Role of the IBD Nurse

Lydia White
IBD Advanced Nurse Practitioner
2018
Development and Range of IBD nursing

Practical Elements
1. Inpatient and Specialist Support
2. Advice Line
3. Telephone Clinics
4. Specialist follow-up:
5. New Diagnosis Service
6. Biologics Service
7. MDT

Perspectives; Nurse, Doctor, Patients
1995
First IBD nurse appointed in UK (only)

2007
RCN Role Descriptors

2013
NECCO Consensus statement

2017
Role in UK, Europe America, Canada, Australia, New Zealand, Asia, Middle East…
Many with Advanced Nursing Skills (MSc)
UK IBD Nurse Role

- Telephone advice line
- Follow-up clinics
- Rapid access clinics
- In-patient support
- Managing an immunosuppression service
- Administration and monitoring of anti-TNF therapy
- Nutritional support
- Education and counselling
- Developing and defining IBD services
- Liaising with the multidisciplinary team
- Involved in the care of patients with IBD
- Undertaking endoscopy
- Co-ordinating colorectal cancer surveillance

## Practice

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<th>Advice Line</th>
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<th>In patient support</th>
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N-ECCO Statement 2A

Nurses in contact with patients with IBD working in any setting, need to have basic knowledge of the diseases, know the difference between Crohn's disease and ulcerative colitis, and appreciate the importance of establishing timely therapeutic interventions. Awareness of the key diagnostic strategies and of the main medical and surgical options available in the management of IBD is recommended [EL3].

N-ECCO 3.1

Competencies in advanced clinical skills (which may include undertaking procedures such as physical assessment, endoscopy, or prescribing); nursing expertise; the development of practice standards and provision of evidence based care; ability to analyse, critique and evaluate evidence and outcome; critical thinking; publishing practice innovations or audit; the development of original nursing research; leadership; education and change management.

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IBD Module (Salford)  
History Taking & Physical Examination  
Prescribing  
Relevant MSc credits  
Primary Research MSc

2 - 3 years  
3 – 6 years
Practical aspects..

1. Inpatient and Specialist Support
2. Advice Line
3. Telephone Clinics
4. Specialist follow-up
5. Biologics Service
6. New Diagnosis Service
7. MDT
1. Inpatient and Specialist Support
Inpatient Support

**UK IBD Standards:**
*IBD inpatients should be seen by an IBD Nurse*

- Trust
- Transition
- Translation
- Teaching
- Team
- Trials

Available at: [www.ibdstandards.org.uk/](http://www.ibdstandards.org.uk/)
Clinics, Wards, Endoscopy

- New diagnoses
- Lifestyle issues
- Nutrition
- Medication:
  - New medication
  - Topical Therapy
  - Review/Compliance
- Biologicals
- Smoking Cessation
- Transition
  - Surgery
  - Adolescents
- Lack of understanding
- Research
- Psychological support
- General Review
2. Advice Line

- Telephone: (01865 228772)
- Email: IBD.Advice@nhs.net
2. Advice Line - aims

Primary
• Time-critical response
• Improve access
• Improve safety

Secondary
• Improve QOL
• Appropriate use of clinic slots
• Improve skill use
• Reduce cost for OUH, CCG and Patient
• Generate income

• Triage
• Early Intervention
• Rapid Access
IBD patient admissions to A&E

UK HES data from 3 London Hospitals
Courtesy - Dr Bu Hayee, Kings College Hospital, London
2. Advice Line

- Triage
- Early Intervention
- Rapid Access

Advice Line Contacts each January

January


0 50 100 150 200 250 300 350
23 – Would you call or email the Advice Line again?

“\textit{A life line - helping me with any issues/concerns I have had. Have had an extremely good response from the nurses}”

“\textit{To be able to talk to someone with access to my notes and who has a good understanding of UC and can prescribe medication quickly is a wonderful service}”
3. Telephone Clinic
3. Telephone Clinic - aims

Primary
- Review current condition
- Manage long term perspective; pattern of disease, medication, surveillance investigations and lifestyle factors

Secondary
- Reduce cancellations, long waits, travel and time
- Improve access to urgent clinics
- Improve skill use
- Reduce costs for OUH, CCG and patient.
3. Telephone Clinic

12 Month

- Referral by Clinic letter or outcome sheet
- History reviewed 2/52 prior
Pre-Clinic Review

Diagnosis Details: UC, Peri-rectal abscess.

