

The Role of the Nurse and Advanced Practice Provider in Multidisciplinary Team Management of Patients with Short Bowel Syndrome: Results of a National Survey

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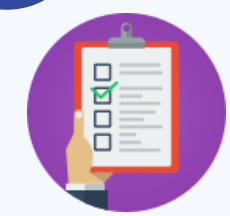
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1 INTRODUCTION

Short bowel syndrome (SBS) is a serious and chronic malabsorptive disorder that results from physical loss and functional deficiency of portions of the intestine, primarily due to surgical resection [1,2]. While there are no established national standards, studies have shown SBS multidisciplinary teams (MDTs) can lead to lower morbidity/mortality and a higher likelihood of weaning from parenteral nutrition [3,4]. This study sought to understand practice patterns and attitudes of clinicians managing patients with SBS to identify how nurses and advanced practice providers work in MDTs and to determine future educational needs.

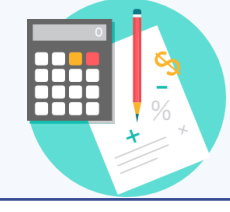
2 METHODOLOGY



Using a literature review, asynchronous focus groups, and the input of an SBS expert, a survey instrument was developed to understand current practice patterns and attitudes related to SBS. The surveys were field tested with HCPs experienced in managing SBS.



The web-based survey was randomly distributed to US-practicing gastroenterologists (GIs), pediatricians (Peds), surgeons, GI nurse practitioners (NPs), physician assistants (PAs), GI nurses (RNs), and registered dietitians (RDs) in December 2019 and January 2020.



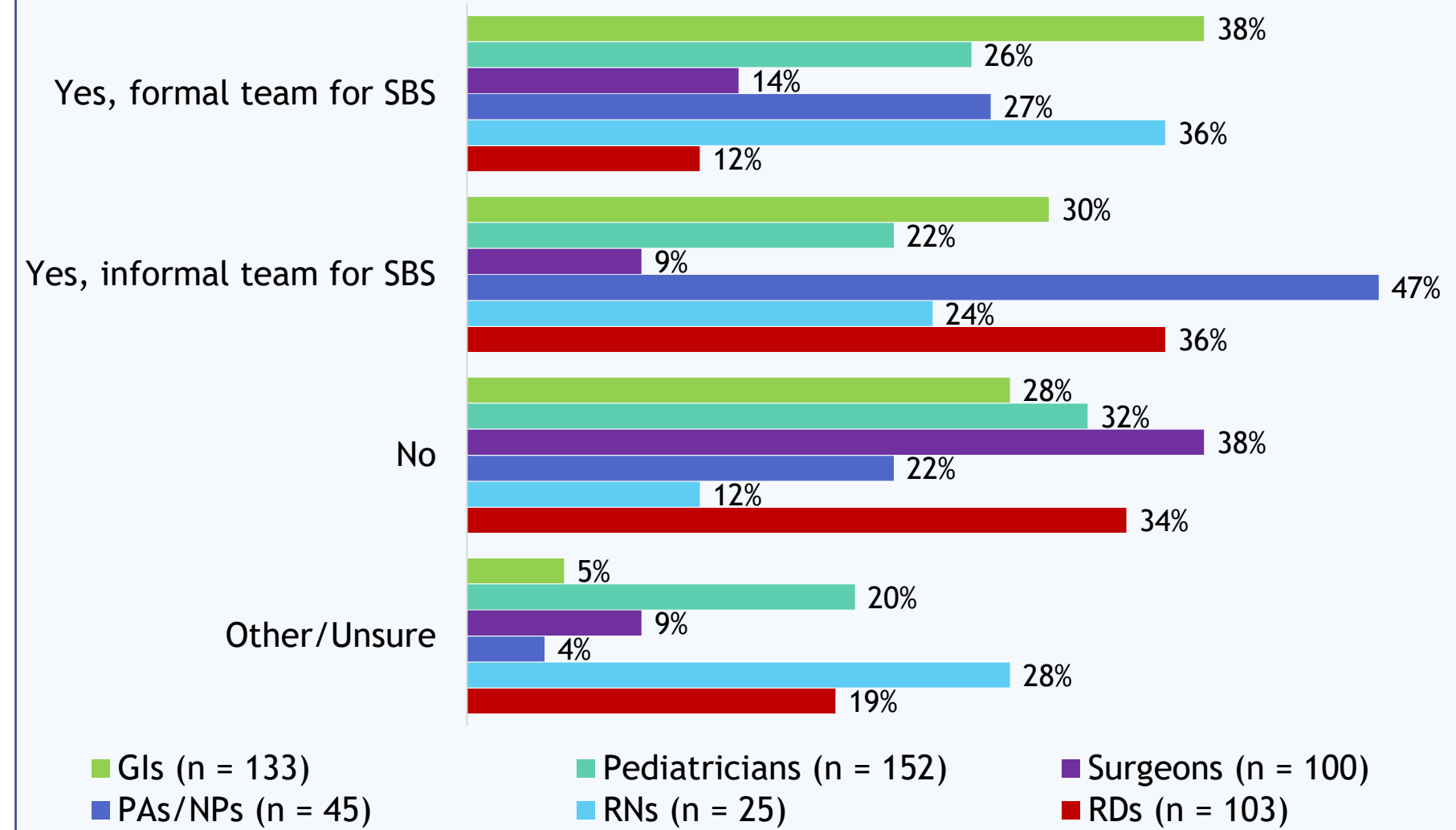
Statistical and qualitative analyses were conducted to understand practice patterns and perceptions by specialty, as well as the impact of clinician demographics and experience in managing SBS.

