD patients should receive input from specialist multidisciplinary teams with experience of managing such complex disorders
2. Local IBD teams should consider whether the general nursing staff has sufficient awareness and knowledge of IBD and initiate appropriate educational interventions and care pathways to support high quality nursing. The routine involvement of a specialist IBD nurse in the day-to-day care of IBD patients at ward level is seen as a potential driver to improving the overall experience of nursing care
3. All hospitalised patients with active IBD require routine documentation of nutritional intake, weight measurement and dietetic review. Nursing care plans should identify nutrition as a key element of day-to-day care
4. Ward medical and nursing teams should review their local policies and current practice with regard to the frequency and effectiveness of pain assessment and provision of analgesia
5. Discharge policies for IBD patients require local review to ensure that patients receive good quality pre-discharge information regarding medication, self-care and follow-up plans

For more information email: ibd.audit@rcplondon.ac.uk or call: 020 3075 1565

