

# Inflammatory Bowel Disease: Building Alliances to Manage Chronic Disease

Chronic Care

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HNEAHS

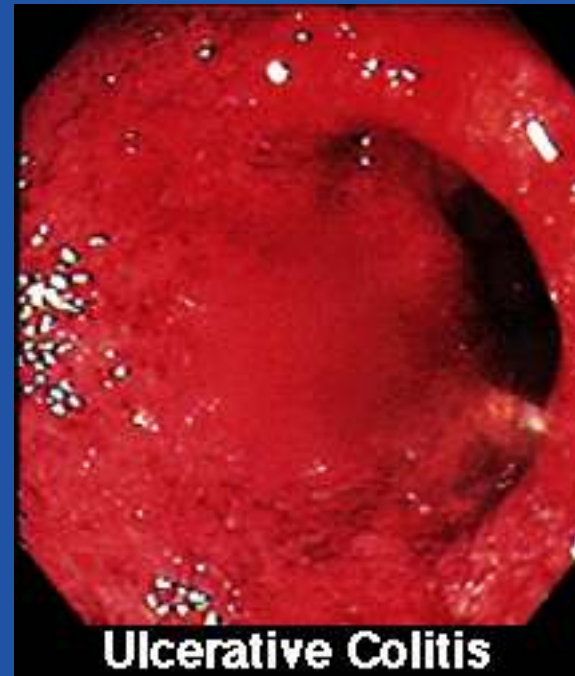
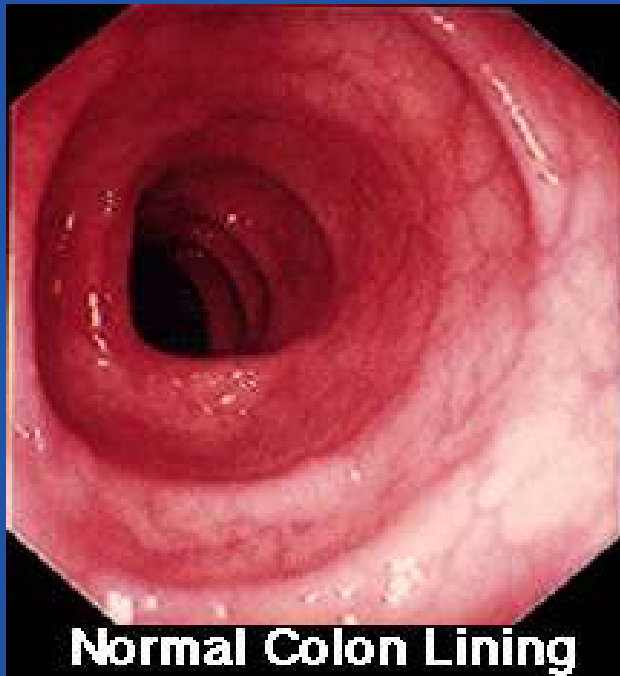
October 2007

# The Team

- **Olivia Lawrence** RN, Gastro Liaison Nurse (GLN)
- **Ainslie Daley** RN, Gastro Liaison Nurse (GLN)
- **Mel Young** EN, Research Officer, former GLN
- **A/Prof Anne Duggan** Gastroenterologist

*Supported by Gastroenterology nursing, medical, allied health and secretarial staff*

# Inflammatory Bowel Disease (IBD)



Ref: <http://www.gihealth.com/html/education/photo.html>

13,000 of the NSW population live with IBD

## Extent of the problem locally

- Prearranged Inflammatory bowel disease ambulatory appointments were problematic. They rarely coincided with relapses because of the unpredictable nature of relapses
- Ambulatory services were inconvenient if the patient was well and blocked outpatient access to unwell patients delaying their treatment
- Failure to treat active disease early resulted in prolonged exposure to medications and their side-effects, the need for inpatient admission and occasionally to surgery and death
- Insufficient staff specialists to provide the timely OPD service needed in the *traditional* model

## Nature of the problem: Literature review

- Open access outpatients for IBD patients was more cost effective than routine appointments
- Self directed management of IBD reduced OPD appointments and secondary care costs
- Patients almost universally preferred self directed management
- Many problems IBD patients faced could be effectively addressed without an appointment
- IBD nurses reduced OPD appointments and improved patient satisfaction

# Aims

To assess the effectiveness, safety and acceptability of a Gastroenterology Liaison Nurse Service for patients with Inflammatory Bowel Disease

