

# Improving the quality of care for people with inflammatory bowel disease (IBD): results of a national audit

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## Aims

The UK IBD audit aims to assess the quality of care for patients with IBD and identify priorities for further improvements.

## Methods

A fourth-round audit of inpatient care and experience of people with ulcerative colitis (UC) was conducted between 1 January and 31 December 2013. Hospitals that provided a service for people with IBD prospectively audited up to 50 consecutive admissions of people with ulcerative colitis (UC). Inclusion criteria: primary reason for admission was for the treatment of UC, duration of admission longer than 24 hours, any age, admitted to any ward, multiple admissions and patients newly diagnosed with UC. Data were collected via a web-based tool and covered admission information, assessment of extent of disease, medical intervention, surgical intervention, discharge arrangements and outpatient care prior to admission. For each audited admission, a questionnaire about inpatients' experiences of hospital facilities, care and treatment, staff, operations, pain and food could be generated and given to the patient on discharge with a freepost envelope. Alternatively, patients could reply via the audit web tool.

## Results

Data were collected on 4,359 adult patients from 190 hospitals in the UK. Compared against three previous rounds of audit (between 2006 and 2013), there was evidence of improvements; reduced mortality, improved prescription of heparin and bone protection, increased contact with an IBD nurse and a reduction in episodes of unplanned surgery. However, there was also evidence of poor management of care. 48% of patients admitted were anaemic and, where anaemia was due to iron deficiency, no treatment was received in 56%. 60% of applicable patients did not see a dietitian. 70% of inpatients were seen in outpatients prior to admission but, where active disease was recorded, standard treatments had not been started or escalated in 42% of these cases. 12% of patients were readmitted within 30 days.

For inpatient experiences, 1550 questionnaires were analysed. There was no significant improvement in all aspects of care from round 3. Notably, 73% of adolescents treated by a paediatric service rated their care as 'excellent'; in comparison, only 26%

of adolescents treated by an adult service rated their care as 'excellent'.

## Conclusions

Some improvements in inpatient care for people with UC were identified, but not for patient experiences. Aspects of IBD care that need targeted improvement include treatment of anaemia, provision of dietetic support, transitional care and management of patients seen in outpatients. This could reduce the burden of admissions to hospital.

## Conflict of interest statement

This project was managed by the Royal College of Physicians and commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). ■

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