

An audit to establish the role of the gastroenterologist in patients who are diagnosed with acute severe colitis and go onto have a colectomy at Great Western Hospitals NHS Foundation Trust (GWH)

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Aims

1. Is medical management being considered for patients who are diagnosed with acute severe colitis at GWH?
 - > There is clear NICE guidance that the management of such patients must be a multidisciplinary (MDT) approach.
 - > The aim is to identify the patient journey and to understand what, where and when certain interventions are occurring, if at all.
2. There are areas for improvement in the management of these patients.
3. Possible hypotheses can be generated to attempt to explain the underlying reasons why patients may not be receiving the MDT approach at GWH.

Methods

1. Obtaining an accurate patient list:
 - a. A database search of all patients who have been coded for the following terms was conducted:
 - 'ulcerative colitis'
 - 'emergency colectomy'

This generated an electronic list of all patients who have had an underlying diagnosis of ulcerative colitis and have gone on to have an emergency colectomy.

2. The clinical notes were retrieved and data collection was carried out, where specific data were extracted.

Results

20% of all patients identified had an entry documented in the clinical notes from the gastroenterology team member under the admission relating to the emergency colectomy.

20% of patients had the suggested MDT approach as per the NICE guidance, but the remaining four patients only had some form of MDT involvement.

20% of patients had their CRP checked on day 3 of high-dose steroid therapy.

100% of patients were commenced on high-dose steroid therapy.

0% of patients admitted to a non-gastro ward were made known to the gastroenterology team.

Conclusions

The role of the gastroenterologist for patients who are admitted with acute severe colitis is minimal at present if the patient is admitted under the surgery. While the audit only identified a small patient cohort, the similarity of the patient journey identified has allowed for a confident conclusion.

Another clinical measure which needs to be better appreciated by the non-gastroenterology team is the value of undertaking the day 3 CRP level and the importance of this in terms of allowing a decision to whether medical or surgical management is the preferred option. The responsibility of this education falls upon the gastroenterology team as they are the experts. A forum-like grand round may be an initial starting point. ■

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