

CANIBD

Canadian IBD Nurses ANNUAL CONFERENCE



Saturday, November 4, 2017
Ritz-Carlton Hotel, Toronto

cs&na 

Canadian Society of Gastroenterology Nurses & Associates
Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

 **Crohn's and
Colitis Canada**
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CANIBD Research Initiatives



CANIBD Nurse Meeting

November 4th 2017

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Disclosure

- Consultant / advisor: Abbvie, Janssen
- No conflict of interest that may bias the content of this presentation

IBD PATIENTS' ACCESS TO TELEPHONE / EMAIL SERVICE PROVIDED BY IBD NURSES IN CANADA

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INSTITUTIONS :

1. Halton Healthcare, Oakville, ON
2. Hamilton Health Sciences McMaster University Medical Centre , Hamilton, ON
3. QEII Health Sciences Centre, Halifax, NS
4. Inomar Strategies , Oakville, ON
5. Robarts Clinical Trials, London, ON
6. London Health Sciences Centre, London, ON
7. Red Deer Regional Hospital, Red Deer, AB
8. McMaster University, Hamilton, ON
9. King's College London, Waterloo, United Kingdom.

Study Background

- Intermittent exacerbations of disease with activity free periods of 'remission'; patient care needs do not coincide with the scheduled appointments.
- Unpredictable course of disease with substantial negative impact on patients' quality of life and healthcare resources.
- Parallel to chronic disease management
- Nurses play an integral part in ensuring access to care during and between office visits.

Hypothesis:

“Telephone/email service provided by specialist Inflammatory Bowel Disease (IBD) nurses facilitate IBD patients to utilize appropriate health care resources”

Research question/Primary Objective:

“What is the primary reason for IBD patients to access telephone/email service?”

Secondary Objectives:

- To determine how many IBD patients receive escalated care due to accessing telephone/e-mail services provided by an IBD nurse (e.g., referred to Emergency Department, booked for an outpatient clinic appointment or tests?)
- To identify number of patients referred to allied health care providers or family doctor as result of telephone/email encounter.
- To identify the IBD nurses workload associated with a telephone/email service.
- To determine healthcare utilization as result of telephone/email encounter .
- To compare the reasons a telephone/email service encounter between patients with Crohn's and Ulcerative Colitis.
- To examine the possible health care utilization in the absence of IBD nurse lead telephone/email service.

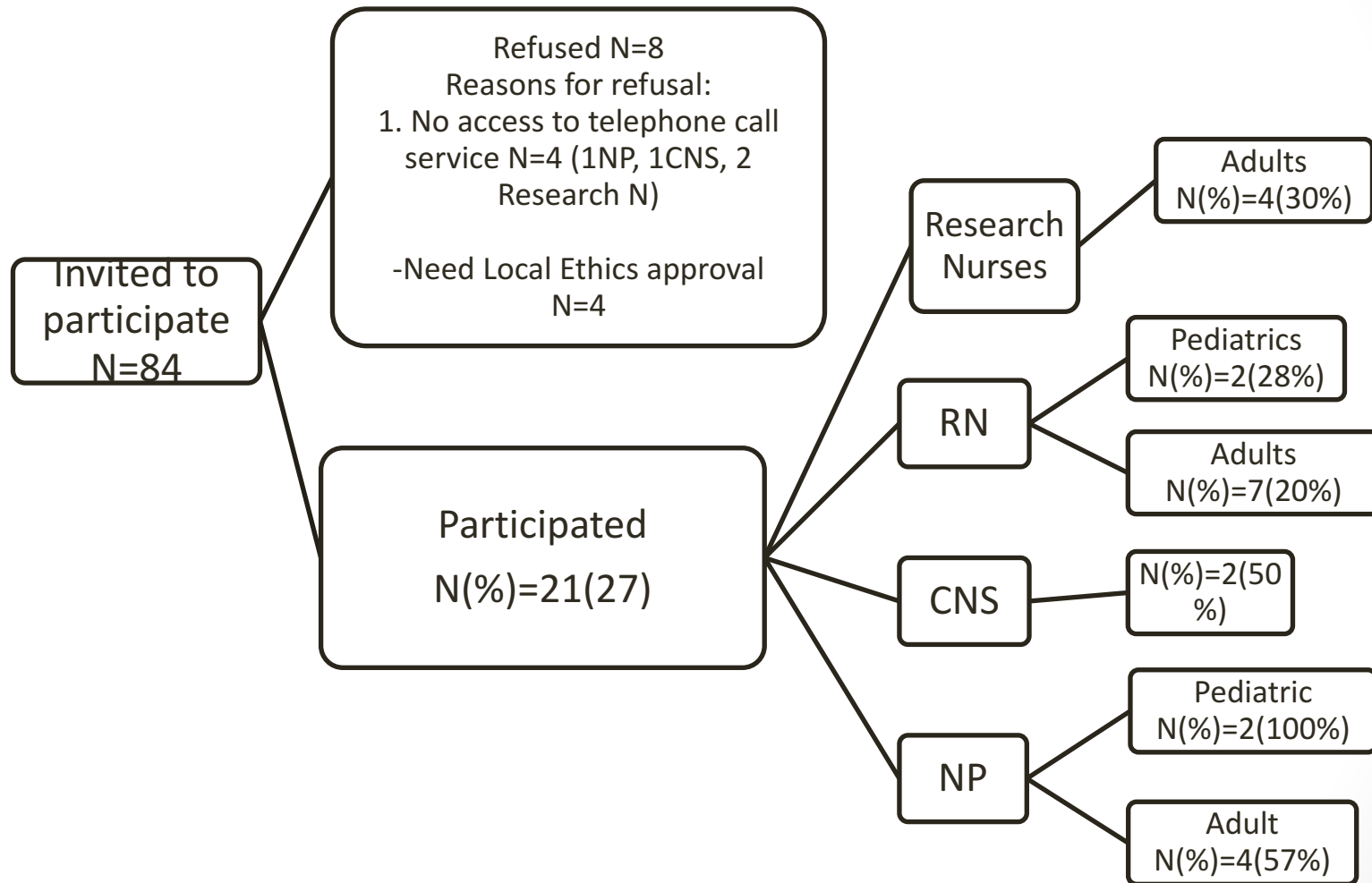
Aim:

