

# A Retrospective Audit Of a Nurse-Led Inflammatory Bowel Disease (IBD) Service

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## Introduction

Nurse-specialists in IBD are demonstrated to improve patient outcomes and be cost-effective. The Mercy Hospital was the first hospital in Ireland to have an IBD Advanced Nurse Practitioner and has three Clinical Nurse Specialists.

## Aim

In this article we aim to delineate the role undertaken by the advanced nurse practitioner and three nurse-specialists in the IBD centre in a university teaching hospital.

To evaluate the impact of IBD nurse-led care

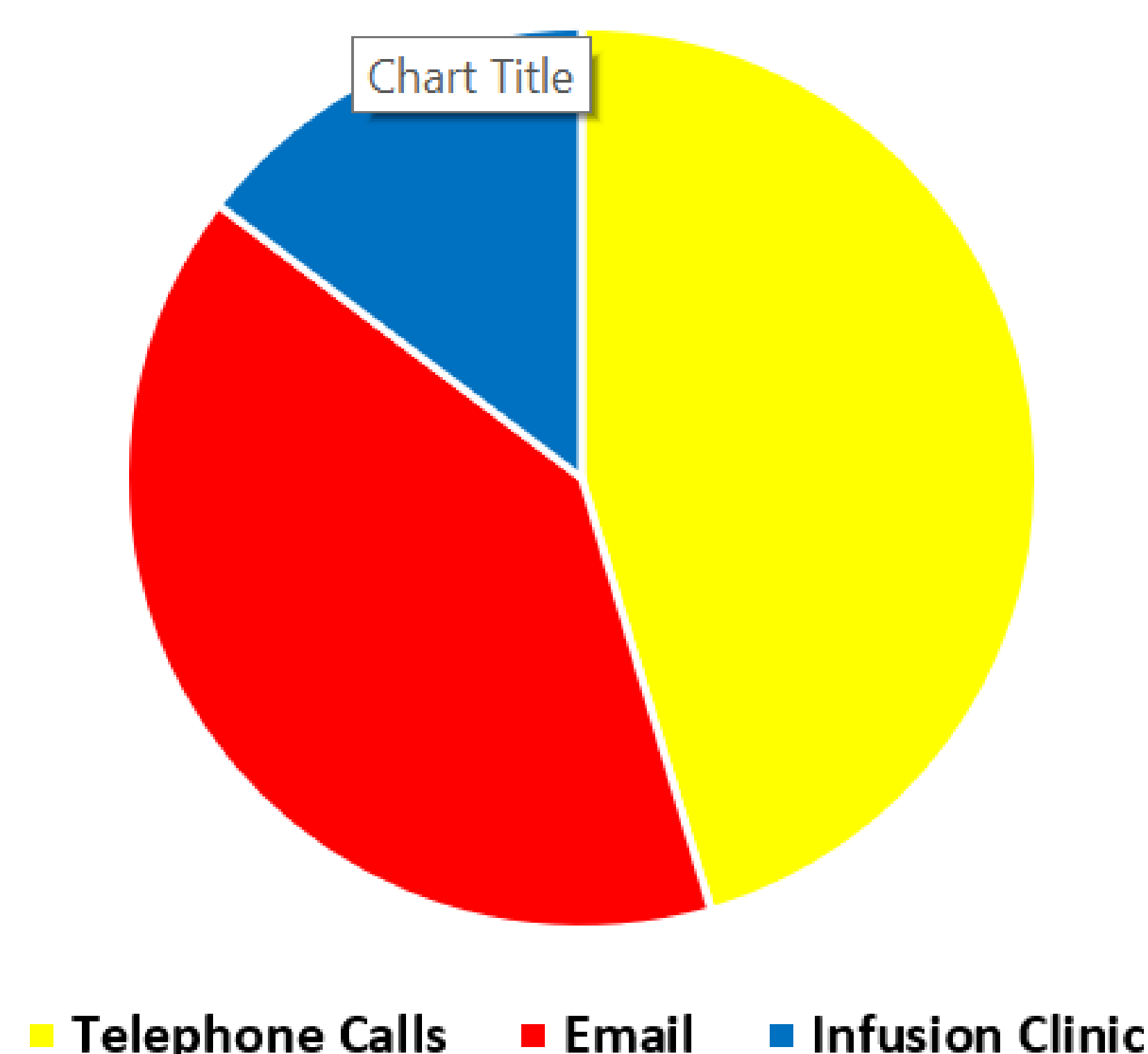
## Method

This was a retrospective audit of a 4 week period, chosen to reflect the usual levels of activity, whilst minimising the impact of covid-19. Type of patient encounter with CNS (phone, email, infusion clinic review) was recorded, along with the result. Outcomes included expedited clinic appointment, nurse-led decision, discussion with the gastroenterology consultant or advice to attend the emergency department (ED).

## Results

There were 1528 patient-nurse contacts. These consisted of 694 telephone calls, 610 via email and 224 reviews at the infusion clinic. Most were managed with nurse-led decision making. Approximately a quarter of patients were discussed with the consultant, and 56 (3.7% of total number) patients required a change in treatment. 16 (1%) had an expedited clinic appointment. Only 4 (<0.5%) patients were advised to attend ED. No patients attending infusion clinic attended outpatient clinic.

## Contact Method



## Discussion

- Our audit shows that the IBD nurse-specialist led service conducts a large volume of work, both virtual and in person.
- Remote management of patients is facilitated in the majority, leading to lower healthcare costs.
- Access to prompt response from an IBD trained professional allows a rapid treatment of flares.

## Conclusion

- Clinical nurse-led decision making is safe and effective
- Nurse-led IBD service is cost-effective
- A majority were managed as outpatients without need for consultant discussion

## References

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