UK IBD Audit: Communicating Results Effectively

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Background

- First truly national audit within gastroenterology in the UK

- Immediate challenges
  - Identifying centres
  - Recruiting contacts in all acute hospitals throughout the UK that admit IBD patients

Recruitment phase

- Recognition from the outset that it was important to have a designated clinical lead at each participating site
- Responsibilities
  - Ensuring that the local team was aware of the aims of the audit
  - Properly prepared to gather and enter data against clear timelines

Recruitment phase

- Clinical audit departments often play a key role in participation in national audits so all communication was also sent to the registered audit department lead at each site

Reporting process

- Data entry took place for 2nd round between Sept and Dec 08
- Data analysed quickly and site reports produced by the first week in March.
- Quick turnaround was essential in order that the data and messages within the reports remained relevant

Reporting process

- Local sites were sent their reports 3 weeks prior to the launch of the National Report
- Gave them time to absorb their results and anticipate any queries they may receive once the national results entered the public domain
- Timeframe appeared adequate

Accessibility of reports

- Important to ensure there was no delay in sites receiving their reports
  - Reports therefore sent to all site leads directly by e-mail
  - Also made available to download via the data entry website using a unique login and password

Composition of reports

- Executive Summary
- key messages that would grab the attention of a varied audience:
  - Trust and Strategic Health Authority Chief Executives and Medical Directors
  - Departments of Health in Eng/N.Ireland/Scot/Wales
  - Professional Associations
  - Media outlets
- More detailed results section
  - Healthcare professionals

Composition of Reports

- Key findings & recommendations agreed by the Steering Group.
- Presented in line with the National Service Standards for the Healthcare of people who have Inflammatory Bowel Disease, launched in Feb 09

Standard A. High quality clinical care
Standard B. Local delivery of care
Standard C. Maintaining a patient-centred service
Standard D. Patient education and support
Standard E. Information technology and audit
Standard F. Evidence-based practice and research

Composition of Reports

Key Findings and Recommendations for action

It should be noted that the IBD Audit was established and 2nd round datasets agreed, before the IBD National Service Standards were published. Therefore, we did not specifically audit against them for the 2nd round. In order to reflect support for this landmark document the UK IBD Audit Steering Group has decided to group the Key Findings and Recommendations from the 2nd round results against the 6 core areas (A to F) of the new standards. Results quoted below in the key findings are from the national statistics stated in sections 4 -7 of the full report and compare data from the 2008 audit round with results from the 2006 audit.

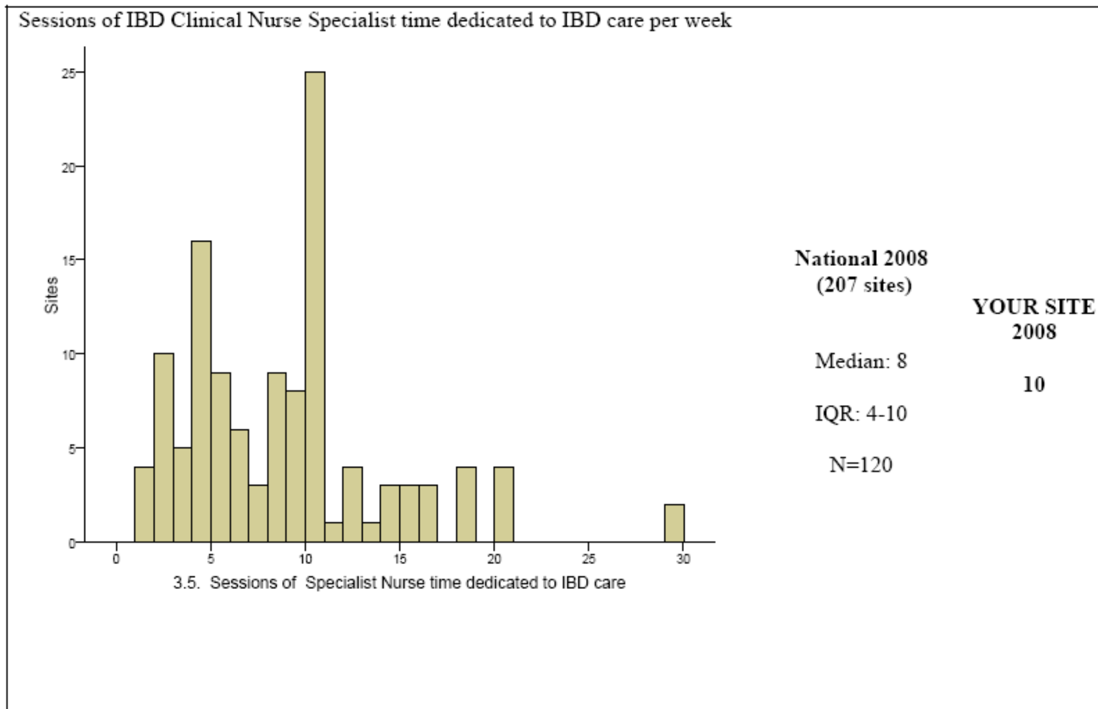
Standard A – High Quality Clinical Care
High quality, safe and integrated clinical care for IBD patients, based on multi-disciplinary team working and effective collaboration across NHS organisational structures and boundaries.

