



Tillotts LOGIC

IBD STARS

SUPPORT, TRAINING AND RECOGNISING SUCCESS

Richard Driscoll Award Finalist 2022



Enhancing the surgical experience for IBD patients by providing an IBD surgical link service



1. Introduction

The aim of this project was to offer IBD patients awaiting surgery a single point of access to their IBD team in a large tertiary referral centre in England serving around 10,000 IBD patients, and to improve communication and surgical pathways.

The need for this approach was prompted by the experience of IBD patients whose elective surgery was delayed and in breach of the IBD UK standards: to perform elective surgery for IBD as soon as clinical status has been optimised and within 18 weeks of referral.¹

This was a novel approach within our service as we do not have a dedicated IBD surgical nurse, thus a link role has been created to work with the colorectal surgical team, ensuring IBD patients referred for surgery are prioritised according to their clinical need and that potential delays to surgery are recognised early on and addressed accordingly.



STATEMENT 5.8

Elective surgery for IBD should be performed as soon as the patient's clinical status has been optimised and within 18 weeks of referral for surgery.

3. Results and anticipated benefits

The ISL identified and discussed patients awaiting elective surgery, especially priority level 2 and priority level 3 where IBD surgery needed to be done within 4 weeks and up to 3 months, respectively. Patients requiring emergency surgery follow a separate pathway. As the ISL, the IBD CNS acts as a point of contact for patients awaiting surgery for their IBD allowing co-ordination of care that was not achieved before the advent of the role. The IBD CNS is also able to link up the surgeons and gastroenterologists to achieve seamless care through joint clinic consultations, as required.

We also involved the surgery schedulers to understand their processes and identify surgery dates and waiting list status of our IBD patients. This allows the ISL to contribute to the discussions around priority setting for IBD surgery status.

Preliminary results were generally positive, not only from the involved stakeholders, but more importantly through feedback from the patients.

Patients' feedback was felt to be paramount for evaluation of success as this project is about enhancing their surgical experience. Verbal and written feedback from patients demonstrate the effectiveness of the ISL service. **One patient had written, and this captured the essence of this project: "I was really in a dark place and just by having you there to try to help and go out of your way really seemed to speed up my treatment plan..."**



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2. Methodology

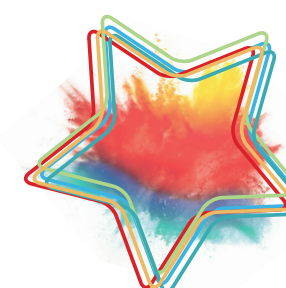
Relevant stakeholders including surgical schedulers, IBD Consultant Colorectal Surgeons, Resident Surgical Officers, and the IBD Dietitian were involved. Preliminary meetings were led by an IBD CNS and supported by the IBD nurse consultant and Lead IBD Consultant Gastroenterologist to identify:

- The magnitude of the problem
- The potential approaches to mitigate it

The project was initiated during the early months of the COVID-19 pandemic. This was timely as a bi-weekly meeting was initiated providing a proactive approach to identify IBD patients at risk of deterioration whilst on waiting lists, effectively demonstrating the safety-critical aspect of the IBD surgical link (ISL) role.

To help stratify patients, we utilised and adapted the Royal College of Surgeons (RCS) of England, RCS in Ireland, the RCS of Edinburgh, and Royal College of Physicians and Surgeons of Glasgow's clinical guide to surgical prioritisation during the COVID-19 pandemic (April 2020):²

- **Priority Level 2: operation <1 month**
- **Priority Level 3: operation <3 months**
- **Priority Level 4: operation >3 months**



4. Evaluation

The project is a work in progress and a continuous process but has already provided significant positive changes in our delivery of IBD surgery and management. It is making a huge impact on the overall patient experience for those waiting for elective IBD surgery. Moving forward, we will utilise our preliminary outcomes and experience in lobbying for a full-time IBD Surgical Nurse who is embedded into our service and can develop this role to be more involved with the peri-operative processes including, but not limited to, pre-operative and post-operative counselling, pathways development including Enhanced Recovery After Surgery, and IBD surgical nurse-led clinic for post-operative ileo-colonic resection patients.

This role is innovative and timely, particularly in light of the recent Healthcare Survey results from Crohn's & Colitis UK, who surveyed over 7,000 of their members between August and October 2021, where 29% said that they have had surgery cancelled during the previous 12 months.³ **Therefore, it is a vision for this role to continue to be improved and developed, and for the team to maintain an up-to-date register of IBD patients needing surgery at the point of referral in order to monitor their clinical status, as well as to detect postponement to surgical dates proactively.**

References: 1. IBD UK. IBD Standards. 2019. Available at: <https://ibduk.org/ibd-standards> (Accessed June 2022); 2. Royal College of Surgeons of England. Clinical guide to surgical prioritisation during the coronavirus pandemic. 2020. Available at: <https://www.rcseng.ac.uk/coronavirus/surgical-prioritisation-guidance/> (Accessed June 2022); 3. Crohn's and Colitis UK. 2021. Healthcare Survey 2021 – How it's been for you. Available at: <https://crohnsandcolitis.org.uk/news-stories/news-items/healthcare-survey-2021-how-it-s-been-for-you> (Accessed June 2022).

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