- The primary objective of this study was to examine the utilization of IBD nursing telephone/email service provided to IBD patients during a 14 day period in Canada.

Research Methods:

- Using a mixed method approach to collect the data using data collection tool
- Data audit was collected by CANIBD Nurses of telephone / email services provided by nurses working with IBD patients over a 2-weeks period
- Study duration was from May 1st to June 30th 2017
- The nurses' interactions with IBD patients were compared using paired and independent t-tests.

Participants



Preliminary Results: Total Nurse Encounters

Nurse designation	N (%)
CNS	58 (10%)
NP	210 (37%)
RN	232 (41%)
Research Nurse	72 (13%)
Total	572

Number of Contact

Nurse designation	Adult N (%)	Pediatric N (%)	Total N(%)
NP	109 (19%)	101 (18%)	210 (37%)
RN	320 (56%)	42 (7%)	362 (63%
Total	429 (75%)	143 (25%)	572 (100%)

Type of Contact

Nurse designation	Adult N (%)	Pediatric N (%)	Total N(%)
Email	78 (14%)	15 (3%)	93 (16%)
Telephone	327 (57%)	116 (20%)	443 (77%)
Telephone after email	26 (5%)	10 (2%)	36 (6%)
Total	431 (75%)	141 (25%)	572 (100%)

Disease Type

Diagnosis	NP N(%)	RN N(%)	Total N(%)
Crohn's disease	129 (23%)	232 (41%)	361 (64%)
Ulcerative Colitis	69 (12%)	114 (20%)	183 (32%)
IBDU	10 (2%)	14 (2%)	24 (4%)

Gender

	Adults	Pediatrics	Total
Females	248 (45%)	66 (12%)	66 (57%)
Males	168 (30%)	70 (13%)	70 (13%)

Duration of call

length_of_call	Frequency	Percent	Cumulative Frequency	Cumulative Percent
<5 minutes	103	19.77	103	19.77
5-10 minutes	177	33.97	280	53.74
10-15 minutes	111	21.31	391	75.05
15-20 minutes	90	17.27	481	92.32
20-25 minutes	25	4.80	506	97.12
25-30 minutes	15	2.88	521	100.00

Action based on type of nurse

Action	NP N(%)	RN N(%)	Total N(%)
Provided nurse managed intervention	133 (23%)	210 (37%)	343 (60%)
Schedule appointment in IBD clinic	36 (6%)	76 (13%)	112 (20%)
Consult primary health care practitioner	20(4%)	89 (16%)	109 (19%)
Consulted allied health Practitioner (dietician or ostomy nurse)	9 (2%)	4 (0.7%)	13 (2%)
Go to Emergency Department	3 (0.5%)	7 (1%)	10 (2%)
Contact Patient Support Program	12 (2%)	36 (6%)	48 (8%)
Schedule telephone call to reassess	19 (3%)	47 (8%)	66 (12%)
Adjust medication	0	6 (1%)	6 (1%)

Reason for the call

	NP	RN	Total
Disease flare	74(13%)	101 (18%)	175 (30%)
Other GI symptoms	42 (7%)	52 (9%)	94 (17%)
Medication Concerns	83 (15%)	138 (24%)	221 (39%)
Investigation Results	61(11%)	80 (14%)	141 (25%)
Scheduling appointments	20 (4%)	83 (15%)	103 (18%)
Insurance coverage - questions/concerns	6 (1%)	15 (3%)	21 (4%)
Psycho-social concerns	15 (3%)	17 (3%)	32 (6%)
Financial concerns	4 (0.7%)	5 (0.88%)	9 (2%)
Other	25 (4%)	52 (9%)	77 (14%)

Conclusion

- Canada highest prevalence of IBD in the world
- 1st Canadian IBD Nurses study
- Canadian nursing support for IBD patients is unique as we have various level of nursing support for IBD patients ie clinical RN and NP, research nurses and Patient support coordinators (may or may not be nurse).
- Further research would be valuable to explore the impact IBD nurses have on the wellbeing of patients with IBD and their healthcare utilization.
- **Funding:** there was no funding for the study.
- Statistical analysis was supported by Robarts clinical research

Knowledge translation

- Abstract has been submitted to 2018 CDDW meeting in Toronto
- Abstract will also be submitted to 2018 ECCO congress in Vienna deadline early December
- Manuscript will be prepared for peer review journal submission by spring/summer 2018

Thank you!

Questions?

The logo for Canadian Digestive Diseases Week 2018. It features a blue banner with the text "Canadian Digestive Diseases Week™" in white. To the left of the banner is a stylized white graphic of the CN Tower with a small maple leaf at its base.

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