3 RESPONDENT DEMOGRAPHICS

	GIs (n = 133)	Peds (n = 152)	Surgeons (n = 100)	GI NPs / PAs (n = 45)	RNs (n = 25)	Dietitians (n = 103)
Years since most recent degree, mean (SD)	28 (11.8)	28 (10.9)	29 (10.6)	14 (7.9)	23 (10.1)	22 (10.5)
Number unique pts seen/week, mean (SD)	79 (50.8)	90 (56.7)	55 (45.8)	56 (35.0)	45 (33.3)	29 (29.0)
Number unique ped pts seen/week, mean (SD)	15 (21.5)	81 (42.7)	5 (12.5)	5 (12.6)	14 (25)	5 (7.9)
Number of unique SBS pts managed per month, mean (SD)	6 (9.8)	4 (7.2)	2 (2.1)	8 (15.2)	5 (4.6)	7 (7.2)
Number of SBS pts managed in the last 12 months, mean (SD)	12 (34.6)	2 (6.0)	4 (7.9)	10 (18.4)	11 (15.8)	12 (23.7)
Academic setting	42%	36%	47%	49%	60%	20%
Location						
Urban	53%	43%	50%	60%	52%	34%
Suburban	40%	49%	36%	36%	44%	47%
Rural	7%	9%	14%	4%	4%	19%
Manage SBS						
Currently manage	52%	14%	21%	42%	16%	19%
Managed in past	42%	54%	55%	42%	28%	52%
Never managed SBS	6%	32%	24%	16%	56%	28%