*by sampling high “volume” consumers*

# Proposed Solutions

## Service reconfiguration

### Establishment of a Gastroenterology Liaison Nurse Service (2004)

(shared position, 2 gastroenterology trained nurses, allied health and medical support)

#### Key responsibilities:

- Be available by phone for information, advice, and assistance to patients
- Communicate with GPs, consultants and the healthcare team about problems and promote appropriate advice, intervention and therapy
- Organize community based pathology tests for monitoring
- Arrange outpatient review, short stay or inpatient admission as needed  
*e.g. arrange infusions - Infliximab, blood, iron, Zometa*
- Monitor medication changes  
*e.g. steroids and their withdrawal*
- Monitor and respond to patient satisfaction information

# Proposed Solutions

**HUNTER NEW ENGLAND**  
**NSW HEALTH**

**Gastroenterology Liaison Nurse**

Gastroenterology Department

Hunter New England Area Health Service

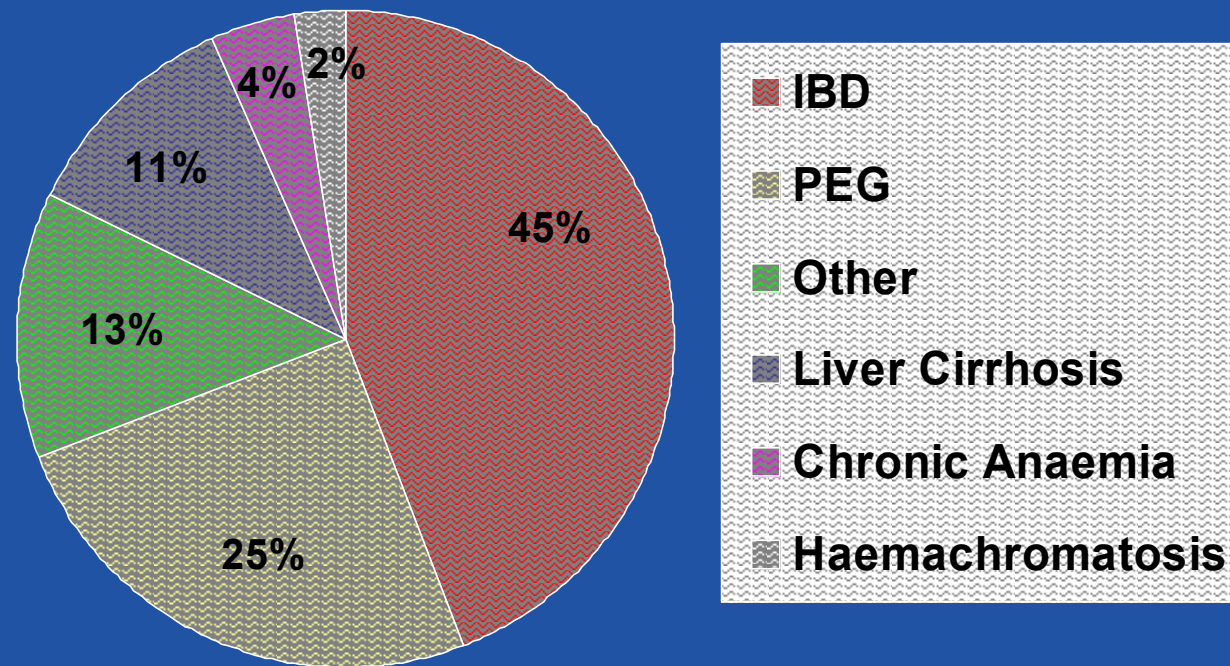
John Hunter Hospital

Locked Bag No. 1 Hunter Region Mail Centre NSW 2310

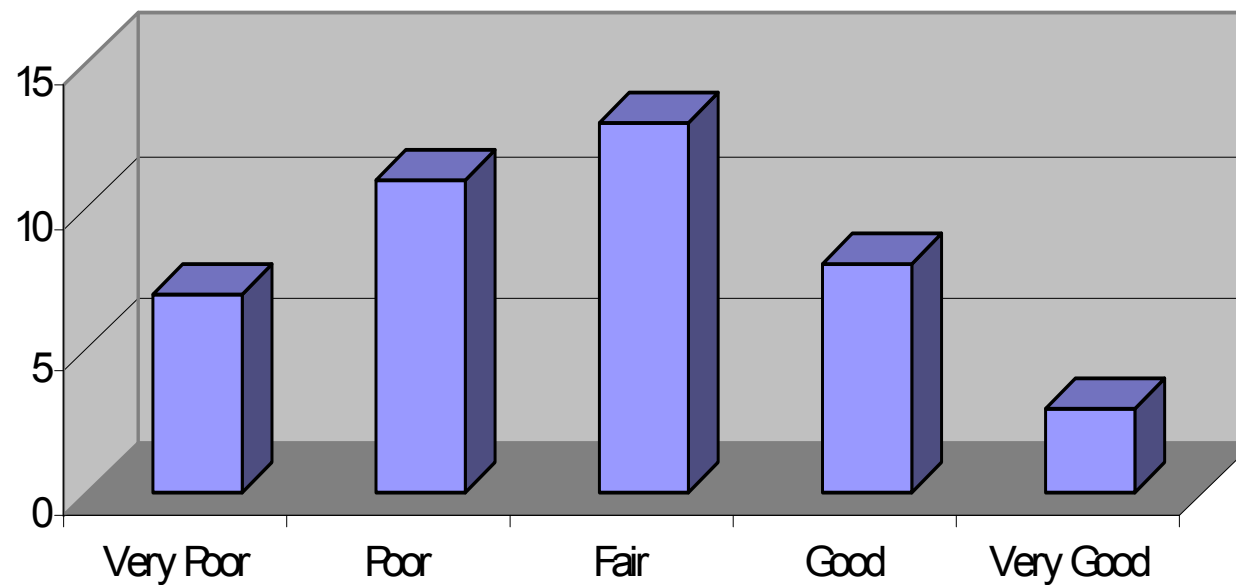
Tel (02) 4921 4718 Fax (02) 4921 3998

[JHGastroLiaisonNurse@hnehealth.nsw.gov.au](mailto:JHGastroLiaisonNurse@hnehealth.nsw.gov.au)

# GLN Service patient population January 2007



# How these patients rate their health

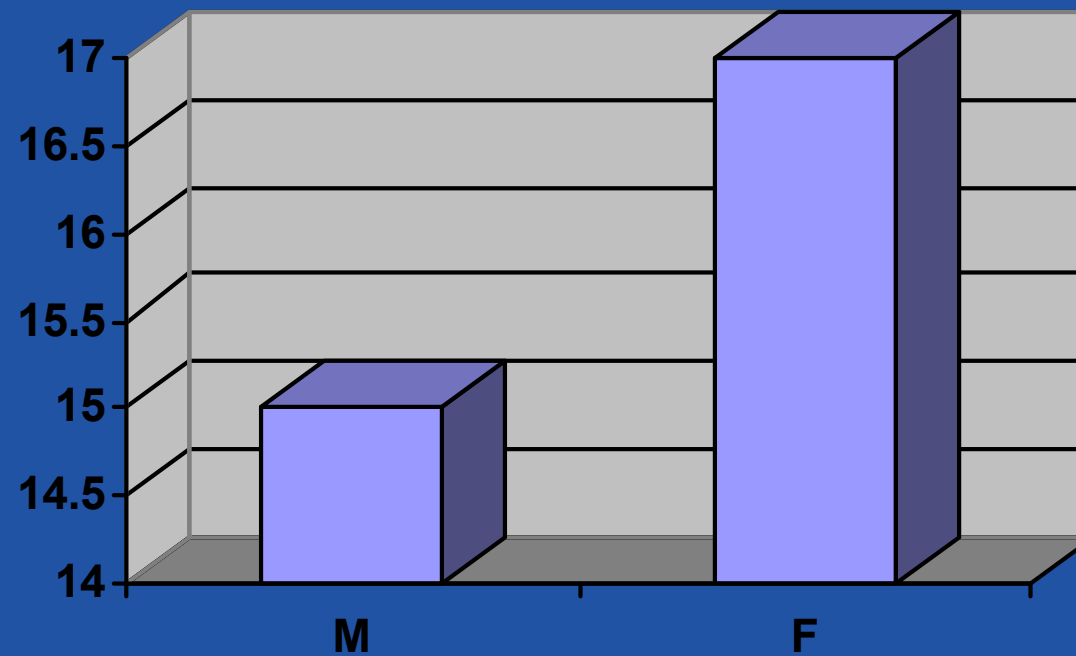


# Outcomes and evaluation of the IBD service

- Analysis of service utilization of 32 most frequent fliers (patients with severest IBD)

