LETTER TO THE EDITOR

The IBD passport: Bridging another gap in quality of care?

KEYWORDS
Patient held record; IBD; Passport; IBD Passport

Dear Sir,

Despite unprecedented advances in our understanding of the pathogenesis of inflammatory bowel diseases and novel treatments there is abundant evidence that the quality of care delivered to IBD patients is both disparate and suboptimal. Scientific progress may have outpaced quality improvement measures. Quality of care research in IBD is fraught with challenges with the lack of established quality care measures being a significant limitation.

The scenario of a patient experiencing a disease flare or related complication during travel is not unknown to gastroenterologists. It is incumbent upon gastroenterologists managing such patients to provide advice regarding destination specific vaccination and advice (usually also through a travel clinic) and additional advice regarding medication supply, travel insurance and alert bracelets, etc. It might be argued that duty of care may extend beyond hospital or “office based” care. The expectation that a patient might remember specific facts relating to her or his disease and treatment during illness or flare is unrealistic and probably inappropriate. Having a patient held record succinctly outlining IBD related information is one way of enhancing patient safety and confidence during travel and a means of appropriate communication with clinicians within the home country or abroad.

We have recently developed a credit card sized booklet we call the “IBD passport” to facilitate this. This 5×8 cm document (Fig. 1) easily fits into a wallet or purse and contains within its 12 pages (including front and back cover) information relating to name, age, next of kin and contact numbers, IBD diagnosis and duration, medical and surgical history, relevant extra-intestinal features, appropriate radiographic and endoscopic investigation, current and previous medication (including previous intolerance), drug alerts or allergies and immunisation status for relevant vaccinations as per recent European Crohn’s and Colitis Organisation guidelines.1,2 Contact details for the patient’s primary care physician and gastroenterologist are provided for communication during office hours for any further information or discussion regarding the patient’s care. The information is entered and stamped by a designated individual within the IBD team at our institution and dated with a review date set annually and advice to patients to have this updated before travel.

The concept of a patient held record for chronic disease is not new and has been explored in chronic diseases.3 A Canadian group has recently introduced an IBD patient held record/passport to facilitate tracking of medication, investigation and appointments, etc.4

The main purpose of our document is to provide a reliable record of patient information and a channel of communication between professionals, which we believe is a pre-requisite for successful continuity of care. To the best of our knowledge, no similar comparators exist at present.

The Inflammatory Bowel Diseases Standards Group in the UK formed by 7 professional societies recently published recommendations underpinning the need for consistent high quality care through local and national networking.5 It is incumbent upon gastroenterologists and IBD nurse specialists to raise standards of care through quality improvement processes, which will ultimately impact positively on care through a collaborative patient centred approach.

We welcome comments from colleagues in making improvements to this and allow this concept to gain wider recognition.

References


3. Dijkstra RF, Bransenpenning JC, Huijsmans Z, Akkermans RP, Van Ballegooie E, ten Have P, et al. Introduction of diabetes passports involving both patients and professionals to improve...


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