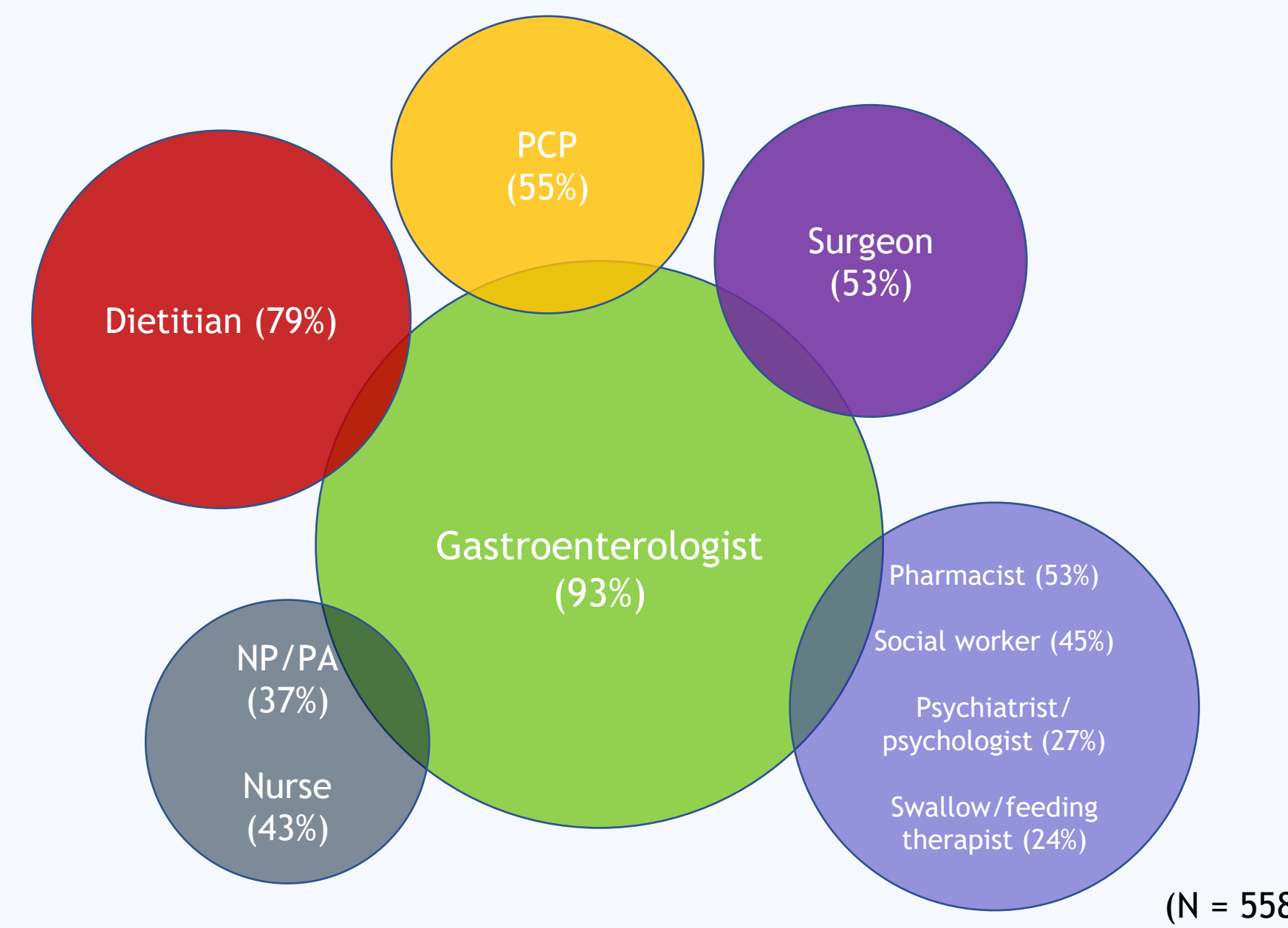
4 Use of formal multidisciplinary teams in the management of patients with SBS is not universal

Does your institution utilize a multidisciplinary team to make treatment decisions for patients with short bowel syndrome?



