

National Clinical Audit and Patient Outcomes Programme

Project Summary

UK Inflammatory Bowel Disease Audit 3rd Round

Purpose

The UK Inflammatory Bowel Disease (IBD) Audit 3rd Round seeks to improve the quality and safety of care for IBD patients in hospitals throughout the UK. It will do this by assessing individual patient care and service resources and organisation against the National Service Standards for the care of patients who have Inflammatory Bowel Disease that were launched in February 2009: www.ibdstandards.org.uk.

The 3rd round of the audit will build on the work of the established UK IBD Audit which completed a full cycle of 2 rounds of national audit between September 2005 and August 2009.

The 3rd round will repeat both the organisational and clinical audit elements previous rounds using amended audit questions that will measure directly against the National Service Standards for the care of patients who have Inflammatory Bowel Disease. The 3rd round will continue to assess the care of IBD patients of all ages following the inclusion of paediatric patients in the 2nd round.

Additionally, the 3rd round will capture an overview of the provision of IBD care through primary care services through the inclusion of a GP questionnaire and will also assess patients' experiences of their hospital admissions for IBD using patient questionnaires.

The audit will develop a means of collecting information regarding the use of biological therapies in IBD care and to look at related patient reported outcome measures.

Methodology:

Patient identification:

Participating hospitals will be asked to enter data on up to 40 patients (20 each of Crohn's Disease) admitted with a primary diagnosis of IBD. The patients will be identified retrospectively after discharge using appropriate ICD-10 codes. The provision and organisation of IBD Services at participating hospitals will be assessed 'as at' a defined date in time.

Data entry and transmission:

Data will be entered into a web based data collection tool. Experience from previous national audits (e.g. Stroke, COPD, Falls and Continence), has demonstrated that such an approach results in high levels of data completeness and has effectively eliminated the need for data cleaning.

The UK IBD Audit already has an established web based tool which is acceptable to clinicians as demonstrated high participation rates in previous rounds. The 3rd round of the audit will build upon the existing IBD Audit web tool to cover the range of care processes to be audited.

Statistical analysis:

Data will be gathered centrally at the Clinical Effectiveness & Evaluation unit (CEEu), based at the Royal College of Physicians, and will be imported into SPSS software for statistical analysis. Statisticians within the CEEu who are familiar with the requirements of large scale case note audit will oversee the analysis of data and will work with the clinical leads to report the findings. The CEEu views the input of their experienced statisticians as being essential in the process of developing the scope of projects, analysis of results and the composition of subsequent reports.

Recent CEEu-managed projects (Stroke, Falls, COPD as well as Inflammatory Bowel Disease) have all made use of IT in order to improve data collection rates, closely manage the data collection phase, increase the reliability of data input, ease the data collation and analysis process and provide rapid feedback to participants.

Key quality indicators

The UK IBD Audit 3rd round will measure IBD care in the UK against the National Service Standards for the care of patients who have Inflammatory Bowel Disease. These national standards were developed by an IBD Standards Working Group which was comprised of 6 key health professional organisations alongside the National Association for Colitis and Crohn's Disease (NACC), the national organisation for IBD patients of all ages. The group worked to define for the first time what is required in terms of staffing, support services, organisation, patients' education and audit to provide integrated, high-quality IBD Services.

The standards agreed by the Working Group are encapsulated into the following 6 key areas

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.

Standard B – Local delivery of care

Care for IBD patients that is delivered as locally as possible, but with rapid access to more specialised services when needed.

Standard C – Maintaining a patient-centred service

Care for IBD patients that is patient-centred, responsive to individual needs and offers choice of clinical care and management where possible and appropriate.

Standard D – Patient education and support

Care for IBD patients that assists patients and their families in understanding Inflammatory Bowel Disease and how it is managed, and that supports them in shared decision making and achieving the best quality of life possible within the constraints of the illness.

Standard E – Information technology and audit

An IBD Service that uses IT effectively to support patient care and to optimise clinical management through data collection and audit.

Standard F – Evidence-based practice and research

A service that is knowledge-based and actively supports service improvement and clinical research.

Full details of the rationale and Implementation Standards for Standards A to F can be seen at: <http://www.ibdstandards.org.uk/>

Data collection schedule

National Organisational Audit data entry:

Data on the organisation and provision of IBD Services is to be entered between September and October 2010.

National Clinical Audit data entry:

Data relating to IBD inpatient admissions will be entered from the beginning of September 2010 through to the end of August 2011.

Data entry for Patient Experience questionnaires:

Data relating to Patient Experiences will be entered from the beginning of September 2010 through to the end of September 2011.

Data entry for GP practice questionnaires:

Data relating to GP questionnaires will be entered from the beginning of September 2010 through to the end of September 2011.

Biologics Audit:

Data relating to the Biologics audit will be entered between September 2010 and February 2011.

Is the Audit Process or Outcome focused?

This audit will assess both the outcomes and processes of IBD care.

The audit will assess measurable outcomes such as:

- Hospital case fatality rates
- Rates of surgical intervention
- Length of stay in hospital

The audit will measure the processes of IBD care against existing guidelines and standards:

- Guidelines for the Management of Inflammatory Bowel Disease in adults
- Inflammatory Bowel Disease Transition to Adult Health Care Guidance for Health Professionals
- National Service Standards for the Care of IBD patients: www.ibdstandards.org.uk

Who is involved in the audit?

The UK Inflammatory Bowel Disease Audit is co-ordinated by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians of London. The work of the UK IBD Audit is guided by the multidisciplinary UK IBD Audit Steering Group which oversees the preparation, conduct, analysis and reporting of the audit.

The following patient and professional bodies are represented on the steering group:

- Association of Coloproctology of Great Britain and Ireland
- British Dietetic Association
- British Society of Gastroenterology
- British Society of Paediatric Gastroenterology Hepatology and Nutrition
- National Association for Colitis and Crohn's Disease (NACC)
- Royal College of Nursing Crohn's and Colitis Special Interest Group
- Royal College of Physicians of London
- Royal Pharmaceutical Society of Great Britain

Who are the main stakeholders?

The UK IBD Audit is a collaborative partnership between Gastroenterologists (the British Society of Gastroenterology), Colorectal Surgeons (the Association of Coloproctology of Great Britain and Ireland), Patients (the National Association for Colitis and Crohn's Disease), Physicians (the Royal College of Physicians of London) and Paediatric Gastroenterologists (The British Society of Paediatric Gastroenterology, Hepatology and Nutrition).

Date of the next Annual Report and outline content

- National Report of the Organisation of IBD Care in the UK to be published March 2011
- Biologics Audit Interim Report – June 2011
- National Reports on the of the Processes of IBD Care in the UK, including Patient experience and GP practice questionnaire data – March 2012

More information: <http://www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/Pages/UK-IBD-Audit.aspx>

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