Key findings:
Organisation of IBD Services

- There are more IBD Clinical Nurse Specialists (a rise from 56% to 62% of sites) and more of the sessions that they work (median from 6 to 8) are dedicated to IBD. Over one third of sites (38%) still do not have an IBD Clinical Nurse Specialist.
- Designated specialist ward areas are more common: Now available in 75% of sites, becoming more common since 2006 (when it was 67%).
- Meetings between physicians and surgeons have become less common (taking place in 66% of sites, down from 74% in 2006).
- Psychological support for patients with IBD is available in only a small minority (<10%) of sites
- Toilet facilities have not improved and are below the required standard of a minimum of 1 easily accessible toilet per 3 beds.

Composition of Reports

- Important for clinicians to be able to see "Your Site" data compared against the national data



Dissemination of results

- ……report findings also launched through media outlets via the RCP Press Office

IBD CARE – SOME IMPROVEMENTS SINCE 2006, BUT STILL MAJOR GAPS – IMPLEMENTATION OF NATIONAL IBD SERVICE STANDARDS NOW NEEDED

The second national audit of patients with Inflammatory Bowel Disease (IBD) has found that many services for patients with IBD have improved; however, there was still wide variation in the provision of care and many services had not improved at all. Success stories include the provision of prophylactic heparin, more designated specialist ward areas and specialist nurses, and more nursing sessions, but toilet facilities and provision of psychological support still remain very poor and do not meet patients' needs.

Launched this year, the National IBD Service Standards (www.ibdstandards.org.uk) aim to ensure that patients with IBD receive healthcare that is safe, effective and of consistently high quality. Through the development of 6 core standards the document makes clear what represents high quality care.

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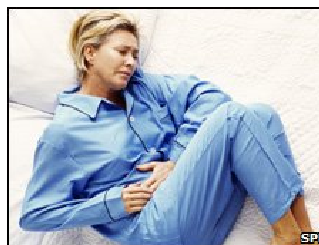
Wide variation in NHS bowel care

There is an "unacceptable" variation in care for inflammatory bowel disease in the UK, an audit has found.



Inflammatory bowel disease costs the NHS £720m a year

Dietetic services and psychological support in NHS hospitals is particularly poor, the Royal College of Physicians said.

But some services have improved in recent years, the report found.

One in 250 people are affected by the two main types of inflammatory bowel disease - ulcerative colitis and Crohn's disease.

Both disorders commonly present in adolescence or early adulthood and cause chronic diarrhoea and abdominal pain.

At least 80% of people with Crohn's disease and 25% with ulcerative colitis require surgery at some time and there are about 30,000 related admissions to hospital per year.