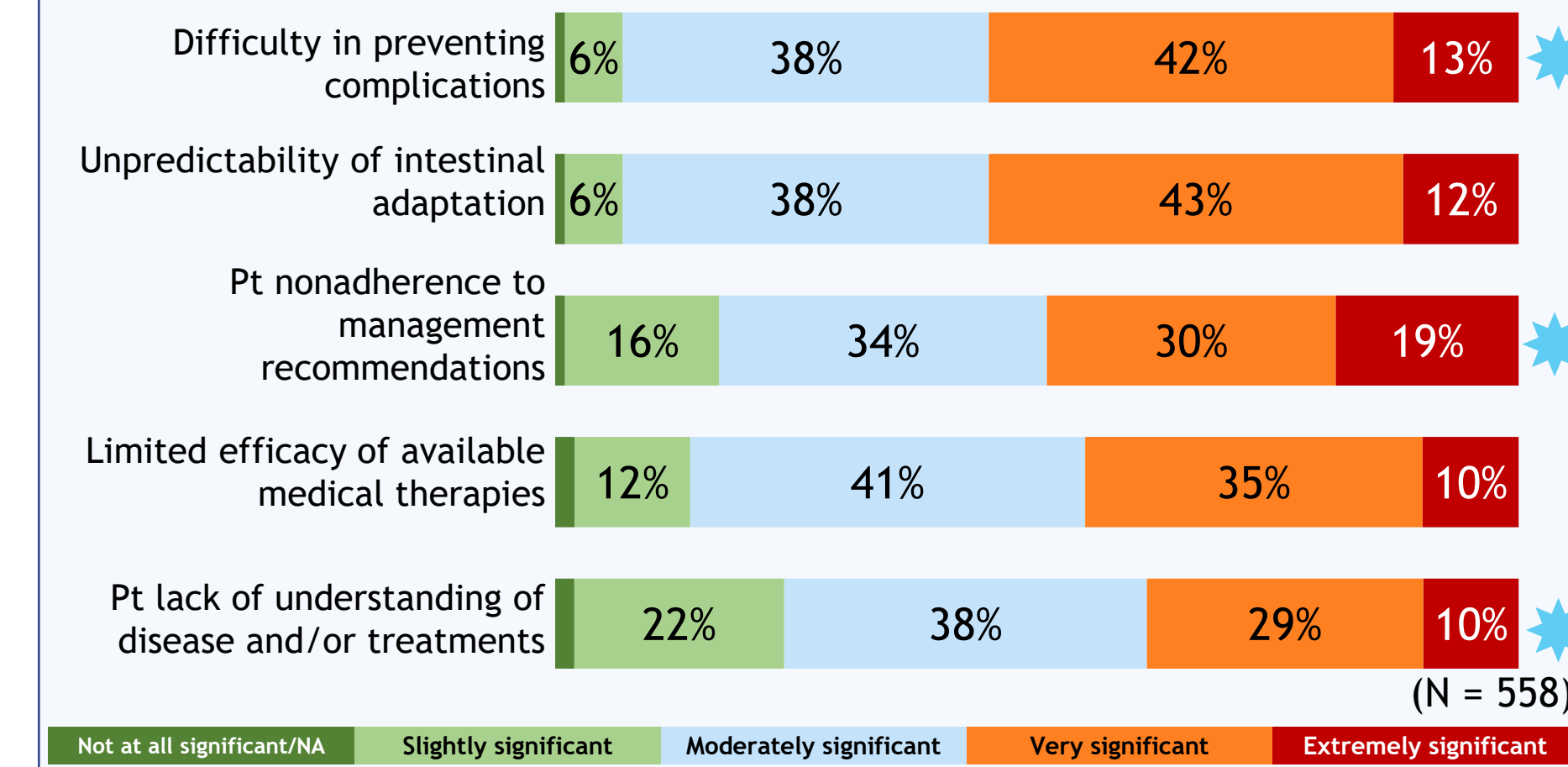
5 Less than half of clinicians indicate nurses, NPs, and PAs are typically involved in management of patients with SBS

Which clinicians are typically involved in the management of your patients with short bowel syndrome? (select all that apply)



