

Organisational audit – Round 4

Adult IBD service help notes

Useful information

More information that can be found via the 'Supporting documents' section of the web tool include:

- [Quick start guide](#)
- [How to log in](#)
- [Frequently asked questions](#)
- [Hard copies of the audit tools \(Adult\)](#)
- [How to access resources in the shared document store](#)

Further supporting information that you may find helpful is available via the 'Resources' section on the website. Here you can access reports, guidelines and much more.

Section 1. Demographics		
Question number	Data item	Help notes
DEM 1.1	How many IBD patients does your service manage?	Include <u>all</u> patients (inpatients and outpatients of any age) managed by your service
DEM 1.6	How many new IBD patients have you seen in the last 12 months?	Of those patients in DEM1.1, how many were completely new to your service (not necessarily newly-diagnosed)?
DEM 1.8	How many patients aged 17 and over at the date of admission, were discharged from the care of adult services between 1 January and 31 December 2013 with a primary diagnosis of ulcerative colitis? (with LOS >24hrs)	<ul style="list-style-type: none"> - Include only patients with a primary admission of ulcerative colitis that were discharged from hospital during the period specified - LOS >24hrs = a length of stay of greater than 24 hours - Refer to the supporting guidance on the web tool for the ICD10 and OPCS codes related to the admission and surgical questions
DEM 1.9	How many of these patients were readmitted within 30 days of discharge? (with LOS >24hrs)	- Refer to the supporting guidance on the web tool for the ICD10 and OPCS codes related to the admission and surgical questions
DEM 1.10	How many patients aged 17 and over at the date of admission, were discharged from the care of adult services between 1 January and 31 December 2013 with a primary diagnosis of Crohn's disease? (with LOS >24hrs)	<ul style="list-style-type: none"> - Include only patients with a primary admission of Crohn's disease that were discharged from hospital during the period specified - LOS >24hrs = a length of stay of greater than 24 hours - Refer to the supporting guidance on the web tool for the ICD10 and OPCS codes related to the admission and surgical questions
DEM 1.11	How many of these patients were readmitted within 30 days of discharge? (with LOS >24hrs)	- Refer to the supporting guidance on the web tool for the ICD10 and OPCS codes related to the admission and surgical questions
DEM 1.13	How many patients aged 16 and under at the date of admission were discharged from the care of adult services between 1 January and 31 December 2013 with a primary diagnosis of ulcerative colitis? (with LOS >24hrs)	If you answered 'no' to DEM1.12, enter a zero for this question. Use the same ICD-10 codes and criteria which can be found in the demographics guide under the 'supporting documents' tab. For this question we would like to know how many patients aged under 16 at the date of admission to hospital were under the care of adult gastroenterology/surgeons so please <u>do not</u> count IBD patients that were directly under the care of paediatric gastroenterology/surgery.
DEM 1.14	How many of these patients were readmitted within 30 days of discharge? (with LOS >24hrs)	If you answered 'no' to DEM1.12, enter a zero for this question - Refer to the supporting guidance on the web tool for the ICD10 and OPCS codes related to the admission and surgical questions
DEM 1.15	How many patients aged 16 and under at the (date of admission) were discharged from the care of adult services between 1 January and 31 December 2013 with a primary diagnosis of Crohn's disease?	If you answered 'no' to DEM1.12, enter a zero for this question Use the same ICD-10 codes and criteria (see above). For this question we would like to know how many patients aged under 16 at the date of admission to hospital were under the care of adult gastroenterology/surgeons so please <u>do not</u> count IBD patients that were directly under the care of paediatric gastroenterology/surgery.

