



Contact details

Name of lead

Contact email

Team members

Hospital Name

Planning your project

1. At the beginning of this collaborative, what were the issues/ problems you wanted to change?

Our IBD biologics meeting had recently been limited to functioning on an ad hoc basis due to significant operational pressures within the IBD team and competing interests for time within the department / trust. We were keen to relaunch and reinvigorate the biologics MDT by achieving:

1. Regular & more frequent biologics MDT meetings
2. Detailed plan to improve the organisation and processes within the MDT to increase efficiency
3. Electronic recording of the biologics MDT outcomes on an IT system which could be updated contemporaneously during the MDT, generate outcome letters and be easily audited

2. During this process, what underlying reasons did you identify that were likely to be causing this problem or issue? (please state how you identified them)

Mounting time pressures on the IBD team due to increased biologics use & helpline activity as well as conflicting departmental / trust interests

Significantly limited manpower in particular IBD nurse quota (1.6WTE for 550,000 population) ie less than half that recommended by the National IBD standards

Limited IT team support availability to develop an electronic biologics management system (to record biologics MDT outcomes) due to competing trust priorities



3. What was the aim of your project (SMART)

Regular biologics MDTs with the interim aim of discussing >60% of total eligible biologics cases in MDT by December 2017 and the final aim of achieving 100% by June 2018.

Secondary measure: percentage of outcomes of all cases discussed in IBD biologics MDT recorded electronically by 06/18.

4. Outline the steps you have planned in order to achieve your aim

Set criteria for which IBD biologics patients require discussion in Biologics MDT (set denominator for data collection)

Set a suitable regular biologics MDT meeting time and adjust this on team member job plans where required

Business case for IBD Team expansion finalised and successfully submitted to the trust. This will be utilised to expand the IBD nurse quota.

Use the RCP quality improvement project as a lever to engage the trust infoflex team and prioritise the work to facilitate electronic recording system for the Biologics MDT. This is paramount for outcome reporting, data collection as well as ongoing audit.

We included IBD registry entry as part of the data entry for all MDT biologics patients in order to facilitate benchmarking of biologics use / outcomes. In the future we will annually monitor MDT decisions such as the success of new biologics initiated / biologics terminated as well as MDT decisions such as biologic escalation / switches.

5. Have these plans changed throughout this process? If so, tell us how

We added administration support to our plan in order to reduce the IBD nurse MDT preparation workload and to help organise MDTs. We also adjusted the plan to allow future fixed pharmacy sessions to be secured for biologics related work including the MDT.

We have focused on outlining protocols to enable the request of relevant clinical / radiological/ endoscopic / biochemical parameters (eg drug level results) for patients in order to improve the availability of these results prior to biologics MDT team discussion thereby enhancing MDT efficiency and effectiveness.

Some business case funds to be utilised to fund regular IT support to allow timely troubleshooting, system adjustments /development and facilitate the recording of outcomes and auditing of this, and other, IBD projects.



6. What measure(s) did you identify to measure the impact of your change and how did you plan to collect them?

1. % of total planned Biologics cases discussed in the Biologics MDT: record kept contemporaneously utilising electronic worklist record at meetings

(To be discussed: new starters, 12 month review, patients with loss of response to biologic / complications)

2. % of total IBD Biologic MDT cases with outcomes recorded electronically

7. Who were your stakeholders? How did you communicate your plan to them?

IBD nurses- IBD team meetings

GI Consultants- clinical governance and academic GI meeting

Ward team- clinical governance meeting

CCG-updated at CCG meetings held with the department

Business manager, Gastroenterology Senior nurse, finance team- management team meeting

Pharmacy- email discussion

8. How were patients/carers involved?

Discussed with individual patients/ carers to assess their experience and future expectations of Biologics service. We also sent out a patient questionnaire about the service.

As well as generating outcome letters to keep patients informed following the MDT there will also be reminder letters sent out to help ensure patients complete their investigations prior to MDT to allow optimal discussion.



Outcomes from project

9. What has your data collection shown?

a. What was your baseline measurement?

% of total discussed in MDT was 18%

% recorded electronically was 0%

b. What is your measurement at the end of this period?

65% of total cases discussed in biologics MDT by December 2017

100% MDT outcomes discussed at MDT recorded electronically since

10. Identify 3 main successes during this process

a.

Increased frequency of meeting times agreed at regular time for IBD nurses and IBD Consultants (previous meeting at most once per month). Job plans to reflect this change.

b.

IT biologics Management system developed:
Infoflex Biologics MDT patient worklist capability achieved
Ability to generate Biologics MDT outcome report and generate letters to specialists / GP/ patient

c.

IBD team expansion business case accepted by trust management.
Successful interviews held for 2 WTE IBD nurses with expected start date in early 2018
Plans for recruitment of an IBD administrator underway



11. Identify 3 main challenges or barriers during this process

a.

Limited IBD manpower was the critical challenge (especially in the face of a mushrooming IBD workload). Recruitment was not possible without a successful business case. We had, however, had an IBD business case that we had previously rewritten on several occasions over a couple of years but never successfully submitted. This project gave us the impetus to revisit and submit the business case. The eventual success of the business case was aided by through 1. Obtaining support for the case within the medicine management structure 2. enlisting support from our CCG partners 3. Utilizing the trust risk register to highlight the ongoing risks posed by both the limited IBD nurse capacity and the lack of a useable biologics register as well as writing a profitable business case that delivered improved clinical quality.

b.

Securing a regular time for the biologics MDT was difficult but protecting this slot from ongoing departmental / trust / management pressures is an ongoing challenge

c.

Securing time from our infoflex team time was difficult due to other trust competing interests. This is paramount in developing a useable biologics patient management system to keep worklists and record outcomes and for the biologics MDT. Ongoing help will be needed to develop this further and to ensure that it remains useable / clinically relevant / auditable.

12. What are your next steps?

Continue to collect data to monitor project delivery and measure progression

Appoint 2 additional IBD nurse to help with IBD workload including biologics MDT

We plan to assign the role of biologics lead nurse to one of the IBD nurses who will then coordinate and help manage IBD biologics services including MDT

Advertise for the role of an IBD administrator

Work to finalise arrangements for regular IT team support

Continue to work on IBD registry data entry / consent

Develop a spreadsheet/ protocols to guide our planned administrator with MDT organisation / jobs

Work towards recruitment of IBD pharmacist

In due course audit MDT decision outcomes: treatments stopped / started, management changes (biologic escalation / switches or referred for surgery).