ULCERATIVE COLITIS

- Causes chronic inflammation of the colon
- Symptoms include bloody diarrhoea, abdominal pain, frequent need to go to the toilet and weight loss
- It can flare up and then go into remission for months or even years

Poor care in some hospitals and a lack of specialist care was first highlighted in 2006.

That first audit of NHS care did prompt some improvements, notably in the provision of more specialist nurses and gastroenterology wards, the latest

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Dissemination of results

……and Trust Chief Execs notified of results

Dear Chief Executive

UK Inflammatory Bowel Disease Audit 2nd Round Results

Attached is a copy of the full national report of the results of the UK IBD Audit 2nd Round (2008). We were extremely grateful for the high level of participation in the audit across the UK and a full list of participating hospitals appears as appendix 4 in the report.

We would urge you to concentrate on the **Executive Summary section (pages 6 to 37)** of the attached report which identifies the key indicator results in the organisation and delivery of IBD care as identified by the UK IBD Audit Steering Group.

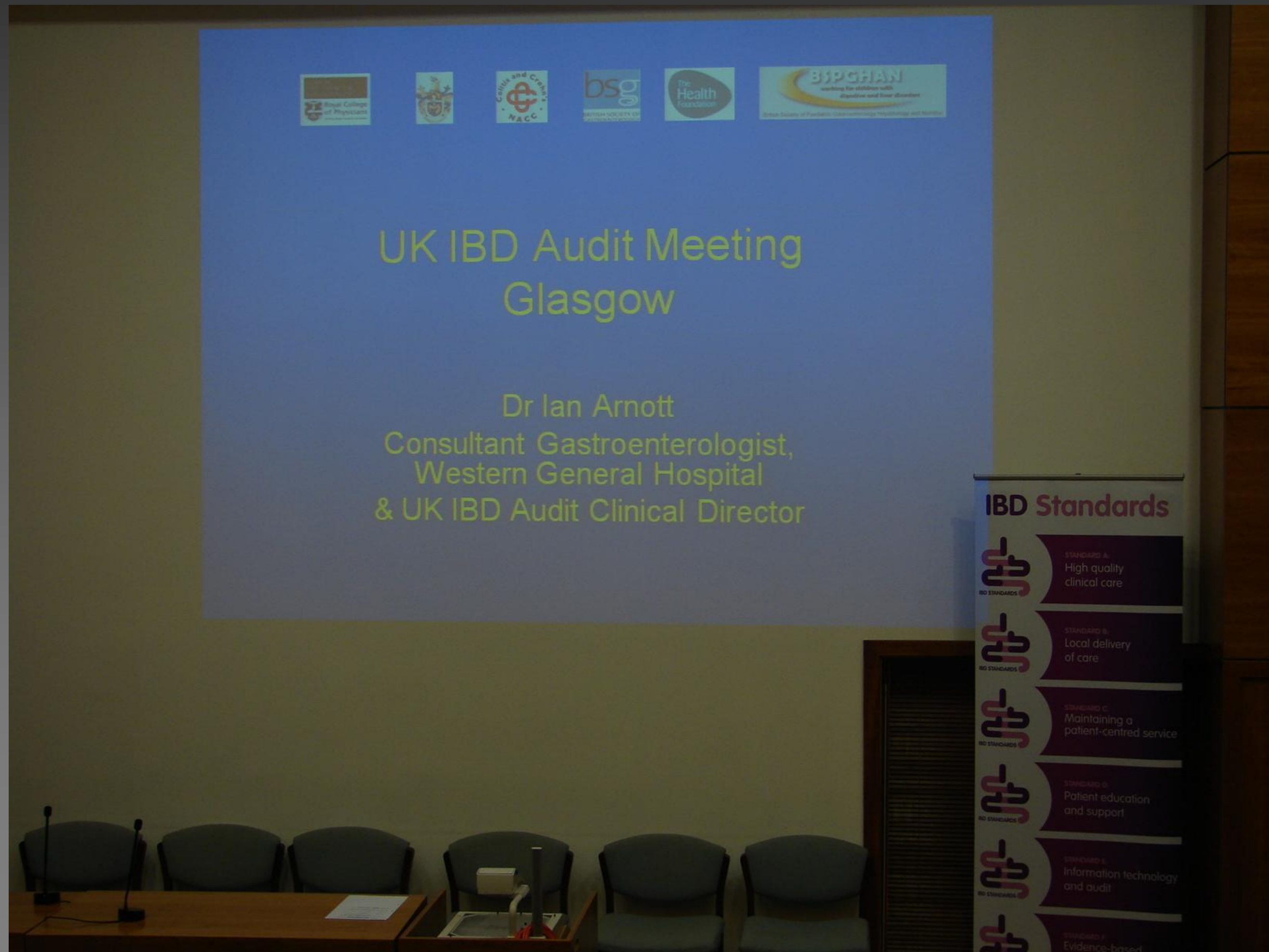
Should you wish to know the details of the clinical lead(s) from within your Trust/Health Board and also view a copy of your individual hospital report(s) please contact Calvin Down or Clare Moloney at the Royal College of Physicians.