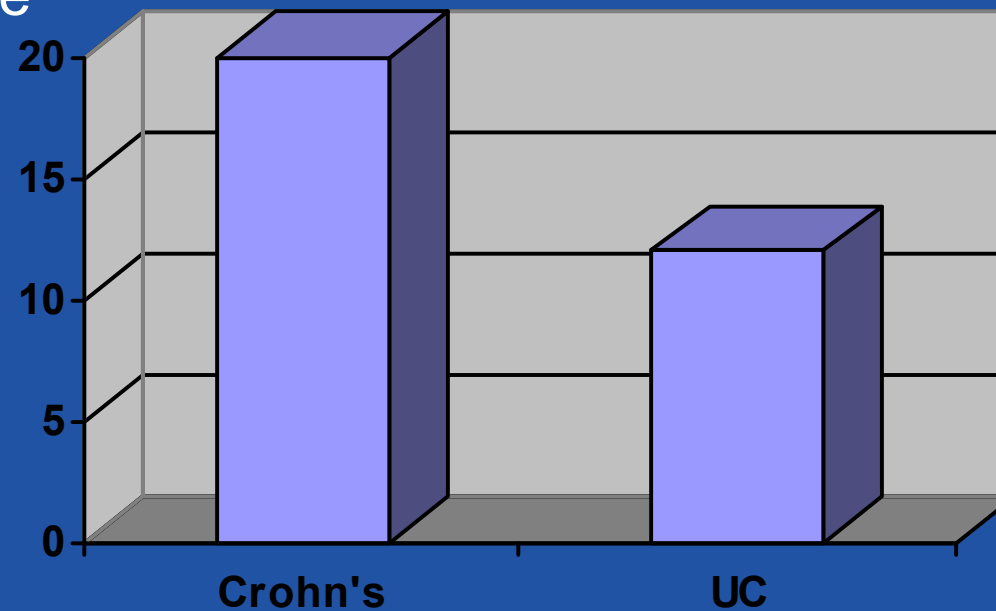
# Outcomes and evaluation

- Gender



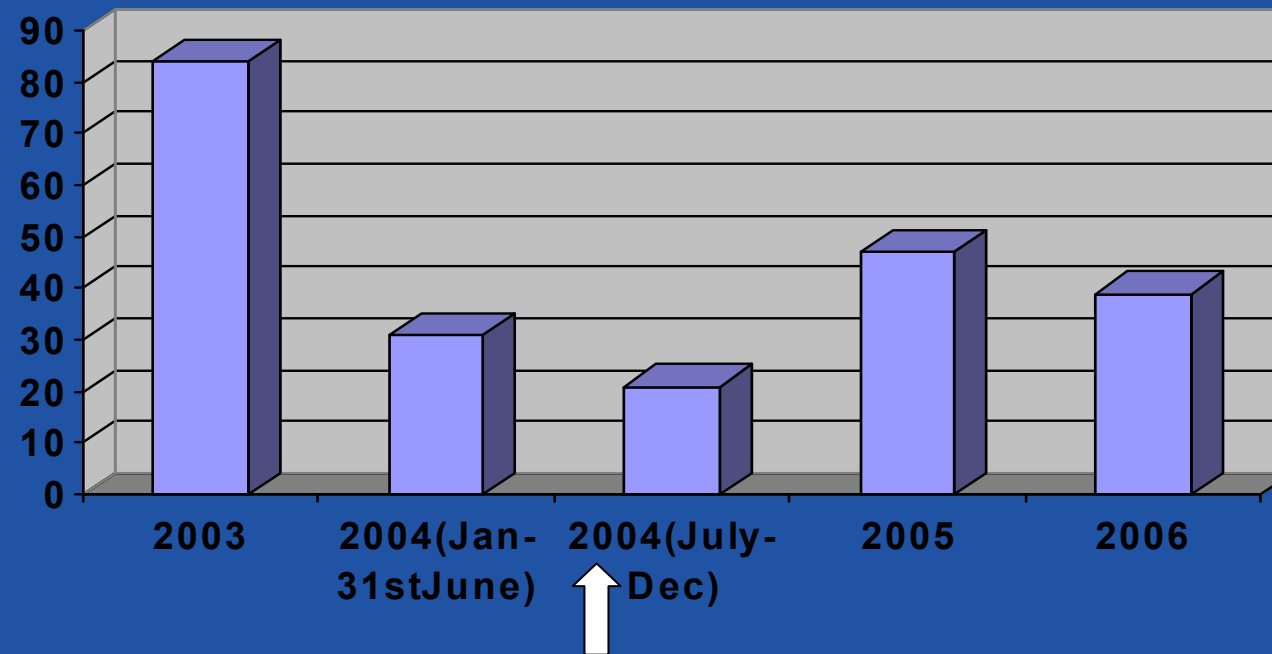
# Outcomes and evaluation

Disease type