DEM 1.16	How many of these patients were readmitted within 30 days of discharge? (with LOS >24hrs)	If you answered 'no' to DEM1.12, enter a zero for this question - Refer to the supporting guidance on the web tool for the ICD10 and OPCS codes related to the admission and surgical questions
DEM 1.17	How many patients aged 17 and over at the date of admission were discharged from the care of adult services between 1 January and 31 December 2013 having had an operation where the primary indication was ulcerative colitis? (with LOS >24hrs)	For questions DEM 1.17 to DEM 1.20, we have included a list of OPCS-4 codes relating to IBD surgery that you can use to help answer these questions (refer to supporting documentation on the web tool). - LOS >24hrs = a length of stay of greater than 24 hours
DEM 1.18	How many patients aged 17 and over at the date of admission were discharged from the care of adult services between 1 January and 31 December 2013 having had an operation where the primary indication was Crohn's disease? (with LOS >24hrs)	For questions DEM 1.17 to DEM 1.20, we have included a list of OPCS-4 codes relating to IBD surgery that you can use to help answer these questions (refer to supporting documentation on the web tool). - LOS >24hrs = a length of stay of greater than 24 hours
DEM 1.19	How many patients aged 16 and under at the date of admission were discharged from the care of adult services between 1 January and 31 December 2013 having had an operation where the primary indication was ulcerative colitis? (with LOS >24hrs)	For questions DEM 1.17 to DEM 1.20, we have included a list of OPCS-4 codes relating to IBD surgery that you can use to help answer these questions (refer to supporting documentation on the web tool). - LOS >24hrs = a length of stay of greater than 24 hours
DEM 1.20	How many patients aged 16 and under at the date of admission were discharged from the care of adult services between 1 January and 31 December 2013 having had an operation where the primary indication was Crohn's disease? (with LOS >24hrs)	For questions DEM 1.17 to DEM 1.20, we have included a list of OPCS-4 codes relating to IBD surgery that you can use to help answer these questions (refer to supporting documentation on the web tool). - LOS >24hrs = a length of stay of greater than 24 hours
DEM 1.21	Do surgeons perform ileo-anal pouch surgery on site?	Answer 'Yes' if this surgery is carried out at your site, even though you may not have carried one out in the last year
DEM 1.22	How many ileo-anal pouch operations were performed between 1 January and 31 December 2013?	Answer '0' if you do not perform ileo-anal operations or have not performed one in the last one year
DEM 1.23	How many WTE gastroenterologists are there on site?	The staffing levels should be based on those in post at 31st Dec 2013
DEM 1.24	How many WTE colorectal surgeons are there on site?	The staffing levels should be based on those in post at 31st Dec 2013
DEM 1.25	How many WTE IBD nurse specialists are there on site?	The staffing levels should be based on those in post at 31st Dec 2013
DEM 1.26	How many WTE stoma nurses are there on site?	The number of WTE stoma nurses is the only information required here, irrespective of time spent with IBD patients. Stoma Nurse will also include nurses who are predominantly involved in the continuity of care of patients with ileo-anal pouches. The staffing levels should be based on those in post at 31st Dec 2013
DEM 1.27	How many WTE dietitians are allocated to gastroenterology?	The staffing levels should be based on those in post at 31st Dec 2013
DEM 1.28	How many WTE administrators are attached to the IBD team?	The staffing levels should be based on those in post at 31st Dec 2013
DEM 1.29	How many patients with Crohn's disease were newly-started on Infliximab between 1 January and 31 December 2013 (include patients of any age)?	Only include patients that were newly-started on Infliximab primarily for the treatment of Crohn's disease. The treatment can have been started as an outpatient or an inpatient. You can obtain this number from the biological therapies audit data you have entered if kept up to date

DEM 1.30	How many patients with ulcerative colitis were newly-started on Infliximab between 1 January and 31 December 2013 (include patients of any age)?	Only include patients that were newly-started on Infliximab primarily for the treatment of ulcerative colitis. The treatment can have been started as an outpatient or an inpatient. You can obtain this number from the biological therapies audit data you have entered if it has been kept up to date
DEM 1.31	How many patients with IBD-unspecified were newly-started on Infliximab between 1 January and 31 December 2013 (include patients of any age)?	Only include patients that were newly-started on Infliximab primarily for the treatment of IBD-unspecified. The treatment can have been started as an outpatient or an inpatient. You can obtain this number from the biological therapies audit data you have entered if it has been kept up to date
DEM 1.32	How many patients with Crohn's disease were newly-started on Adalimumab between 1 January and 31 December 2013 (include patients of any age)?	Only include patients that were newly-started on Adalimumab primarily for the treatment of Crohn's disease. The treatment can have been started as an outpatient or an inpatient. You can obtain this number from the biological therapies audit data you have entered if it has been kept up to date
DEM 1.33	How many patients with ulcerative colitis were newly-started on Adalimumab between 1 January and 31 December 2013 (include patients of any age)?	Only include patients that were newly-started on Adalimumab primarily for the treatment of ulcerative colitis. The treatment can have been started as an outpatient or an inpatient. You can obtain this number from the biological therapies audit data you have entered if it has been kept up to date
DEM 1.34	How many patients with IBD-unspecified were newly-started on Adalimumab between 1 January and 31 December 2013 (include patients of any age)?	Only include patients that were newly-started on Adalimumab primarily for the treatment of IBD-unspecified. The treatment can have been started as an outpatient or an inpatient. You can obtain this number from the biological therapies audit data you have entered if it has been kept up to date
DEM 1.35	Are the figures in DEM 29 and DEM 34 an estimate (enter 'e') or from a database/register (enter 'd')?	You can obtain these numbers from the biological therapies audit data you have entered if it has been kept up to date

