



Caring for Patients with Inflammatory Bowel Disease (IBD) Beyond Acute Hospital Care

Sun X, Soo W, Goh M, Lim M T, Nurzeehan B A H, Ng C C, Tan M, & Choo J
Changi General Hospital

Introduction

Inflammatory bowel disease (IBD), involves the inflammation of the gastrointestinal tract. This includes ulcerative colitis and Crohn's Disease. As IBD is a chronic and unpredictable disease, quality patient care requires the provision of accessibility and flexibility in their management.¹ With the increased incidence and prevalence of IBD in Singapore², a telephone Helpline was established to meet the needs of these patients³ enabling quick access to Specialist consultation during symptom flare and supporting the patients' treatment and self-management of their conditions in the community.⁴

Objectives

The study evaluated the outcomes in the provision of a post-hospitalisation Helpline service for patients with inflammatory bowel disease.

Methodology

A prospective study was conducted for all patients discharged with a diagnosis of inflammatory bowel disease who had utilised the Helpline Service from 22nd June 2015 to 28th April 2017 at acute care hospital.

Results

A total of 121 calls were made by 32 patients, 17 (53.0%) patients and 15 (47.0%) had ulcerative colitis and Crohn's Disease, respectively. Two-thirds of the patients were mainly Chinese (Figure 1). The age ranged from 16 to 71 years with a median age of 36 years (Figure 2). 13 (40.6%) patients had made 2 to 5 calls while 6 (18.8%) had made more than 5 calls (Figure 3). The nature of the calls are reflected in Table 1.