# Outcomes and evaluation

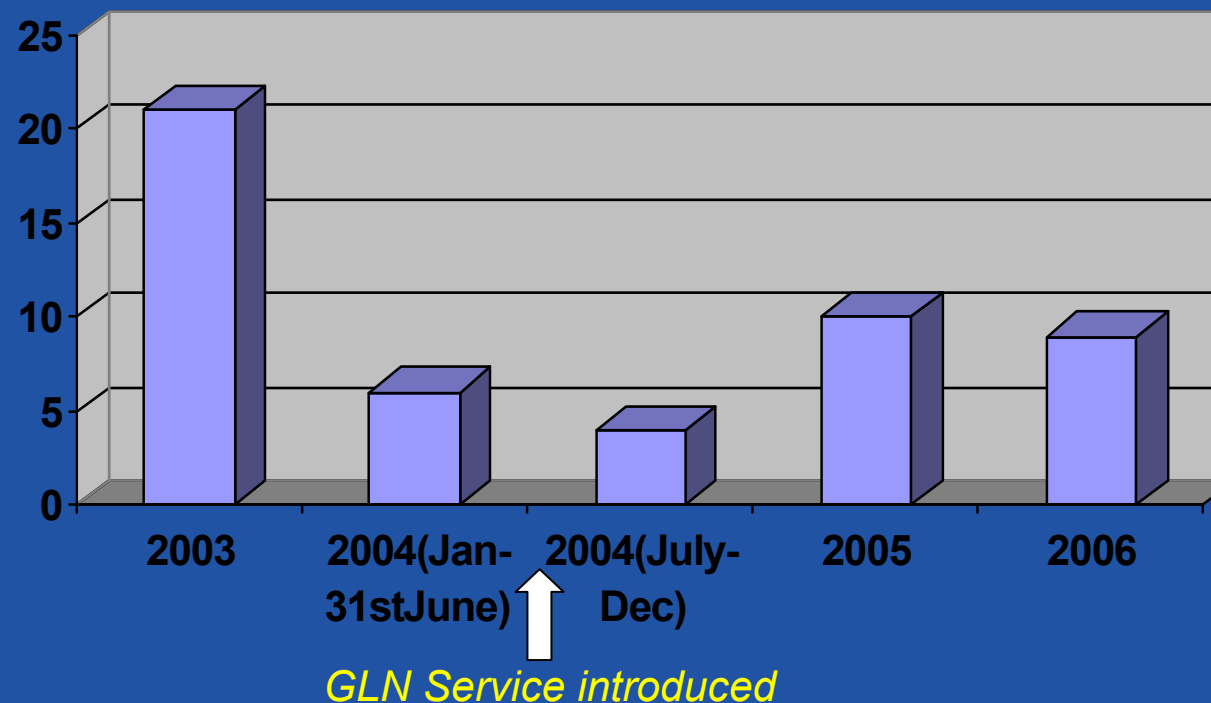
Outpatient Activity: Routine appointments pre and post introduction of the Gastroenterology Liaison Nurse Service