Section 2. Patient experience

Rapid access to advice

Question number	Data item	Help notes
PE2.2	Patients have access to contact an IBD Specialist via telephone.	IBD Standard A11: All IBD patients who have a concern or questions about their IBD should have access to a dedicated telephone service (IBD Helpline) that is either answered or has an answerphone facility providing a response by the end of the next working day.

PE2.5	Patients who contact the service via telephone or email are answered within 48 hours by an IBD specialist	IBD Standard A11: All IBD patients who have a concern or questions about their IBD should have access to a dedicated telephone service (IBD Helpline) that is either answered or has an answerphone facility providing a response by the end of the next working day.
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Provision of information and supporting patients to exercise choice between treatments

Question number	Data item	Help notes
PE3.1	Written information about IBD and a range of treatments (eg Crohn's and Colitis UK booklets) is made available to all patients	Crohn's NICE guidance 2012: Evidence based written information tailored to the patient's needs.
PE3.2	Written information about IBD and range of treatments (e.g. Crohn's and Colitis UK booklets) is provided to patients as part of the consultation, to support patient's decisions.	Crohn's NICE guidance 2012: Evidence based written information tailored to the patient's needs.
PE3.3	There is access to a translator for all face to face and telephone contacts between patients and the IBD specialist	Answer 'yes' if translator facility is routinely available if needed
PE3.4	Information is available that is appropriate to the age, understanding and communication needs of the patients attending the IBD Service.	In answering this question, please consider information for children / adolescents (if seen in your service) and people with various disabilities

Involvement of patients in service improvement

Question number	Data item	Help notes
PE4.2	At least one of the following means of assessing patient satisfaction is used: a) An annual survey of a significant number of patients b) IBD service subscribes to patient opinion or similar feedback service c) Comment cards given to randomly sampled outpatients and inpatients	Patient opinion (www.patientopinion.org.uk) is a web based service where patients can give feedback about a service
PE4.3	Patients are involved in service planning and improvements.	Answer yes if patients are regular consulted for their views on the IBD services and proposals for change. This could be achieved via various processes including a 'Patient panel', patient participation in IBD service planning/Audit review meetings, a regular Open meeting where service issues are discussed.
PE4.4	The service has an IBD patient panel or similar patient involvement group through which patients discuss with health professionals how the service might be improved	Eg open forum is a patient education event, often involving local patient groups. These may take the form of talks about topics of interest or Q&A sessions with specialists for example

