

Appendix to IBD services during COVID-19

Appendix for Organisational changes and challenges for inflammatory bowel disease services in the United Kingdom during the COVID-19 pandemic

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Challenges and organisational changes in IBD units during COVID-19 Pandemic

The IBD teams and services they provide are under mounting pressures following the onset of the COVID-19 Pandemic. We wanted to survey IBD teams on the impact of these challenges on their services and identify any learning points for services to adopt. We would appreciate if you could take 10 mins of your time and fill in the following questionnaire. This is anonymous and no personal identifiable information is collected.

Thank you

From UK IBD Covid-19 Working Group *Required

1. I am

Mark only one oval.

- IBD nurse
- Gastroenterologist with interest in IBD
- Colorectal surgeon with interest in IBD
- IBD infusion nurse
- IBD pharmacist
- Paediatric Gastroenterologist
- Paediatric IBD nurse

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2. My region

Mark only one oval.

- London
- South East
- South West
- East Midlands
- West Midlands
- East of England
- Yorkshire and Humber
- North East
- North West
- Wales
- Scotland
- Northern Ireland

3. Which hospital is our IBD team based ?

4. Type of hospital

Mark only one oval.

- District General Hospital
- University Teaching Hospital
- Other:

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5. IBD clinic characteristic *Mark only one oval.*

- General gastroenterology clinic
- Dedicated IBD unit

6. Approximately how many IBD patients are currently under your care *

Mark only one oval.

- <500
- 501-1000
- 1001-2000
- 2001-3000
- >3000

7. Number of consultant gastroenterologists providing regular outpatient care to IBD patients prior to COVID-19 pandemic (eg: establishment on 1st Jan 2020) *Mark*

only one oval.

- <3
- 3-5
- 6-9
- >/=10

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8. Number of consultant gastroenterologists providing inpatient care to IBD patients prior to COVID-19 pandemic (eg: establishments on 1st Jan 2020) *Mark only one oval.*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

9. Number of gastroenterologists currently providing outpatient IBD care now (as of 10th April 2020)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

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10. If reduction in gastroenterologists providing IBD care now , what is the reason (Please click all that apply)

Tick all that apply.

- Redeployment
 Isolating due to COVID19 symptoms
 Belongs to shielding category
 Sick due to non COVID19 reason
 Not applicable -there is no reduction in our unit

Other: _____

11. What is the minimum number WTE of consultant gastroenterologists required to provide IBD care in your unit? (please write a number)

12. Figure 1: Likelihood of having less than the minimum required WTE of gastroenterologists during COVID-19 *Mark only one oval.*

- Certainly
 Very likely
 Likely
 Unlikely

13. Number of IBD Nurses in your unit prior to COVID-19 (eg: establishment on 1st Jan 2020)

Mark only one oval.

- 0
 1
 2
 3
 4
 5
 >5

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14. Number of IBD nurses available exclusively for IBD care now- as of 10th th April 2020

Mark only one oval.

0

1

2

3

4

5

>5

Other:

15. If reduction in IBD nurse numbers , the reason (Click all that apply)

Tick all that apply.

Redeployment

Isolating due to COVID19 symptoms

Shielding

Sick leave due to non COVID reason

Not applicable as no reduction in numbers

Other: _____

16. What is the minimum number (WTE) of IBD nurses required to provide IBD care in your unit? (please write a number)

17. Figure 2: Likelihood of having less than the minimum required IBD nurses due to redeployment and self isolation during COVID-19 pandemic *Mark only one oval.*

Certainly

Very likely

Likely

Unlikely

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18. Provision of IBD clinics (please select all options that apply)

Tick all that apply.

- Keep running face to face clinics as before
- Running face to face clinics with reduced capacity
- Complete cancellation of routine clinics
- Substitution of face to face clinics by telephone consultation
- Substitution of face to face clinics by video consultation Other:

19. Approximately what proportion of patients are using telephone consultations?

Mark only one oval.

- <25%
- 25-50%
- 50-75%
- 100%
- No telephone consultations

20. Approximately what proportion of patients are using video consultations

Mark only one oval.

- No video consultation facility
- 10%
- 20%
- 30%
- 40%
- 50%
- >50%

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21. Are you currently using/planning to use any IBD patient apps for out patient IBD care

Mark only one oval.

- Yes - currently using
- No
- Yes- currently in set up
- Other:

22. Figure 4: IBD Endoscopy provision during COVID-19 pandemic

Tick all that apply.

- Surveillance of dysplasia in patients with IBD
- Assessment of disease activity in outpatients
- Outpatient diagnosis in all suspected IBD
- Assessment of admitted patients with acute IBD
- Clinical trial protocol scopes
- All IBD endoscopy provision cancelled

23. Current provision for IBD surgery (please select all that apply)

Tick all that apply.

- Keep running elective out patient resections
- Emergency small bowel resections
- Colectomy for acute severe colitis
- Perianal surgery for perianal sepsis
- Colectomy for IBD dysplasia
- No IBD surgery at all

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24. What changes have you made to Infusion unit in light of COVID-19 (Please select all that apply)

Tick all that apply.