*GLN Service introduced*

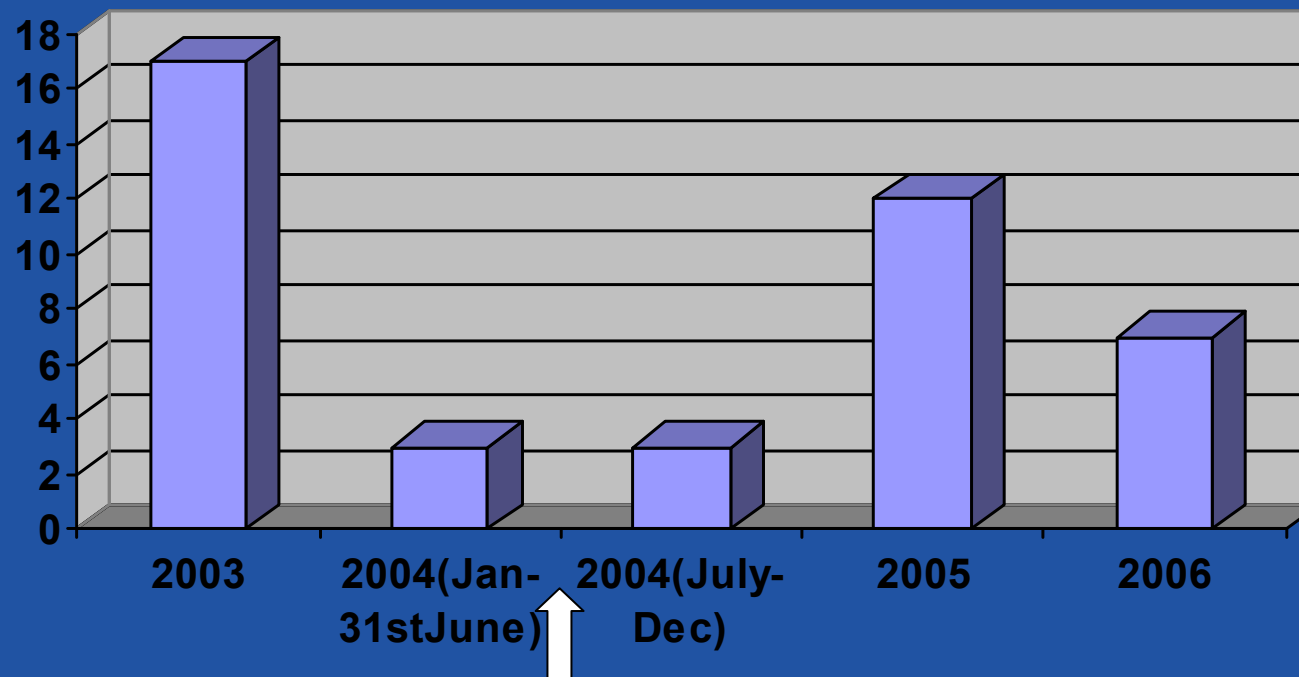
# Outcomes and evaluation

Outpatient Activity: Urgent appointments pre and post introduction of the GLN Service



