UK Inflammatory Bowel Disease (IBD) audit

Organisational audit
3rd February 2014 – 31st March 2014

Dr Ian Shaw

29 January 2014
# IBD Audit structure

<table>
<thead>
<tr>
<th>Element</th>
<th>Key dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient care</td>
<td>Ended 31\text{st} December 2013</td>
</tr>
<tr>
<td>Inpatient experience</td>
<td>Ends 31\text{st} January 2014</td>
</tr>
<tr>
<td>Biologics audit</td>
<td>Continuous data entry</td>
</tr>
<tr>
<td>Organisational audit</td>
<td>3\text{rd} Feb – 31\text{st} March 2014</td>
</tr>
</tbody>
</table>
Important methodological changes

- This audit now uses the IBDQIP (IBD quality improvement project) web based tool.
- It is a self assessment tool allows IBD services benchmark their care against the national service standards ([www.ibdstandards.org.uk](http://www.ibdstandards.org.uk)).
- To complete the audit, you are encouraged to meet as a multidisciplinary team to discuss and agree on answers.
- After data completion, results are presented using a hierarchical grading system, presented as performance dashboards. These are available to download in various formats. See the supporting documentation link for more information.
What you need to do for this audit now?

- Book a meeting to discuss dataset and agree on answers
  - Ideally, the team should be made up of your lead clinician, nurses, service manager, audit staff and perhaps most importantly patients
- Past feedback suggests that this meeting should take about 1-2 hours
- Liaise with your information department to get answers to the demographic section
How the grading system works?

• The letters in the column represent the hierarchical system in the way the questions have been set up. You cannot achieve the highest score of an ‘A’ in any group of questions if you don’t meet all the criteria for all the questions.

• Effectively, your first ‘no’ answer to any of the questions within a measure, determines the grade achieved for that particular measure.
Illustration of the grading system

<table>
<thead>
<tr>
<th>Inpatient facilities</th>
<th>Grade</th>
<th>Site A</th>
<th>Site B</th>
<th>Site C</th>
<th>Site D</th>
<th>Site E</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQ9.1 There is an identifiable gastroenterology ward</td>
<td>D</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CQ9.2 There is an intensive therapy unit (ITU) and a mixed medical/surgical high dependency unit (HDU).</td>
<td>D</td>
<td>Yes</td>
<td>Yes</td>
<td>Y/N</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>CQ9.3 There is at least one toilet per 6 patients</td>
<td>C</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Y/N</td>
</tr>
<tr>
<td>CQ9.4 Gastroenterology and colorectal surgical facilities are on the same site</td>
<td>C</td>
<td>Yes</td>
<td>Yes</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>CQ9.5 IBD or suspected IBD patients are usually triaged to the gastroenterology ward on admission</td>
<td>C</td>
<td>Yes</td>
<td>Yes</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>CQ9.6 There is at least one toilet per 4 patients</td>
<td>B</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>CQ9.7 The toilets have floor to ceiling partitions, full height doors and good ventilation</td>
<td>B</td>
<td>Yes</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>CQ9.8 There is one toilet per 3 IBD patients</td>
<td>A</td>
<td>Yes</td>
<td>No</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

Result

A  B  C  D  D
Supporting information

Below is a list of some of the supporting information available on the web tool.

• How to log in
• Quick start guide
• Hard copy of audit tool – adult sites
• Hard copy of audit tool – paediatric sites
• Frequently asked questions
• Round 4 flow chart
What next?

• Data collection ends- 31\textsuperscript{st} March 2014
• Data analysis – April – June 2014
• Site reports – August 2014
• Audit publication – August 2014
Any questions?

Contact us:

The UK IBD audit project team at

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or call

020 3075 1521 or 020 3075 1566