



FoNS Improvement Insights

Establishing a Telephone Review Clinic for Patients with Inflammatory Bowel Disease

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Duration of project: December 2010 – January 2012

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Project background

Crohn's disease and ulcerative colitis, collectively referred to as inflammatory bowel disease (IBD) are chronic lifelong illnesses, commonly presenting in young adults and children and have a considerable impact on the quality of life of both the patients and their families. Traditionally IBD is managed by specialist clinicians at regular outpatient clinics. However, patients are often well at the time of their appointment but subsequently, their condition relapses before their next scheduled appointment. This coupled with lengthy journeys for patients to attend appointments and unacceptable waiting times in overbooked clinics, are reasons why people choose not to attend their appointments and contribute to high non-attendance rates. Urgent appointments for patients who are unwell are difficult to accommodate and this situation prompted the project leader to explore other innovative ways of providing care for patients with IBD.

Aim and objectives of the project

The aim of the project was to implement and evaluate a nurse-led evening telephone review clinic for patients with IBD. To achieve this, the objectives of the project were to:

- Improve access to services for patients with IBD
- Offer patients with IBD a new method of review
- Ensure patients with IBD receive consistent high quality care

Key activities and outcomes of the project

A number of approaches were used to facilitate this change in practice including a review of non-attendance rates at IBD outpatient clinics; consultation with patients currently attending outpatient appointments on the usefulness of a telephone clinic; the implementation of a telephone review clinic for a period of six months and evaluation of its effectiveness.

- Non-attendance rates

The project leader found an average non-attendance rate of 17.3% over a twelve month period which is higher than the national average of 13.6% for all outpatient appointments. The project leader contacted seventeen patients by telephone to ask their reasons for not attending their appointments. Of these four had not received the appointment letter, four stated the time was unsuitable and six stated that their condition was stable.

- Opinions of patients attending the current IBD clinic
During June/July 2011, the project leader conducted a survey using a questionnaire to gain patients' views of nurse-led review. 30 questionnaires were distributed and 22 were returned. The overall conclusion drawn from the questionnaire was that patients with IBD, whose condition was stable, were in favour of telephone review by a nurse specialist. Only two patients stated that they would prefer to see a doctor.

- Initiating and evaluating the telephone review clinic
Guidelines for running the clinic and a structured telephone assessment questionnaire for the fifteen minute telephone consultations were developed by the project leader and medical director. Patients were selected using inclusion criteria, and then sent information and asked if they were happy to participate. The clinic started in January 2012 and to date, 42 patients have been reviewed by telephone, of which four have required a hospital review.

An evaluation questionnaire was posted to all patients that took part, 30 (71%) were returned. 100% of patients were happy to be reviewed by telephone, whilst 90% of patients were satisfied or very satisfied with the overall service. Most patients commented on the convenience of being reviewed from their own home; time and cost savings were also mentioned. Comments from patients included:

'Saved an eighty mile round trip to answer the same questions I would have been asked in a clinic'

'Saved me having to arrange child minding for the children after school'

The project leader has observed that non-attendance rates at the outpatient clinics appear to be lower and there is now the opportunity to hold one or two outpatient slots for emergency review of sick patients, instead of adding their names to an already full or overbooked clinic. Evaluation is ongoing.

Implications for practice:

- Nurse-led review can be effective for patients with a stable condition
- Telephone consultation is not suitable for all patients and should be offered at the discretion of the clinical team
- Telephone review is favoured by many patients as an alternative to traditional outpatient appointments
- Nurses undertaking telephone consultations should have clear guidance and criteria for practice

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstd=38977>

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