# Outcomes and evaluation

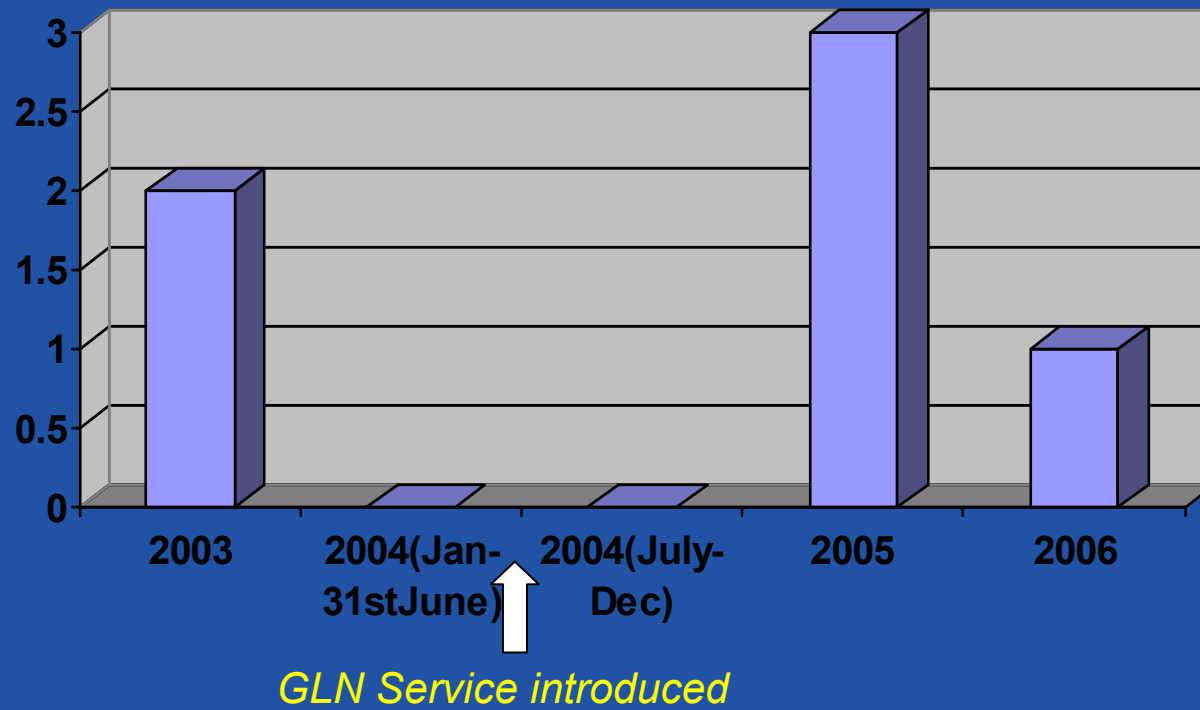
## Inpatient admissions



*GLN Service introduced*

# Outcomes and evaluation

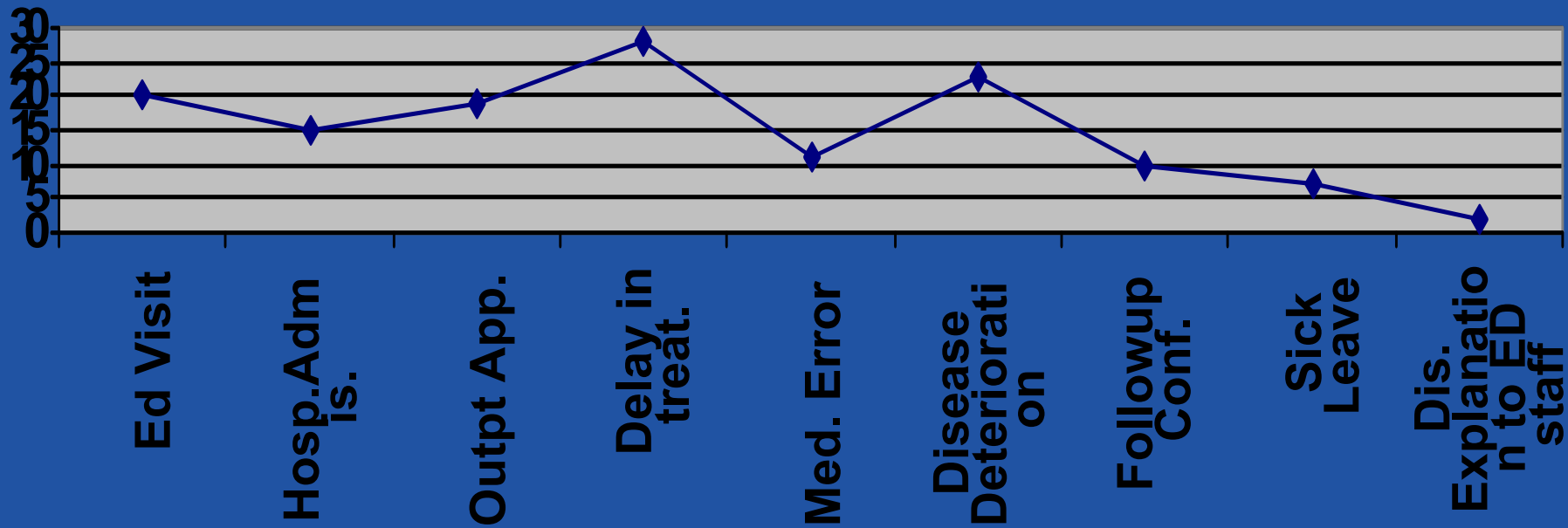
## Emergency Department admissions



# Sustainability

- The service continues in 2007 confirming its sustainability
- 2007 patient survey indicate its success.....
  - 60 surveys sent to the GLN services most frequent patients overall
  - 70% response (n=42)

# Contact with the GLN service in 2007 prevented



# Sustainability: patient satisfaction

Please rate the following on a scale of 1-10 1 being worst and 10 best

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
<b>Referral to the GLN was beneficial</b>									
0	0	0	0	0	0	4	5	6	27
<b>Would recommend this service to others</b>									
0	0	0	0	0	0	1	5	4	32
<b>Promptness of the inquiry handled by the GLN</b>									
0	0	0	0	0	1	2	5	9	25
<b>The GLN achieved desired health outcome</b>									
1	0	0	0	0	0	5	5	9	22
<b>How convenient the GLN service is</b>									
0	1	0	1	0	0	2	3	9	26