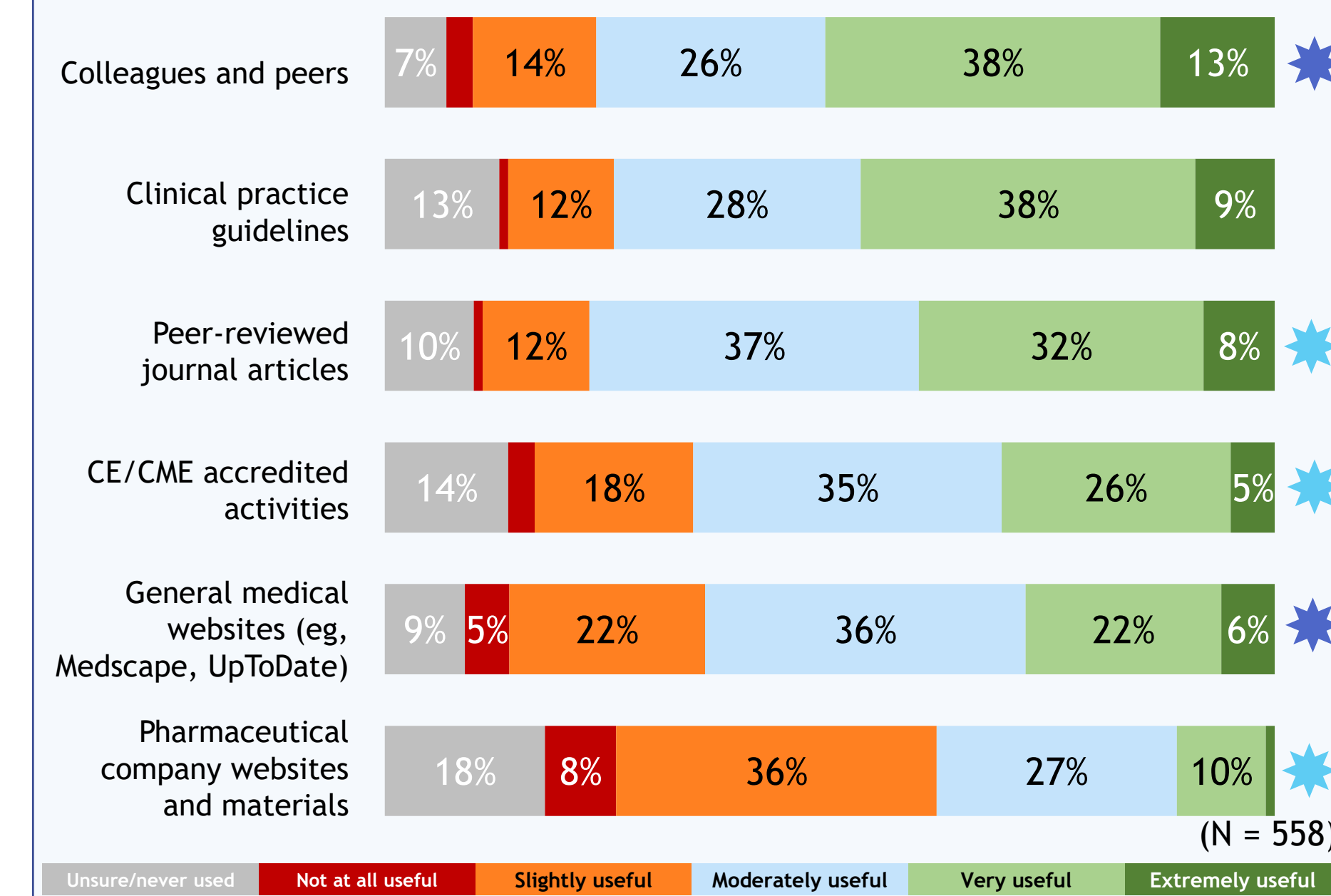
6 Nurses and advanced practice providers are well-suited to address many barriers to SBS management

Please indicate the significance of each of the following barriers to the optimal management of patients with SBS



7 Colleagues and peers are the preferred source of SBS information, highlighting impact of MDTs

How useful do you find the following sources of information for staying up-to-date on the topic of SBS?