Education of patients

PE5.2	Regular education opportunities (e.g. specialist nursing visits) are available for all IBD patients and their families as individuals or in groups, to enable them to understand their illness and the options for treatment and to support them in managing their own care	Answer 'yes' if you offer regular group education sessions or routinely offer patients the chance to discuss their condition in detail (this should reflect more than the routine education that takes place during a standard consultation).
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Section 3: Clinical Quality (Adult services)		
The IBD team		
Question number	Data item	Help notes
CQ1.2	The IBD service is routinely supported by a Histopathologist with an interest in gastroenterology	Answer yes if you have regular histopathology support for an IBD MDT or named individual(s) with a particular interest in gastroenterology who is routinely available to discuss individual patients
CQ1.5	The IBD service is routinely supported by a radiologist with a special interest in gastroenterology	Answer yes if you have regular radiology support for an IBD MDT or named radiologist(s) with a particular interest in gastroenterology who is routinely available to discuss individual patients
CQ1.7	There is defined access to a named ophthalmologist	Eg They attend the MDT meeting; named individual to discuss individual patients
CQ1.8	The IBD service has 0.5WTE administrative support , per 250,000 population the IBD Service	Administrative support for IBD team e.g. for MDT meetings, data entry, audit. This does not include routine secretarial support provided for consultants or IBD nurses.
Inpatient monitoring		
Question number	Data item	Help notes
CQ2.1	>50% of IBD patients have the following undertaken on admission to hospital: weight and nutritional risk assessment, such as the MUST score	<ul style="list-style-type: none"> - If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. - The assessment/screening tool used should ideally address: any unintentional weight loss, BMI, appetite, ability to eat/swallow, hydration, any additional stress factors (surgery/disease process)
CQ2.2	>50% IBD patients, with diarrhoea, have a stool sample sent for Standard Stool Culture and Clostridium difficile on admission	<ul style="list-style-type: none"> - If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. - Patients where stool samples were sent within the 7 days prior to admission can be included
CQ2.4	>60% of IBD patients have the following undertaken on admission to hospital: weight and nutritional risk assessment, such as the MUST score	<ul style="list-style-type: none"> - If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. - The assessment/screening tool used should ideally address: any unintentional weight loss, BMI, appetite, ability to eat/swallow, hydration, any additional stress factors (surgery/disease process)

CQ2.5	>60% IBD patients, with diarrhoea, have a stool sample sent for Standard Stool Culture and Clostridium difficile on admission	- If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. Patients where stool samples were sent within the 7 days prior to admission can be included
CQ2.7	>75% of IBD patients the following undertaken on admission to hospital: weight and nutritional risk assessment, such as the MUST score	- If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. - The assessment/screening tool used should ideally address: any unintentional weight loss, BMI, appetite, ability to eat/swallow, hydration, any additional stress factors (surgery/disease process)
CQ2.8	>75% IBD patients, with diarrhoea, have a stool sample sent for Standard Stool Culture and Clostridium difficile on admission	- If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. Patients where stool samples were sent within the 7 days prior to admission can be included
CQ2.10	>90% of IBD patients have the following undertaken on admission to hospital: weight and nutritional risk assessment, such as the MUST score	- If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. - The assessment/screening tool used should ideally address: any unintentional weight loss, BMI, appetite, ability to eat/swallow, hydration, any additional stress factors (surgery/disease process)
CQ2.11	>90% IBD patients, with diarrhoea, have a stool sample sent for Standard Stool Culture and Clostridium difficile on admission	- If you have participated in the IBD inpatient care audit, you can use your raw data export from the web tool (or previous site report) to help you answer this question. Patients where stool samples were sent within the 7 days prior to admission can be included
Mental health services		
Question number	Data item	Help notes
CQ3.3	IBD patients can be referred for specialist clinical psychological support on an ad hoc basis	If referral occurs via GP, you can tick yes to this statement
Sexual and reproductive health		
Question number	Data item	Help notes
CQ4.2	Patients and their partners are given advice, when required, on issues regarding sexuality and body image. Teams can refer for specialist support locally as appropriate	This advice/ counselling can be provided by IBD CNS.

CQ4.4	There is an agreed clinical care pathway, between the women's health and IBD services, for shared care of IBD patients	Crohn's NICE guidance 2012: Ensure effective communication and information-sharing across specialities (for example primary care, obstetrics and gastroenterology) in the care of pregnant women with IBD
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Multidisciplinary working

CQ5.8	There is an attendance at multidisciplinary team meetings by an administrator	Administrative support for IBD team e.g. for MDT meetings, data entry, audit. This does not include routine secretarial support provided for Consultants or IBD nurses.
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Access to nutrition support and therapy

Question number	Data item	Help notes
CQ6.5	There is a multidisciplinary nutrition team available to IBD inpatients	Tick 'yes' if multidisciplinary nutrition team has medical/ nursing and dietetic input.