The key findings and recommendations in the report are shown in the context of the 6 core standards of the recently launched National IBD Service Standards (www.ibdstandards.org.uk). These standards aim to ensure that patients with IBD receive healthcare that is safe, effective and of a consistently high quality. It is recommended that IBD Services should be expected to meet the standards by September 2010.

Dissemination of results

- Results presented at key National Professional & Patient Meetings
  - Association of Coloproctology of Great Britain & Ireland
  - British Dietetic Association
  - British Society of Gastroenterology
  - British Society of Paediatric Gastroenterology, Hepatology & Nutrition
  - National Association for Colitis and Crohn’s Disease

……and discussed with local IBD teams at 9 regional meetings between May and July

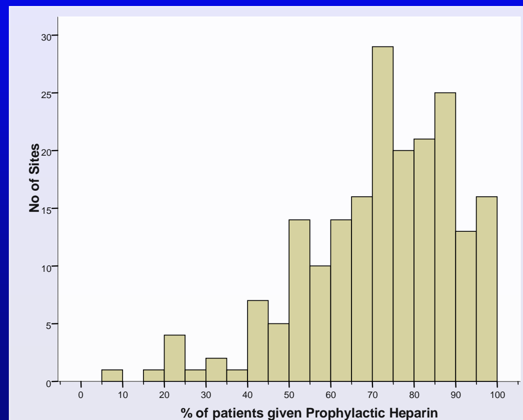


Dissemination of results

Following each meeting sites given a powerpoint presentation of results that could be edited to show their own data in relation to the UK wide and regional results

Standard A
High quality clinical care

% Patients (non-elective UC and Crohn's disease patients combined*) given prophylactic heparin



2008 Audit	
National	**72%** (3507/4900*) (median 73%, IQR 61-86)
Hospital "A"	**88%** (29/33*) 50% (20/40 not just non-elective) in 2006
South Central	**65%** (147/225)

Achievements

- 209 sites submitted data (93%)
- Received prompt, detailed site reports
  - measure their IBD Service against agreed National Standards

- Notable improvements highlighted
  - Provision of IBD Nurses
  - Increase in Specialist GI wards
  - Greater use of Prophylactic heparin

- Areas for improvement publicised
  - Multidisciplinary working
  - Dietetics
  - Toilet provision
  - Psychological support
  - Increase participation in Research
  - Database of IBD Patients (National Registry?)

Achievements

- UK IBD Audit 3rd round included in the National Clinical Audit & Patient Outcomes Programme.

- A clear communication strategy will be required, drawing upon lessons learned from the initial 2 rounds in order to ensure that results from the audit continue to reach the required audience in order to continue to drive improvements in IBD care across the UK