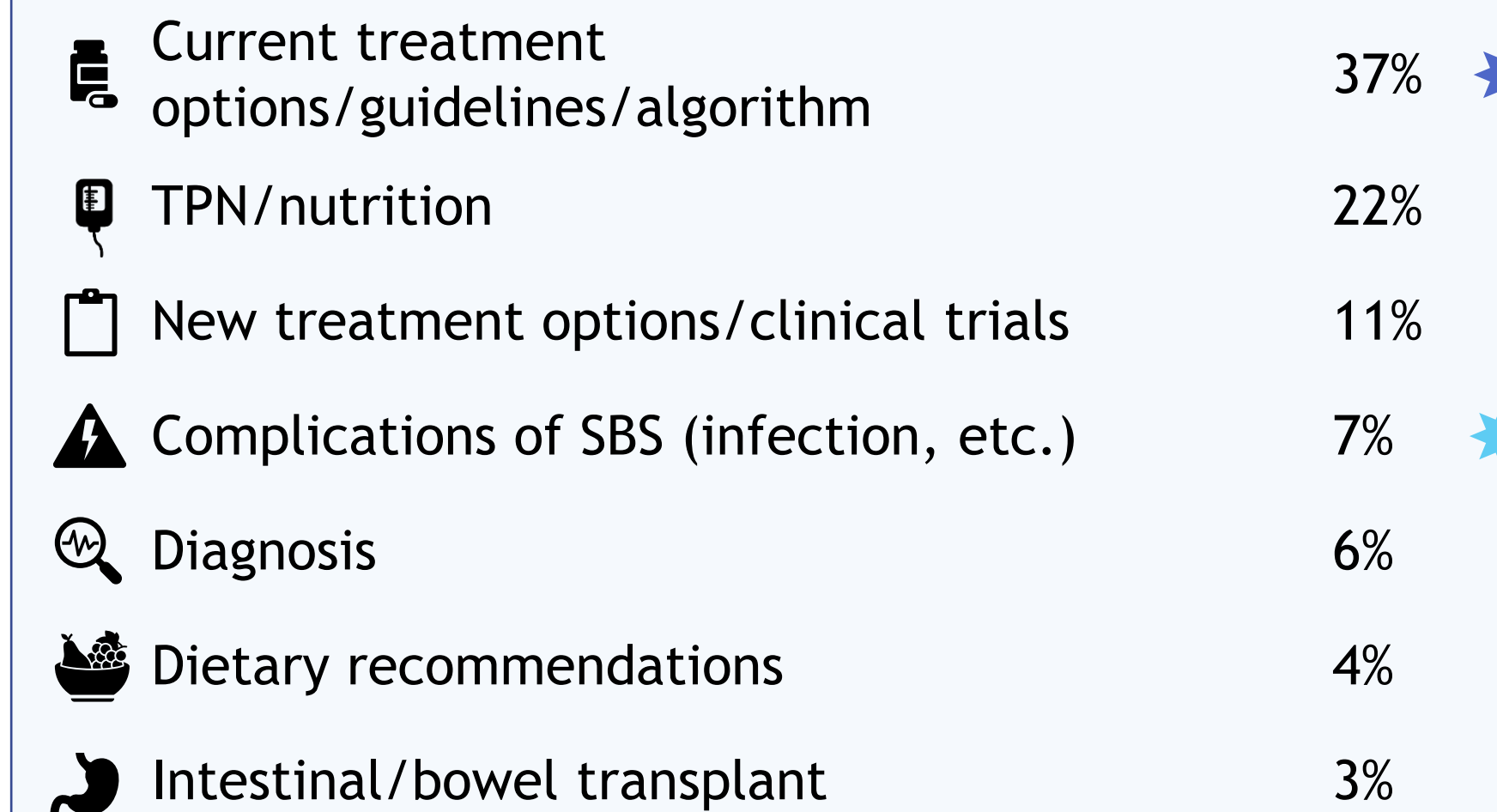


★ RNs rated these items higher than overall clinician average

★ NPs/PAs rated these items higher than overall clinician average

8 Many of the most important topics to include in future education necessitate an MDT approach

In considering participating in continuing education on the topic of short bowel syndrome, what topics would be most helpful for future CE/CME programs to address? (please list, N = 558)



9 CONCLUSIONS

- In a national survey, less than half of HCPs reported that their SBS patients were managed in formal MDTs and clinicians making up these teams vary widely across organizations.
- Clinicians generally view their colleagues and peers as useful sources of information, so nurses and advanced practice providers can specifically help within MDT to address key barriers: Prevention of complications, attention to therapeutic adherence, and patient education.
- The current study identified future SBS educational needs in order to incorporate nurses and advanced practice providers into high performing MDTs.

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