NURSING POSTERS

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MK2 Kinase Activity Is Required To Restore Intestinal Homeostasis After Damage
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BACKGROUND: IBD is a group of diseases that have no cure and are always progressive, thus the discovery and development of new therapies is an active field of research. Biological agents have stood as a great breakthrough for improvement of patient’s life quality, but only 10-30% respond to biologics and around 50% or initial responders acquire resistance over time. MAP kinase p38/MK2 pathway has been on the spot as targetable option for IBD treatment, as a master regulator of pro-inflammatory cytokines. Particularly MK2 inhibitors for clinical use are in process of development, as p38 inhibition led to unacceptable side effects when tested clinically.

METHODS: MK2-mediated intestinal injury was induced in MK2 whole body KO, tissue-specific KO or each corresponding MK2 wt controls by administration of 2.5% DSS in the drinking water for 5 days, and then were allowed to recover in fresh water for an additional 4 days. Samples for pathological protein and quantitative immunophenotyping were collected at several time points during this treatment.

RESULTS: Using this mouse model of intestinal injury and inflammation, we have shown that MK2 activity is indeed required for intestinal recovery after acute injury, and in particular, MK2 is required for neutrophil recruitment after initial damage and B and T regulatory cell recruitment in the recovery phase. Using a series of tissue-specific KO of MK2 we could identify MK2 activity in the myeloid compartment as key for restoring intestinal homeostasis after damage.

CONCLUSION(S): MK2 activity is required to restore intestinal homeostasis after inflammation-induced damage.

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Young Investigator
Inflammatory Bowel Disease Nurse in the Follow-Up of Patients From an IBD Program
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BACKGROUND: Inflammatory bowel disease (IBD) requires long-term treatment to keep disease control. A favourable follow-up of patients implies education, self-management and effective communication through a multidisciplinary team to achieve and preserve remission, where the IBD nurse acquires importance. The aim is to describe the role of an IBD nurse in the management and follow up of patients treated in an IBD Program in a tertiary center in Chile.

METHODS: The IBD Program at Clínica Las Condes has a cohort of 1173 patients (July 2012-April 2017). In 2015, an IBD nurse was incorporated to the multidisciplinary team. From January 2016 on, all nurse contacts (telephone, mail and face-to-face) were registered. An observational descriptive study was designed, including all patients in follow-up during the period between January 2016- April 2017 (at least one follow-up medical visit during the year after the admission to the Program). The contacts made by the IBD nurse were classified as follows: reinforcement of medical indications, disease follow-up, lab results assessment, formal education on disease management (30 minutes session), administrative support, scheduling office visits and coordination of outpatient procedures and patient admissions. Demographic and clinical variables were also included in the analysis. Patient satisfaction with the IBD Program was assessed in a randomized sample of patients.

RESULTS: 997 patients (51%) were in follow-up in the 16-month period, 63% diagnosed with ulcerative colitis, 27% with Crohn’s disease and 10% with non-classifiable IBD, with a median age of 35 years (range 15-93). The median of disease duration was 5 years (range 0-42). The IBD nurse performed 760 contacts during the study period in 253 patients, representing 42% of the follow-up patients from the IBD Program. The most frequent nurse interventions were reinforcement of medical indications (42%), assessment of lab results (17%) and disease follow-up (12%). Almost half of the interventions were related to education (49%). Most of the contacts were made by mail (43%), followed by face-to-face (32%) and telephone (25%). Seventy seven percent of contacts were “nursing job”, the rest were administrative work. Nurse interventions were focused in more severely ill patients, when comparing patients who contacted the IBD nurse and those who did not: the former group presented more flares during the follow up (37% vs 23%, P=0.0001), more biological therapy (15% vs 4%, P=0.0001), immunomodulators (40% vs 19%, P=0.0001) and steroids (14% vs 9%, P=0.046). From a sample of 94 patients surveyed, 96% perceived the IBD nurse as very important.

CONCLUSION(S): The IBD nurse has an important role in the follow-up and management, specifically in education, of more severely ill patients with major need of guidance and a higher risk of adverse events due to IBD treatment. This study allowed to determine that the IBD nurse was able to evaluate 40% of the patients of the program, meanwhile nearly one third of her time was occupied by administrative issues. Administrative personnel are necessary in order to enable the IBD nurse to more direct patient care. Finally, the vast majority of patients are satisfied with the presence of an IBD nurse in our Program.

