

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
Crohn et
Colite Canada

CANIBD: Standards of IBD Nursing Practice

Barbara Currie MN RN-NP
QEII Health Sciences Centre
Halifax, Nova Scotia



First impressions...

Can you see your practice reflected in these standards?



Exercise

- Divide into 6 groups (6-8/table)
- Each group will be assigned a standard to review (information on your table)
- Designate a scribe
- Write down everything that comes to mind
- Do not spend your time critiquing the standard...that will come later
- One member will report discussion points to group



Groups

Group 1

- *Knowledge Clinical Care IBDN*

Group 2

- *Knowledge Clinical Care APIBDN*

Group 3

- *Supportive Patient Centered Care IBDN*

Group 4

- *Supportive Patient Centered Care APIBDN*

Group 5

- *Quality Care Assurance*
- *Key Responsibilities of IBDN*

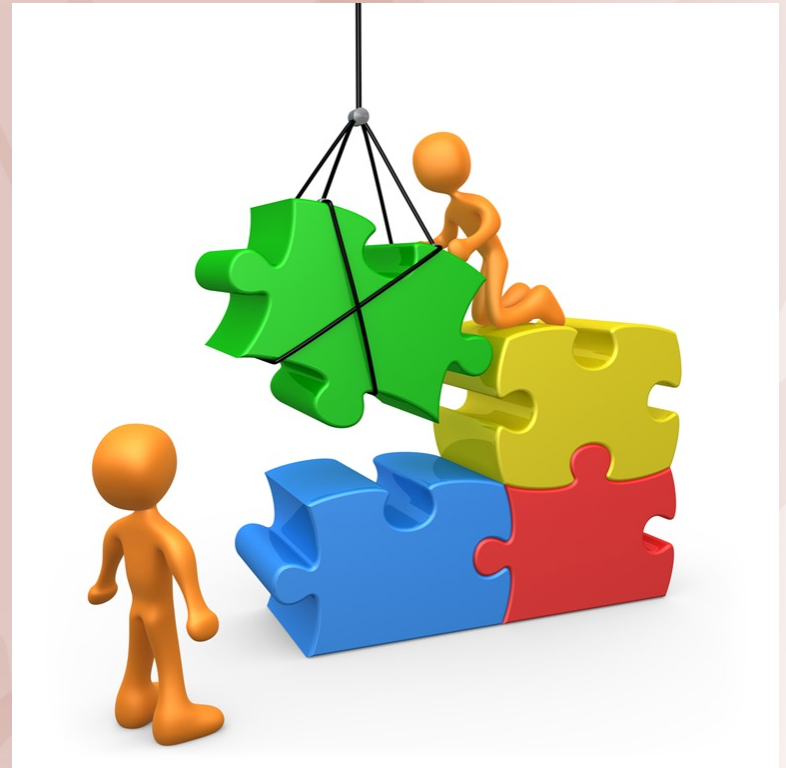
Group 6

- *Evidence Based Practice*
- *Leadership*



Next steps...

- Standards committee will review and compile feedback and distribute along with the SOP document (email to membership) for finer review.
- Members will have opportunity to provide further feedback then standards will be revised and resent to membership for an electronic vote of approval by end January 2018.



Thank-you



Group1: Clinical Care IBDN

- Possesses in-depth knowledge of gastrointestinal tract and etiology and pathogenesis of IBD and associated conditions
- Understands medical and surgical options in IBD including benefit, risk and monitoring for efficacy and complication.
- Ability to use knowledge to formulate and negotiate treatment plans with patients
- Is a member of a multidisciplinary team as such they must establish a collaborative approach to the provision of care of IBD patients.
- Should have regular access (preferably weekly) to key members of the IBD team to discuss complex patient needs (Medical, surgical, nutritional) and individualize patients plan.
- Individual patients plans of care may include, but are not limited to: restoring health (smoking cessation/ weight management), maintaining and stabilizing health (medical treatment), preventing illness (immunization updates), injury and disease (Cancer screening), alleviating suffering, and providing supportive care for those who are dying.
- Participates in strategies to promote healthy communities.
- Collects preliminary screening for possible biologic medication use, such as TB testing, viral disease screening, immunization screening, and immunization recommendations
- Is informed and can share information on risks and benefits of treatment, monitoring requirements and share time estimates for the attainment of expected outcomes.
- Participates in the development of standard operating procedures to facilitate continuity of care and consistency.
- Documents individual patient outcomes according to expected goals in a retrievable format
- Actively participates in the development and continuous improvement of systems that support the planning process
- Promotes a relationship between the IBDN, multidisciplinary team, and patient to improve healthcare outcomes and adherence to the treatment plan
- Assists patient and family in identifying and securing services to address needs across the healthcare continuum factoring cost in decisions about treatment and care



Group2: Clinical Care APIBDN

- Initiates and interprets diagnostic tests and procedures relevant to the patients current status
- Systematically compares and contrasts clinical findings with normal and abnormal variations in formulating a differential diagnosis
- Identifies expected outcomes that incorporate scientific evidence, cost, clinical effectiveness and patient satisfaction
- Utilizes Canadian Association of Gastroenterology consensus guidelines to guide care planning
- Assumes responsibility for safe and efficient implementation of the plan.
- Provides leadership in coordination of inter-professional healthcare such as dietary counselling or social work referral, for integrated delivery of care services for the patient.
- Draws on knowledge to address complex issues with patients e.g. sexuality, pregnancy, altered body image, age related, financial and employment.
- Able to make complex decisions where patients do not follow conventional approaches to care
- Considers cost effectiveness, cost benefit and efficiency associated with patient care.
- Critically evaluates the manner in which health issues are presented by the popular media and clarifies this information for patients and their families.



