



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

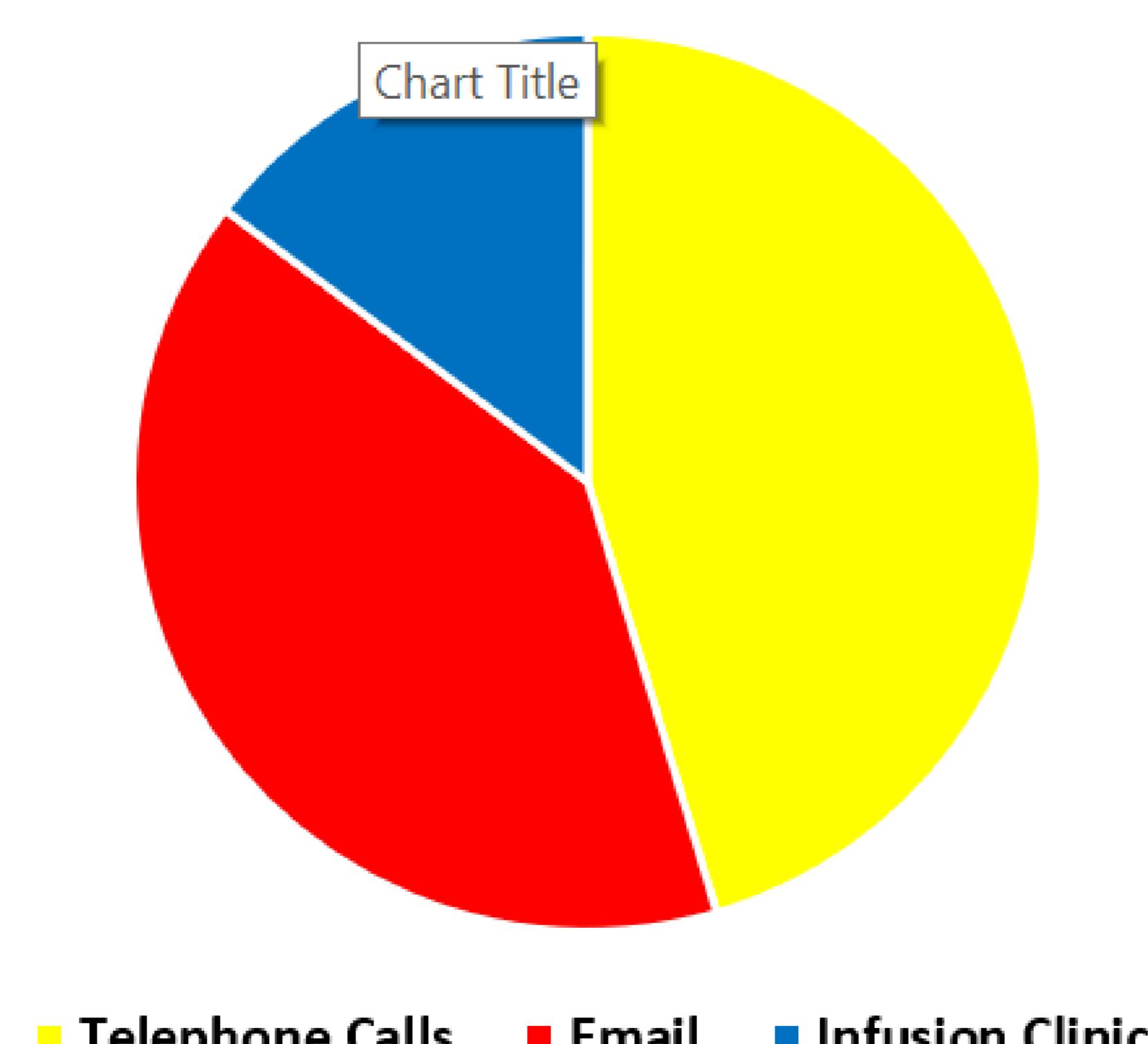
Method

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

Taylor NS, Bettey M, Wright J, Underhill C, Kerr S, Perry K, Cummings JF. The impact of an inflammatory bowel disease nurse-led biologics service. *Frontline Gastroenterol.* 2016 Oct;7(4):283-288. doi: 10.1136/flgastro-2016-100696. Epub 2016 Jul 7. PMID: 28839869; PMCID: PMC5369502

Molander P, Jussila A, Toivonen T, Mäkkeli P, Alho A, Kolho KL. The impacts of an inflammatory bowel disease nurse specialist on the quality of care and costs in Finland. *Scand J Gastroenterol.* 2018 Dec;53(12):1463-1468. doi: 10.1080/00365521.2018.1541477. Epub 2019 Jan 2. PMID: 30600722.

Greveson K, Woodward S. Exploring the role of the inflammatory bowel disease nurse specialist. *Br J Nurs.* 2013 Sep 12-25;22(16):952-4, 956-8. doi: 10.12968/bjoni.2013.22.16.952. PMID: 24037398.

Martinez-Vinson C, Le S, Blachier A, Lipari M, Hugot JP, Viala J. Effects of introduction of an inflammatory bowel disease nurse position on healthcare use. *BMJ Open.* 2020 May 11;10(5):e036929. doi: 10.1136/bmjopen-2020-036929. PMID: 32398339; PMCID: PMC7223342.