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Essential Assessment Templates for IBD RNs
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BACKGROUND: Within an inflammatory bowel disease (IBD) clinic at a large medical center, registered nurses (RNs) (3) joined the team to provide nursing support to the growing clinic. The RNs desired nursing resources to support a more uniform and efficient nursing practice within the busy clinic. A majority of the RN workload involved patient symptom assessment. The RNs identified a need for a more comprehensive set of resources to enhance efficiency when conducting IBD-specific patient assessments, which occurred via telephone or secure patient messaging. The lack of resources led to inefficiencies in gathering patient information for the provider. A literature review was initiated to find existing IBD-specific assessment resources. The search revealed intake forms, discussion guides, and lists of assessment questions. However, the RNs desired a more cohesive, comprehensive assessment template that would guide a thorough assessment, gather appropriate information, and address specific questions pertinent to the interest of IBD patients, while facilitating the RN’s workflow. Because such a template could not be found, the RNs worked to develop assessment templates for three patient conditions commonly assessed by the RNs.

METHODS: A sample of messages and phone calls between RNs, patients, and providers regarding the three patient conditions was collected to determine efficiency of patient assessment prior to the initiation of the assessment templates, as well as five months after initiation. Pre and post surveys were also completed by the RNs, measuring RN-reported efficiency of and confidence when completing patient assessments.

RESULTS: Prior to the initiation of the assessment templates, a patient concern averaged 6.0 communications between the team and patient before the concern was considered resolved. The average communications per patient concern decreased to 4.9 post-implementation of the assessment templates. The RN survey demonstrated an increase in RN-reported efficiency in gathering a patient assessment, as well as an increase in confidence in the ability to assess patient symptoms.

CONCLUSION(S): While the RN scope of practice allows the RN to perform patient assessments, a patient assessment within a specialty can be difficult without specialty expertise or specific resources. Resources for IBD-specific patient assessments can increase efficiency by assisting in gathering pertinent information from the patient in a more systematic manner. Additionally, such resources may increase RN confidence in performing symptom assessments.

The Initial Dialogue as a Basis for Cooperation With the Newly Diagnosed IBD Patient
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BACKGROUND: When people are diagnosed with IBD it often turns their well known everyday life and self image upside down. At the same time they have to engage in a cooperation with a health care system that is unknown and unfamiliar to them. This cooperation is crucial for the patient but also important for the use of resources (money, time, professionals etc.) in the health care system. Having experienced that it often takes a long time to establish the optimal cooperation, which can mean unnecessary disease activity and inconvenience for the patient and non-effective use of resources, we started inviting all newly diagnosed IBD patients and a relative to a 30-60 minutes planned talk (from here called the initial dialogue) with an IBD nurse to establish the basis for the future cooperation and make the situation easier for the patients. The initiative was launched in 2012 and we as professionals think it works but we did not know if it was beneficial from a patient’s point of view which was very important. So the study aim was to find out to what extent the initial dialogue was helpful to the patients in relation to having a chronic disease and being closely connected to the health care system.

METHODS: A qualitative study with semi-structured interviews with patients diagnosed within the last 2-9 months on how the patients experience the initial dialogue and what their outcome is in relation to their situation as new IBD patients. The interviews were analyzed and main themes were identified for further theoretical analysis.

RESULTS: The interviews revealed 3 main themes that all patients mentioned as very important. These were the need for knowledge, the need for trust in the professionals and feeling safe and the need to be taken seriously as a patient and feeling that your well being is top priority for the health care professionals. As a new IBD patient it is important that there is the time and space to ask all the questions you might have without feeling stupid or being interrupted. It brings a feeling of safety and confidence to the patient and relatives knowing where to go for help when needed and feeling that you work together with the health care professionals in your new situation.

CONCLUSION(S): All the patients expressed that the initial dialogue met those needs to a large extend, and when the needs were met they were able to engage in both their own lives and the cooperation with the health care system in a better way. In that perspective the initial dialogue is a good and very useful basis for the cooperation with the new IBD patients. However, the study also showed that we as professionals (nurses, doctors etc.) have to be very aware of these patient’s needs when planning the initial dialogues or any other initiative for newly diagnosed patients.

Fecal Transplant in Inflammatory Bowel Disease- 2 Year Retrospective Analysis
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BACKGROUND: UCSC has been performing fecal transplant procedures for infectious reasons. A retrospective analysis was done to evaluate effectiveness and utility focusing on patients receiving fecal transplant for recurrent c diff infections who have inflammatory bowel disease.

METHODS: Retrospective chart review was done for procedures over a 24 month period. Evaluation done for number of procedures, success rate by clinical response and testing, recurrent and medical management of inflammatory bowel disease.

RESULTS: A total of 22 Patients underwent fecal transplant over the 24 month period in UCSC with a total of 92 procedures done by endoscopic methods. Demographics of patients treated ulcerative colitis 59% (13), and Crohn’s disease 41% (9). The majority of patients responded to one fecal transplant procedure 81% (18), with 9% (2) requiring two and 3 procedures in the 24 month period.

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