Group 3: Supportive Patient Centered Care IBDN

- Provides care in a manner that preserves and protects the patients autonomy, dignity, rights, values and beliefs
- Recognizes the patient and family as core members of the healthcare team
- Uses the nursing process to implement care programmes based on local organisational objectives, relevant guidelines (provincial, CSGNA, CANIBD) and current evidence.
- Provides patients with information describing the clinical service involved in there care and how it can be accessed (phone or e-mail contact point)
- Provides patients with information and education to empower them to be active in decision making process
- Shares expectation's of time from contact with the IBDN to the patient receiving information regarding their concern should be provided (within one business day)
- Where there are alternative options, information and support should be offered to patients to enable them to share in decision-making regarding treatment.
- Helps patients navigate the healthcare system and roles of multidisciplinary team; identifies and facilitates contact with allied health providers: dietary, social work, stoma therapists, public health, pharmacist, biologic coordinator,
- Provides health teaching that addresses healthy lifestyle and risk reducing behaviours: smoking cessation, nutrition programs
- Seeks opportunities to assess effectiveness of therapeutic strategies used and to promote adherence to treatmentShares information re intended effects and potential side effects of medical therapy and liaises with appropriate care provider if concerns arise to address concerns
- Provides information on reputable websites (Crohn's Colitis Canada), and how to distinguish between evidence and testimony.
- Educates patient and multidisciplinary team on the role of the IBDN in management disease.



Group 4: Supportive Patient Centered Care APIBDN

- Synthesizes empirical evidence re risk behaviours (ETOH/marijuana/prescription drug misuse), learning theories, behavioural change theories, motivational theories, and epidemiology when designing health education information and programs
- Considers comparative effectiveness and risk when conducting personalized health teaching and counselling
- Evaluates and participates in the development of health information resources for accuracy, readability, and comprehensibility
- Engages with patient advocacy groups in health teaching, health promotion and equitable healthcare/ access to resources
- Participates with patient in shared decision making when appropriate and negotiating responsibilities
- Participates in MDT that address ethical risks, benefits, and outcomes (patients with high risk lifestyles choices, clinical trial participation, end of life discussions)
- Initiates referral to other healthcare professionals as required.
- Participates in rapid access clinics for patients with exacerbation IBD



Group 5: Quality Care Assurance

- Is informed of and strives to achieve quality care indicators outlined by Crohn's Colitis Canada (in development)
- Demonstrates quality by documenting the application of the nursing process and communicating concerns to appropriate members of the MDT.
- Uses creativity and innovation to enhance nursing care
- Treatment with immunosuppressive or biologic therapies should only be initiated by clinicians with expertise in their use for IBD. Shared protocols should be developed to support prescribing and monitoring of these treatments.
- Participates in nursing process to work with MDT in addressing patients clinical concerns and facilitating care in the community or admission to hospital as appropriate.
- Participates with MDT in transitioning patients back to the community from hospital care and ensuring timely follow-up with appropriate members of MDT.
- Arrangements should always be made in discussion with the patient.



Group 5: Review key responsibilities of the IBDN

- To assess the gastrointestinal status of patients in the outpatient clinic and initiate and monitor investigations and treatment where appropriate. Standard operating procedures are expected to be developed at a local level to support this practice within the full scope of practice of the nurse.
- The IBDN will work closely with all members of the multi-disciplinary health care team – referring patients to the appropriate discipline as their individual needs dictate.
- The IBDN will often be working closely with patients discharged from hospital to the community and equally will be the link with community staff when an IBD patient is admitted to hospital.
- The IBD nurse will act as a resource for other members of the health care team, advising on appropriate care and conducting nursing education sessions to increase awareness of the condition.
- It is important that the IBD nurse takes the lead on the setting of standards of care for patients with inflammatory bowel disease.
- The IBD nurse will need to be accessible to both patients and other staff members.
- The IBD nurse should be involved in co-ordinating the shared biologic screening programme between hospital and community for all patients on immunosuppressive/biologic treatments.
- The IBD nurse should develop patient education sessions to empower patients with accurate knowledge and coping strategies.
- The IBD nurse will work very closely with nurses in both the hospital and the community in helping to assess, plan and evaluate nursing care for patients suffering from inflammatory bowel disease.



Group 6: Evidence Based Practice

The IBDN

- The IBDN should be expected and enabled to participate in local and national professional education to ensure and maintain competency and knowledge in this fast developing subspecialty.
- Participates in and/or undertakes own research
- Patients should be given the opportunity to participate in clinical trials and patient led research, to provide samples for ethically approved research, and in development of patient identified education tools.

The APIBDN

- Should have access to medical support and nursing supervision
- Publishes best practice findings



Group 6: Leadership

The IBDN

- Supports the development and implementation of a national strategy for the development of IBD services.
- Promotes the implementation of IBD standards to regional and national health organisations.
- Ensures implementation of a formal transition program between paediatric and adult care
- Supports pilot projects for adult ambulatory IBD services in rural areas
- Ensures the development of clinical and patient reported outcome measures that will support quality, safety and cost effectiveness of IBD services.
- Participates in the development and presentation of nursing and patient educational programs
- Has a clear vision of how an IBD service should function within the local healthcare political structure
- Identifies service needs and actively participates in influencing service development
- Assumes responsibility for nurse led clinics and telephone helplines.
- Engages in teamwork and team-building process

The APIBDN

- Works as an autonomous practitioner managing work load efficiently
- Identifies limitations which may affect service capacity
- Participated in the development of regional and national IBD standards and quality care
- Invites the contribution of patients, family and multidisciplinary team to achieve optimal outcomes
- Promotes advanced practice nursing and role development by interpreting role for patients, families and others
- Mentors colleagues in the acquisition of clinical knowledge, skills, abilities and judgement.
- Serves as a preceptor for advance practice students in IBD