Relevant Investigations:
- 2004: CT scan.
- 2004: CT肠造影, 腹部不饱和.

IBD related Operations:
- 2004: Colonoscopy.
- 2005: Colonoscopy.
- 2006: Colonoscopy.
- 2007: Laparotomy.
- 2008: Colonoscopy.
- 2009: Colonoscopy.
- 2010: Colonoscopy.

Disease History:
- 2004: Rectal abscess.
- 2005: Lesion.
- 2006: Rectal abscess.
- 2007: Laparotomy.
- 2008: Colonoscopy.
- 2009: Colonoscopy.
- 2010: Colonoscopy.

Medication History:
- 2004: Prednisolone 10mg TDS.
- 2005: Prednisolone 1.5mg daily.
- 2006: Prednisolone 1mg daily.
- 2007: Prednisolone 20mg.
- 2008: Prednisolone.
- 2009: Prednisolone.
- 2010: Mesalamine 1g SDDS.
- 2011: Mesalamine.
- 2012: Mesalamine.
- 2013: Mesalamine.

Lydia White v3 Nov 2011
3. Telephone Clinics

12 Month

- Referral by Clinic letter or outcome sheet
- History reviewed 2/52 prior
- Set time for patient to call
- Blood tests prior
- Patient calls and assessed
- Plans and Action
- Medical support as needed
- Advice Line = safety net
3. Telephone Clinics

12 Month

- Referral by Clinic letter or outcome sheet
- History reviewed 2/52 prior
- Set time for patient to call
- Blood tests prior
- Patient calls and assessed
- Plans and Action
- Medical support as needed
- Advice Line = safety net

2015-2016
OUH Income: £21,701
PCT Saving: £47,575
14. In your opinion how does the telephone appointment compare with the previous system?
Patients:

“It saved another trip to the hospital”

“I was far more relaxed, the appointment seemed more personal”

“Blood results on the day means you have answers”

“I saved parking money”

“No travelling time”
4. Specialist follow-up

- Biologic patients
- Other: e.g. IBS / IBD patients
- (Surgical patients)
- New Diagnosis …
5. New Diagnosis Service
Service Design

- Initial Diagnosis
- Treatment started
- IBD Nurse 1\textsuperscript{st} Education
- Review (≤ 2/52)
- IBD Nurse 2\textsuperscript{nd} Education

Advice Line

- Written Information
  - TPMT
  - Vaccination / Screening
  - Registration to Research

Translational Gastroenterology Unit

OXFORD
**IBD New Diagnosis Proforma**

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<tr>
<th>Patient name or sticker:</th>
<th>Phone number:</th>
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<td>Hospital Number:</td>
<td>Height:</td>
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<td>Address:</td>
<td>Weight:</td>
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<td>Date of Birth:</td>
<td>Clinic date:</td>
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**Inflammatory Bowel Disease Patient Proforma**

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<tr>
<th>DISCUSSION</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; CONTACT</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; CONTACT</th>
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<td>Essential topics must be covered at 1&lt;sup&gt;st&lt;/sup&gt; contact</td>
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- Diagnosis / Distribution
- Lifelong
- Remitting / Relapsing
- Treatment:
  - Medical /Surgical
- Diet
- Causes
- Contact /Management

**Additional topics – not essential at 1<sup>st</sup> contact**

- Smoking
- Pregnancy / Fertility
- Travel
- Past Medical History
- Fluvax & Pneumovax

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**Clinical assessment**

(Bowel frequency, consistency, blood / mucous, urgency, pain, EIMs)

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<th>2&lt;sup&gt;nd&lt;/sup&gt; Contact</th>
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Date: Signature: Date: Signature:
6. Biologics Service

