

Improving Inflammatory Bowel Disease Care: Implementation of a Care Pathway in an Acute Hospital

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Introduction

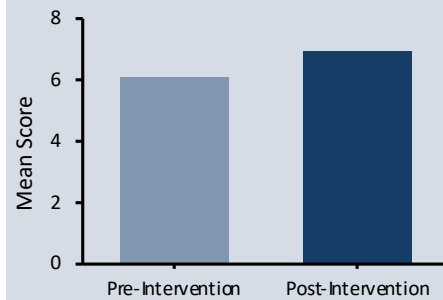
- There are up to 40,000 people currently living with Inflammatory Bowel Disease (IBD) in Ireland. Crohn's disease and Ulcerative Colitis have incidence rates of 5.9 and 14.9 per 100,000 respectively (1).
- Acute severe colitis is a potentially life-threatening condition that requires specialist input from gastroenterology and colorectal surgeons.
- In an on-call setting, specialised gastroenterology input may not be readily available, and as such it is important that medical non-consultant hospital doctors (NCHDs) implement important aspects of management at presentation (< 12 hours).
- For NCHDs who have no experience managing patients with IBD, we hypothesised that there may be a knowledge gap and thus patients and NCHDs would benefit from introduction of an IBD Admission Pathway including details on important aspects of care.
- Similar interventions have been used in other hospitals to ensure appropriate management of IBD patients in the acute setting.
- The aim of the study is to improve and standardise the management of IBD patients presenting with acute colitis, in line with ECCO (European Crohn's and Colitis Organisation) guidelines (2).

Methods

- Medical NCHDs were asked to complete an anonymous 10-point questionnaire on the management of acute severe colitis.
- Participants (N=25) were selected by convenience random sampling.
- Subsequently, we conducted an educational session (Grand rounds presentation) and introduced an IBD care pathway for use in the on-call setting.
- NCHDs were asked to repeat the questionnaire and responses before and after intervention were compared.

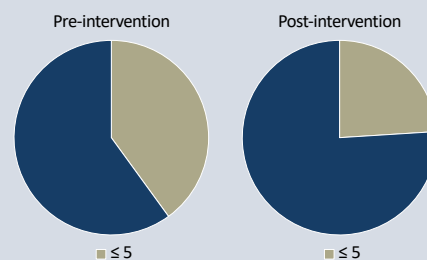
Results

- Mean scores improved from 6.1 to 6.92 (out of 10).

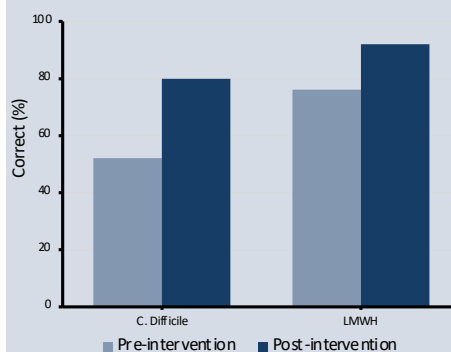


- 8 out of 10 points of information assessed demonstrated improvements in correct response rate.

- The proportion of respondents scoring 5 or less reduced from 40% to 24%



- The largest improvement in correct response rate post-intervention was seen in the questions regarding *C. difficile* (52% to 80%) and the use of low-molecular weight heparin (76% to 92%)



- The most common incorrect responses pre- and post-intervention related to inpatient dietician input (4% correct to 16%) and the use of anti-diarrhoeal medications (32% correct to 40%).

Discussion

- NCHD knowledge and awareness of key aspects of the management of acute severe colitis was improved following educational intervention and the introduction of an IBD admission pathway.
- Despite the improvement in mean scores, this audit identified that certain aspects of IBD management, particularly dietician input and the avoidance of anti-diarrhoeal medications in acute severe colitis, require further improvement.
- It is well established that educational interventions, such as grand rounds (3), and continuous professional development (CPD) have positive impacts on physician performance (4,5), this audit provides further support of this.
- For NCHDs without significant experience in managing IBD patients (and potentially other specialised patients), the introduction of a care pathway can be used to supplement knowledge and standardise management. Further study is necessary to examine if this has a positive impact on patient outcomes.

References

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