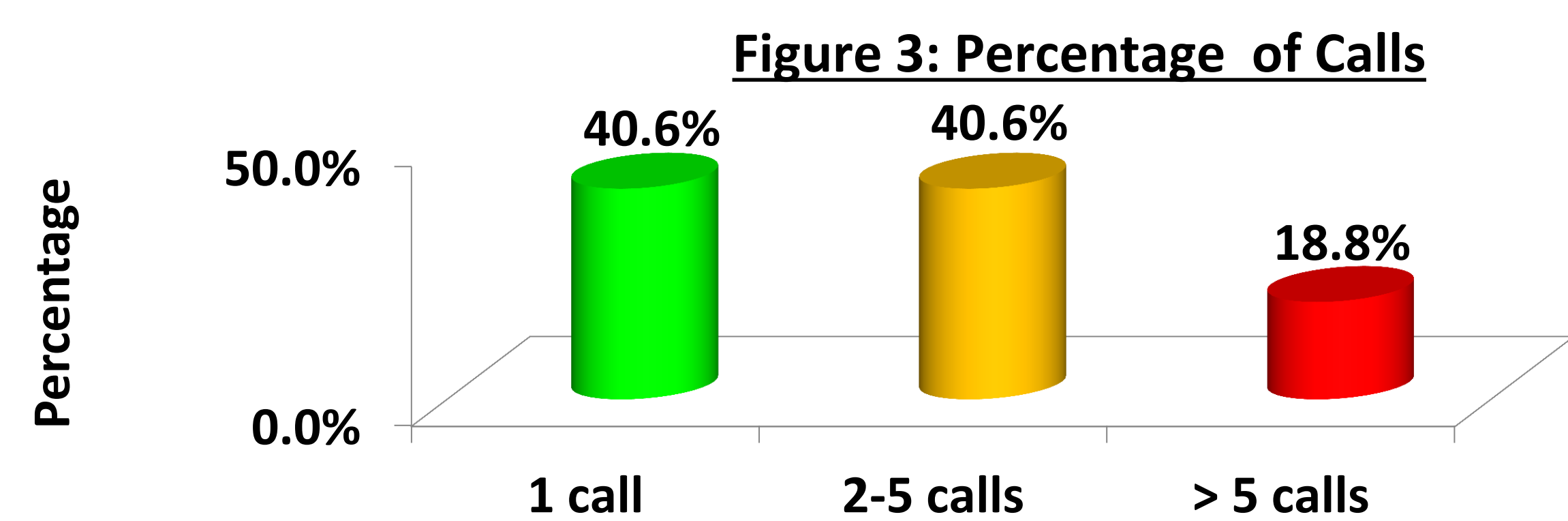
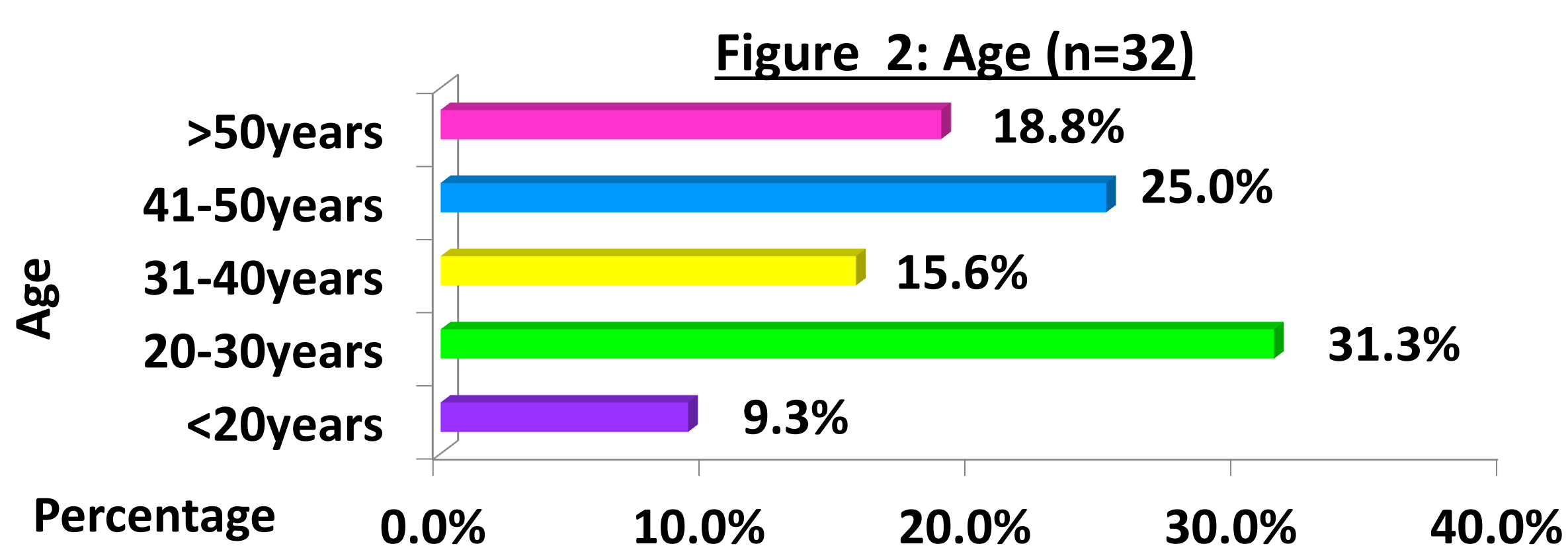
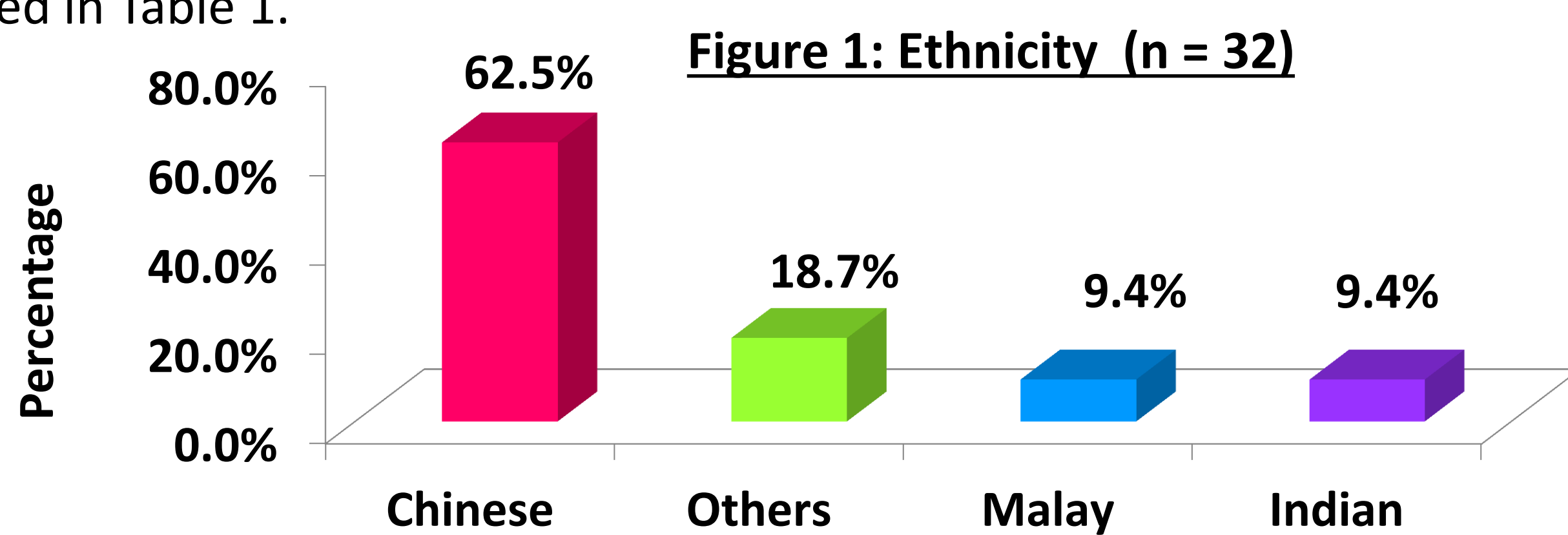


