



## ORIGINAL ARTICLE

### Impact of the incorporation of a nurse in an inflammatory bowel disease unit<sup>☆</sup>



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Crohn's disease;  
Telehealth;  
Consultations

#### Abstract

**Introduction:** Multidisciplinary units are needed because of the growing complexity and volume of patients with inflammatory bowel disease (IBD).

**Objectives:** To evaluate the healthcare, economic and research impact of incorporating a nurse into the IBD unit of the Puerta de Hierro Majadahonda University Hospital.

**Methods:** We prospectively recorded the activity carried out by the nurse of the IBD unit from March 2010 to December 2014.

**Results:** During this period, healthcare demand progressively increased, with 1558 patients being attended by our unit. The healthcare provided by the nurse included 5293 electronic mails and 678 telephone calls. We estimated that this activity represented a saving of 3504 in-person medical consultations and 852 accident and emergency department visits. Other activities consisted of monitoring treatments with biological and non-biological agents (8371 laboratory tests), extraction of 342 blood samples, follow-up of 1047 diagnostic tests and consultations with other medical specialties, health education in self-administration of drugs in 114 patients, the performance of 158 granulocyte apheresis procedures, and participation in 25 research projects.

**Conclusion:** The incorporation of a specialised nurse in an IBD unit had major economic, healthcare and research benefits.

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**PALABRAS CLAVE**

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Asistencia  
telemática;  
Consulta

## Impacto de la incorporación de la enfermera a una unidad de enfermedad inflamatoria intestinal

**Resumen**

**Introducción:** La complejidad y el volumen crecientes de los pacientes con enfermedad inflamatoria intestinal (EII) obligan a desarrollar equipos multidisciplinares. La enfermería especializada debería ser parte de estas unidades tal y como se recoge en diferentes documentos de consenso.

**Objetivos:** Evaluar el impacto que la incorporación de la enfermería a la Unidad de EII del Hospital Universitario Puerta de Hierro Majadahonda (HUPHM) ha tenido desde el punto de vista asistencial, económico e investigador.

**Métodos:** Recogida prospectiva de la actividad desempeñada por la enfermera de la Unidad de EII del HUPHM desde marzo del 2010 hasta diciembre del 2014.

**Resultados:** En este periodo se ha producido un aumento progresivo de la demanda asistencial, que ha alcanzado los 1.558 pacientes atendidos por nuestra Unidad. La asistencia proporcionada por la enfermera alcanzó un total de 5.293 correos electrónicos y de 678 llamadas telefónicas. Con ello, se estima que esta actividad ha supuesto un ahorro de 3.504 consultas médicas presenciales así como de 852 visitas al Servicio de Urgencias. Otras actividades realizadas han sido la monitorización de tratamientos con medicamentos biológicos y no biológicos (8.371 controles analíticos), la extracción de 342 analíticas, el seguimiento de 1.047 pruebas diagnósticas e interconsultas a otras especialidades médicas, la educación sanitaria en la autoadministración de medicamentos a 114 pacientes, la realización de 158 granulocitoaféresis y la participación en 25 proyectos de investigación.

**Conclusiones:** La incorporación de la enfermera especializada a la Unidad de EII tiene un gran impacto beneficioso tanto desde el punto de vista asistencial y económico como investigador.

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**Introduction**

The term inflammatory bowel disease (IBD) encompasses Crohn disease and ulcerative colitis. Both diseases are characterised by producing an abnormal immune response in the intestine. They are chronic diseases that alternate periods of remission with periods of inflammatory activity. They can become disabling, and have a huge impact on the quality of life of the patient and their family.<sup>1</sup>

The increased incidence and prevalence of IBD in Spain,<sup>2-6</sup> as well as the growing complexity of the therapeutic approach to these patients, requires the formation of specialised multidisciplinary teams. In this respect, several consensus documents have highlighted the need for specialised nurses capable of contributing skills that complement those of the doctor at both the healthcare level and in research. However, in many hospitals the specialist IBD team does not include a nurse. Whether the inclusion of a nurse in the team of professionals who care for patients IBD will be a cost-saving measure and improve the level of care in our setting remains to be seen.

The aim of this study was to evaluate the impact on routine clinical practice of the incorporation of a nurse in our IBD unit.

**Materials and methods**

Data on the activity undertaken by the nurse in the IBD unit of the Puerta de Hierro Majadahonda University Hospital

(Madrid, Spain) were collected prospectively from March 2010 until December 2014. [Table 1](#) shows the activities carried out by the nurse in our unit.

The nurse is the communication link between the unit and patients. Patients communicate with the unit via telephone or e-mail (teleconsultation), and these are received by the unit nurse. Information on how to directly access the nurse is provided on cards that are given to the patients and their carers. The administrative staff are in charge of answering the telephone and noting the needs of patients attending the unit in person, and pass these messages to the nurse within working hours. E-mails are managed directly by the nurse, with a commitment to answer within 24 h on working days, either by e-mail or by telephone.

Any situation that would have required a medical visit, but which—after consulting the doctor responsible for that patient and the document approved by Nursing Management—was resolved by the unit nurse via e-mail or telephone call was defined as an “averted consultation”. Averted consultations included: clarification of queries about treatment (dosage, method of administration, pharmacological interactions, adverse effects), diet, pregnancy, travel, vaccinations, preparation for diagnostic tests, follow-up of flare-ups, and monitoring of biological and non-biological treatments.

A “referred consultation” was any situation in which the patient needed to be seen by their doctor at the clinic. Referred consultations included: follow-up of a patient who, after establishing treatment by teleconsultation, did not note any improvement in symptoms.

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