2007 New starters

Adalimumab: 6

Infliximab: 2

2016 New starters

Adalimumab: 72

Infliximab: 53

Vedolizumab: 96
6. Biologics process

IBD Clinic or Ward 5F or Endoscopy or Other wards
6. Biologics process

IBD Clinic or Ward 5F or Endoscopy or Other wards

1. REFERRAL FORM

1. ASSESSMENT FORM
6. Biologics process

IBD Clinic or Ward 5F or Endoscopy or Other wards

1. REFERRAL FORM

1. ASSESSMENT FORM

Central Records Updated

Patient gets Anti-TNF treatment course

PATIENT MONITORING
6. Biologics process

IBD Clinic or Ward 5F or Endoscopy or Other wards

1. REFERRAL FORM

1. ASSESSMENT FORM

Patient reviewed in Biologics clinic

Central Records Updated

Patient gets Anti-TNF treatment course

PATIENT MONITORING
6. Biologics process

IBD Clinic or Ward 5F or Endoscopy or Other wards

1. REFERRAL FORM

Stop

Patient reviewed in Biologics clinic

Change Continue

1. ASSESSMENT FORM

Continue

Central Records Updated

Patient gets Anti-TNF treatment course

PATIENT MONITORING

Continue

Continue
7. MDT
7. MDT

1. Room
2. Time
3. Medics / Surgeons / Radiologists / Histopathologists / Dieticians / Ward team / Pharmacists / IBD Nurses / Research Nurses
7. MDT

1. Room
2. Time
3. Medics / Surgeons / Radiologists / Histopathologists / Dieticians / Ward team / Pharmacists / IBD Nurses / Research Nurses
7. MDT

Suitable cases:

1. Complex Clinical Features
2. Failed conventional therapy
   1. Long term steroids
   2. Possible for surgery
   3. Biologics
   4. Possible trial therapies
3. Failed ambulatory management (inpts)
# Inflammatory Bowel Disease
## Multi-disciplinary Team Meeting

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Full list of attendees is kept by IBD MDT Office

Version 3 SK & LW Jan 2014

OXFORD
Translational Gastroenterology
Unit
Perspectives

- N-ECCO Statement 4A
- The Advanced IBD Nurse provides a pivotal and important role in the care of the IBD patient, which benefits the patient, the MDT, and the healthcare provider [EL 5].
Perspectives

N-ECCO Statement 4A
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Perspectives

- IBD Nurse
- IBD Doctor
- Patient
• IBD Nurse
• IBD Doctor
• Patient
• IBD Nurse
• IBD Doctor
• Patient
“Only if we have outstanding IBD nurses will we have top quality IBD units”

ECCO news introduction Oct 2017
• IBD Nurse
• IBD Doctor
• Patient
Patient Perspective

Followed on from recommendations of systematic review:

130 Qualitative Descriptions from:
Patients and Families

- 24 Role behaviours and Skills
- 12 Personal Attributes

Role behaviours and Skills (/24)
1. Always there
2. Listening skills and time
3. Supportive link and Advocacy with doctors to improve condition speedily
4. Source of specialist knowledge and advice
5. Hospital visiting when inpatient
6. Working out of hours
7. Flare up management
8. Support for whole family
9. First contact for patient
10. Proactive monitoring and contact maintenance

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● Development and Range of IBD nursing

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● Perspectives; Nurse, Doctor, Patients
Acknowledgements

NECCO representatives in Europe:

Henny Tomlow &
Marthe Verwey (The Netherlands)
Miri Ganon (Israel)
Patricia Greens (Belgium)
Suzanna Ostrec (France)
Tuija Vilmunen (Finland)
Jasmina Andonova (Bulgaria)
Ludmila Procházková (Czech Rebuplic)
Rosemarie Junker (Switzerland)
Ann Tomberg (Sweden)
Sally Antoniades (Australia)

The Oxford Translational Gastroenterology Unit

Professor Satish Keshav
Professor Simon Travis
Dr Oliver Brain
Dr Rebecca Palmer

Kate Griffiths
Charlotte Mullin
Penny Love
Graham Blackburn
Sabine Cullen
Kristi Davies
Resources:


Inflammatory Bowel Disease Nursing Manual
Eds: A. Sturm and L. White
(ISBN 978-3-319-75021-7)