setting standards by defining the aims and optimal design of the inflammatory bowel disease (ibd) multidisciplinary team (mdt) meeting

Methods 25 semistructured interviews were undertaken with a multidisciplinary sample (5 surgeons, 5 gastroenterologists, 5 ibd nurse specialists, 5 pathologists and 5 radiologists), from 2 uk regions: the southwest of england and london. interviews were audiotaped and transcribed verbatim. a standardised interview protocol with a clearly defined coding framework was used. the interview protocol explored key themes encompassing the optimal design format of the ibd MDT:

1. purpose
2. processes
3. logistics
4. redesign

Results 28 interviews were performed across a multidisciplinary sample of healthcare professionals. thematic analysis and coding demonstrated common markers for each theme. high ranking markers for each theme included:

1. purpose: requires multi-disciplinary input; to share collective expertise; and to improve patient outcome.
2. processes: good attendance; sharing workload with colleagues; proactive discussions; core members being clinicians, surgeons, radiologists, pathologists and nurse specialists all with ibd interests; facilities required including it and an appropriate space to meet; provisions for internal feedback to the ibd MDT on MDT decision outcomes; submitting names in advance; an MDT coordinator.
3. logistics: duration of 1 h; once a week; protected time; selective cases.
4. redesign: single centre each running their own ibd MDT; ‘hub and spoke’ model.

Conclusion defining key elements for an optimal design format for the ibd MDT is necessary to ensure quality of care and reduce variation in care standards. this study demonstrates the methodology used for construction of provisional standards for the ibd MDT through interviews from a multidisciplinary group. selection and adjustments of these standards through expert consensus are required to validate measures.

References
1 uk ibd steering group 2007 ibd audit 2006: national results for the organisation and process of ibd care in the uk
2 group 2009 ibd audit 2008: national results for the organisation and process of ibd care in the uk
3 ibd standards working group 2009 quality care: service standards for the healthcare of people who have inflammatory bowel disease (ibd)

Disclosure of Interest None Declared.

faecal calprotectin is useful in predicting long term disease recurrence in post-operative crohn’s

Introduction the concept of using faecal biomarkers to predict prognosis and direct treatment in patients with Crohn’s disease is attractive but long term follow-up data is lacking. a cohort of 51 patients with previous ileal resections for Crohn’s disease provided a one-off stool sample for faecal calprotectin (FC). these patients were followed up for 5 years to assess whether FC could predict disease progression in the long term.

Methods patients were identified from a database of patients who had participated in a previous study evaluating the use of

References
1 Perevozchikova, R, Lamb, RA, Speight, M, Price, J, Mansfield, Roya. Royal victoria infirmary, NE3 4Ll, UK

Disclosure of Interest None Declared.