- Cancellation of all treatments
- Moved the infusion facility to a "safe site"
- Maintain treatments with protective measures (Distancing >2m, surgical mask usage etc)
- Change from IV to subcut treatments
- check list of suspicious COVID-19 symptoms prior to the administration of treatments
- Delaying Treatments
- Staff using masks
- Patient using masks

25. Are patients cancelling their attendance to infusion clinics (Click all that apply)

Tick all that apply.

- No
- Yes approximately 10%
- Yes approximately 25%
- Yes approximately 50%
- Cancelling >50%

Other: _____

26. Reasons reported for patients cancelling biologic infusion unit attendance

Tick all that apply.

- Self isolating due to suspected/COVID19 symptoms
- Self isolating due to contact with COVID-19 positive
- Chose not to attend due to worry about the effect of drugs
- Unable to get to the relocated infusion unit

Other: _____

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27. Is your IBD service cancelling scheduled biologics infusions

Mark only one oval.

- No
- Yes approximately 10%
- Yes approximately 25%
- Yes approximately 50%
- Cancelling more than 50%

28. Reason for service cancelling scheduled biologics infusions

Tick all that apply.

- Staff shortage
- COVID-19 symptoms
- No adequate facility to deliver infusions
- Abnormal safety bloods
- Not applicable - no service cancellations

29. Are you currently able to initiate new home care prescriptions of S/C biologics?

Mark only one oval.

- Yes
- No

30. Is there any disruption to home care prescriptions and delivery in patients who are already established on S/C biologics?

Mark only one oval.

- Yes
- No

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31. Please give details if there is disruption in initiation of new or continuation of existing home care services for s/c biologics (Click more than one if applicable)

Tick all that apply.

- Home care services interrupted due to challenges in blood monitoring
- Home care services interrupted due to provider (healthcare at home) issues
- Home care services interrupted due to pharmacy issues
- Disruption due to lack of provision to do safety bloods
- Disruption due to reduced number of IBD nurses
- Not applicable as currently no disruption in home care services

32. What have you done about provision of iron infusions since COVID-19 pandemic

Mark only one oval.

- Iron infusions stopped
- Iron infusions curtailed
- Normal service for iron infusions
- Other:

33. Provision of IBD MDTs since COVID-19 pandemic (Select more than one if applicable)

Tick all that apply.

- F2F MDTs as normal/reduced numbers but with social distancing
- Virtual MDTs
- MDTs reduced in frequency
- MDTs cancelled
- We never had separate IBD MDTs

Other: _____

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34. Figure 5: Current provision of laboratory faecal calprotectin tests during COVID-19 pandemic

Mark only one oval.

- Normal service as before
- Reduced access to lab calprotectin
- Increased access to lab calprotectin
- No access to lab calprotectin

35. What is the current provision of point of care (POC) calprotectin tests in your service since COVID-19 pandemic

Tick all that apply.

- Introduced
- Scaled up
- Never had one
- Wish to do but have local barriers

36. Blood Monitoring of Immunomodulators since COVID-19 pandemic (AZA, MP, Methotrexate) *Mark only one oval.*

- The same intervals of monitoring
- Less frequent monitoring All
- routine monitoring suspended
- Other:

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37. Provisions to assess patients with established IBD having a flare in your service since COVID-19 pandemic

Tick all that apply.

- Face to Face review in flare clinics/Hot clinics
- Access to Calotectin
- Access to bloods (eg: CRP) in primary care
- Access to bloods (eg:CRP) in secondary care

38. Figure 3: Impact on IBD helpline since COVID-19 pandemic

Mark only one oval.

- No change in activity
- >10% increase in IBD telephone helpline/email activity
- >25% increase in IBD telephone helpline/email activity
- >50% increase in IBD telephone helpline/email activity
- 100% increase in telephone helpline/e-mail activity
- 150% increase in telephone/e-mail activity
- 200% increase in telephone/e-mail activity

39. Changes made to IBD helpline since COVID-19 pandemic(Please select all that apply)

Tick all that apply.

- Automated email response with frequently asked questions
- Automated voice message with frequently asked questions
- Increased number of staff manning helpline
- More contact options provided
- No change from before
- Reduced number of staff manning helplines
- IBD helplines shut down
- We did not have IBD helpline before

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40. Impact of COVID-19 on provision of other services by the IBD nurses (Please select all that apply)

Tick all that apply.

- Normal service as before
- Inpatient IBD nurse services curtailed
- In patient IBD nurse services stopped
- Out patient IBD nurse clinics curtailed
- Outpatient IBD nurse clinics stopped
- Outpatient IBD nurse clinics continuing as normal F2F
- Outpatient IBD nurse clinics continuing as telephone or video consultation Restricted to working from Home

41. Dissemination of the BSG IBD risk grid from your service (Please select all that apply)

Tick all that apply.

- Have completed identification of the BSG IBD CCUK risk grid
- Have sent letters to high risk patients based on risk
- Have sent letters to moderate risk patients as per grid
- Have sent letters to all IBD patients
- Have mentioned registry tool (<https://www.ibdregistry.org.uk/covid-19>) in letters sent out to patients

42. Are you entering IBD patients with COVID-19 into the SECURE IBD registry <https://covidibd.org> ?

Mark only one oval.

- Yes - have entered already
- Yes- not entered yet but will enter
- No