Table 1: Nature of Calls

Calls Made	Reasons
40 (33.1%)	Changed and confirmed appointment dates
38 (31.4%)	Advice on self-management.
17 (14%)	Management of symptom flares.
10 (8.3%)	Medication refill due to medication misplacement or miscalculation of leftover medication stock.
9 (7.4%)	Administrative issues e.g. request for memo.
7 (5.8%)	Non-IBD related symptoms (e.g. lumps). Appropriate referrals made and post-referral calls conducted.

Discussion

1. Accessibility to Care

The Helpline service had provided greater accessibility to specialist consultation through a Case Manager as a point of contact enabling promptness in care coordination and management of the patients' concerns and condition.⁵

2. Empowerment and Ownership

Empowering patients in self management have created a sense of control responsibility over their disease conditions, adherence to treatment such as medications and appointments resulting in improved symptoms management and quality of life.⁶

3. Timely Review

Timely review is crucial for IBD patients to control their active conditions especially when new medications are prescribed. Patients had shared that the Helpline had enabled them to make timely appointments and assist in appointment adherence.

4. Avoidance of Emergency Room Attendance and Cost Saving

Of the 10 patients who used this service 17 times for flare management, the Nurse-led Helpline had avoided 15 unnecessary emergency room attendances⁷, except twice when the primary doctor was away from hospital. Two patients were admitted directly from the early access IBD Clinic with direct Specialist consultation bypassing the A&E, avoiding A&E charges, unnecessary investigations and treatment.⁷

5. Prescription Refill

Medication non-compliance may arise from insufficient medication supply due to misplacement or miscalculation by patients. The non-compliance could be prevented by prescription refill via the Helpline and patients had complimented this timely prescription. One patient had even cited his previous experience of medication non-compliance and subsequent treatment default due to a non prescription refill. The Case Manager assessed the patient's condition via the Helpline prior to medication refill and facilitated early Specialist's consult during flare as needed.

6. Facilitate Administrative Requests

For calls relating to administrative issues, one of the patients verbalised that compared to Appointment Centre, the Helpline had expedited the process of obtaining a memorandum from the doctor for disease-related issues. For calls concerning non-IBD related symptoms, the Case Manager had made appropriate referrals to address the symptoms.³

Limitation

As the study was limited to one acute care hospital the results may not be generalised to other institutions.

Conclusion

The results underscored the paramount importance of a point-of-contact and the added value of a Helpline service for patients with IBD. Most patients found the Helpline helpful as a source of information and an early access to Specialist consult and treatment.

References

1. Younge, L. and Norton, C. (2007) Contribution of specialist nurses in managing patients with IBD. *Br. J. Nurs.*, 16, 208-12.
2. Thia, K., Loftus, E., Sandborn, W. and Yang, S. (2008). An update on the Epidemiology of inflammatory bowel disease in Asia. *The American Journal of Gastroenterology*, 103(12), pp. 3167-3182. doi: 10.1111/j.1572-0241.
3. Kawakami, A., Waga, M., Tyrrell, T., Yarrow, H. and O'Connor, M. (2016). A patient satisfaction survey of the telephone advice-line service for the management of inflammatory bowel disease. *Journal of Crohn's and Colitis*, 10(suppl 1), p. S500.2-S500. doi: 10.1093/ecco-jcc/jjw019.890.
4. Houston, Y., Rawle, M., Patterson, D. and Rook, L. (2013) Inflammatory bowel disease telephone Helplines – an audit of 9 sites across Yorkshire and Humber region, United Kingdom. *Journal of Crohn's and Colitis*, 7, pp. S295-S296. doi: 10.1016/s1873-9946(13)60729-1
5. Correal, E., Leiva, O., Galguera, A., Barrero, M., Gonzalo, F. and Pastor, E. (2016). Reasons for consultation of patients with inflammatory bowel disease in telephone helplines attended by nurses. *Journal of Crohn's and Colitis*, 10(suppl 1), p. S498.1-S498. doi:10.1093/ecco-jcc/jjw019.885
6. Hall, A., Porrett, T. and Cox, C. (2007) Self management in the care of patients with inflammatory bowel disease. *Gastrointest. Nurs.*, 5(5), 34-8.
7. Squires, S.L., Boal, A.J. and Naismith, G.D. (2015) 'The financial impact of a nurse-led telemedicine service for inflammatory bowel disease in a large district general hospital', *Frontline Gastroenterology*, 7(3), pp.216-221. doi: 10.1136/flgastro-2015-100630.