Arrangements for use of immunosuppressives

Question number	Data item	Help notes
CQ7.9	The decision to start anti-TNF therapy is usually made after discussion in a multidisciplinary team meeting	This includes cases started on anti-TNF, discussed retrospectively. Crohn's NICE guidance: Treatment with infliximab and adalimumab should only be started and reviewed by clinicians with experience of TNF inhibitors and managing Crohn's disease

Surgery for IBD

Question number	Data item	Help notes
CQ8.1	Consent is fully informed and supported by written information on the risks and benefits	Throughout section 8, chose only select not applicable (NA) if no IBD surgery is undertaken at your site. For CQ8.3 and CQ8.7 select 'NA' if pouch surgery is not undertaken at your site. CQ8.1 - The method of consent and discussion that occurred with patient must be recorded in notes.

Inpatient facilities

CQ9.6	There is at least one toilet per 4 patients	IBD Standard A3: Wards for IBD patients should have a minimum of one easily-accessible toilet per three beds
CQ9.7	The toilets have floor to ceiling partitions, full height doors and good ventilation, segregated	IBD Standard A3: To provide privacy for patients, ward toilets should have floor to ceiling partitions, full height doors and good ventilation to minimise embarrassment
CQ9.8	There is one toilet per 3 IBD patients	IBD Standard A3: Wards for IBD patients should have a minimum of one easily-accessible toilet per three beds

Inpatient care		
CQ11.4	>50% of patients, who are receiving steroids on discharge from hospital, are placed on a steroid reduction programme and covered with bone protection agents	ECCO guidelines 2010: Osteoprotective therapy is considered advisable if the duration of therapy is likely to be N12 weeks, although some advocate supplements of calcium and vitamin D for all patients based on prospective trials
CQ11.11	>65 % of patients, who are receiving steroids on discharge from hospital, are placed on a steroid reduction programme and covered with bone protection agents	ECCO guidelines 2010: Osteoprotective therapy is considered advisable if the duration of therapy is likely to be N12 weeks, although some advocate supplements of calcium and vitamin D for all patients based on prospective trials
CQ11.17	75 % of patients, who are receiving steroids on discharge from hospital, are placed on a steroid reduction programme and covered with bone protection agents	ECCO guidelines 2010: Osteoprotective therapy is considered advisable if the duration of therapy is likely to be N12 weeks, although some advocate supplements of calcium and vitamin D for all patients based on prospective trials

Section 4: Organisation and Choice of Care (Adult services)		
Outpatient care		
Question number	Data item	Help notes
OC3.5	Bone densitometry is routinely offered to all patients who have received more than 3 months of corticosteroids	ECCO guidelines 2010: Osteoprotective therapy is considered advisable if the duration of therapy is likely to be >12 weeks
Care of patients aged 16 years and younger within adult services		
OC4.1	There is defined access to a consultant paediatric gastroenterologist or a consultant paediatrician with an interest in gastroenterology, working with an adult consultant gastroenterologist with an interest in adolescents	Throughout section 4 only select not applicable (NA) if your services does not ever treat children or young people with IBD
Transitional care		
OC5.1	There is a transitional care service within the Trust / Health Board for young people to support their transfer to adult services by 18-19 years	Crohn's NICE guidance 2012: Adult and paediatric healthcare teams should work jointly to provide assessment and services to young people. Diagnosis and management should be reviewed throughout the transition process and there should be clarity about who is the lead clinician to ensure continuity of care
OC5.9	Age- appropriate written and verbal advice is provided on day to day management of symptoms and treatment	Crohn's NICE guidance 2012: Offer children and young people, and their carers, professional support from a multidisciplinary team to deal with concerns about the disease and its treatment, including concerns about body image, living with a chronic illness and attending school and higher education

Section 5: Research, Education and Audit (Adult services)		
Service development		
Question number	Data item	Help notes
Training and education		
RE3.3	Advanced nursing practitioners within the IBD team have a regular, multidisciplinary training schedule. Attendance is audited and protected time for training is provided.	Only select not applicable (NA) to this question if you do not have an IBD nurse
Service development		
RE5.1	An annual review of the IBD Service is carried out	Multidisciplinary review of service including: audit, activity, mortality and morbidity, service improvement
RE5.3	The annual review is attended by a multidisciplinary team of relevant professionals and there is a reflection on the service	Only select not applicable (NA) to this question if you do not undertake an annual review of your service
RE5.4	An annual action plan is completed as a result of the review and achievement of the actions is reviewed	Only select not applicable (NA) to this question if you do not undertake an annual review of your service