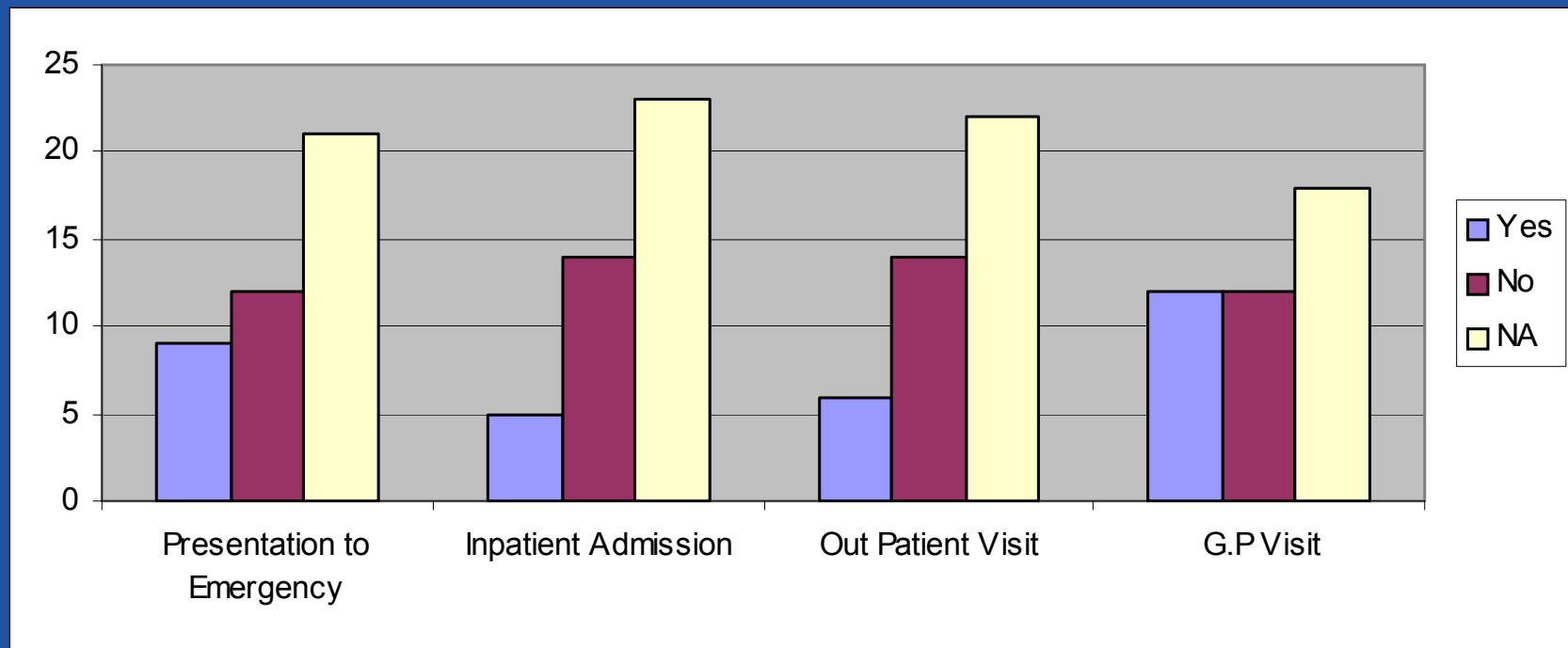
# Sustainability: patient satisfaction

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>na</u>
Reassurance										
0	0	0	0	2	0	6	4	6	2	22
FamiliarVoice/Face										
0	0	0	1	1	4	2	5	5	23	41
Information										
0	0	0	1	1	1	2	4	7	2	42
Caring										
0	0	0	1	0	0	2	5	10	2	40
Contact in an Emergency										
0	0	0	0	0	1	0	4	6	2	38
Avoids Delay in Emergency										
0	0	0	0	0	1	0	4	4	23	10 <sup>20</sup>

# Sustainability: patient satisfaction

1	2	3	4	5	6	7	8	9	10	na
Reduces GP Visits										
0	0	0	2	0	0	2	3	4	2	65
Reduces Out Patient Visits										
0	0	0	1	0	0	2	4	4	2	47
Rapid Admission to Hospital if needed										
0	0	0	0	0	0	2	4	7	17	12
Continuity of Care										
0	0	0	0	0	1	1	5	5	2	73
Efficiency										
0	0	0	0	1	0	2	4	8	2	61
Listens to you										
0	0	0	0	0	0	1	4	7	2	82
Avoids finding a park at the John Hunter										
4	0	1	1	3	0	2	2	3	14	12

## If patients had known of the GLN service 12 months prior would it have prevented:



# Lessons Learned

- Service gaps in patient support and education - reduced
- Supported self directed management of Inflammatory Bowel Disease reduces outpatient visits and secondary care costs
- Our data indicates that self directed management for patients with Inflammatory Bowel Disease is well accepted, cost effective, beneficial and may be a service redesign with wide applicability to similar chronic disease groups

# Future Scope

- Further service reconfiguration:
  - After hours OPD
  - multidisciplinary OPD
  - Combined consultant / psychiatrist small group sessions