Recommendations from available standards on organizational aspects for the management of Inflammatory Bowel Disease by specialist nurses.

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Aim: To identify organizational aspects related to the management of Inflammatory Bowel Disease (IBD) by specialist nurses and their degree of achievement, according to the available scientific evidence.

Materials and Methods: Systematic search about nursing involvement in the management of IBD in bibliographic databases (Medline, Embase, Spanish Medical Index (SMI), and the Cochrane Library) from 1999 to 2009, and grey literature (e.g., Professional Societies, Quality of care Agencies, Governmental Agencies) in English or Spanish. Inclusion criteria for documents: the document provides some relevant aspect on structure or process of nursing care strategies addressed to IBD patients. If the reference could not be excluded reading the title, the abstract was read. If, after reading the abstract, the reference was not excluded, the full text article or document was obtained and read. To decide whether the article (or document) met the inclusion criteria, two researchers read the document independently. In case of discrepancy, the decision was made by consensus.

Results: Two hundred and thirty two titles were found in Medline, 33 in Embase, 6 in the SMI, and 1 in the Cochrane Library. Finally, only 4 articles met the inclusion criteria. Thirty four national institutions (e.g., professional societies), 3 international institutions (2 European), and 10 agencies of quality of care were identified in the grey literature. From all these institutions, 3 documents potentially relevant for the purpose of the study were included. Regarding the design or methodology, 3 studies use qualitative methodology, 2 are systematic reviews, 2 observational studies, and 2 focus on the development of quality standards. Two documents have more than one type of design. The IBD Standards Group states that a IBD unit (IBDU) that serves 250,000 people, should have 1.5 nurses specialized in IBD, and 1.5 specialist nurses in ostomy and ileo-anal surgery. However, 38% of centres in the United Kingdom do not have specialist nurses. The patient should have access by phone or e-mail to the nurse for medical advice, but the patient can not access in 15% of the centres by telephone, and in 59% by email. Among other quality standards, nurses should participate in IBDU meetings, and rotate in outpatient, inpatient, and endoscopy units, to improve their knowledge. When protocols defining the role of the nurses in the unit are developed and implemented, and the nurses are trained appropriately, patient care improves. Patients and primary care physicians are in favour of the development of specialist nurses in managing IBD.

Conclusions: Organizational standards in the management of IBD by nurses have been identified in several countries. However, when their practical application has been observed, the standards are met by less extension than desirable. Improving the quality of care for IBD patients requires the implementation and assessment of appropriate standards.