

Cleaning Out the Pipes!

Decreased Colonoscopy Cancellation Rates Through a Multifaceted Approach

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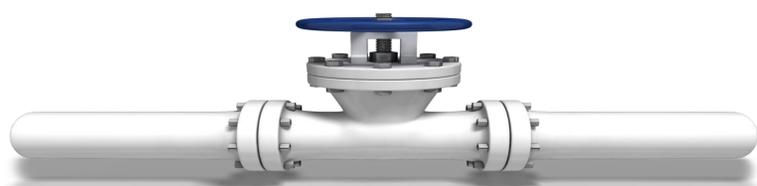
Introduction

In August 2019, an opportunity to improve patient care was identified in the Endoscopy Unit. The problem was inconsistencies in the colon preps completed in the inpatient units, which resulted in cancelled colonoscopy procedures.

Data was collected from June 2019 to July 2019. A total of 67 inpatient colonoscopies were performed during this time period. Twenty of the 67 (30%) colonoscopies performed had fair or poor colon preps. Additionally, 5 of the 67 (7.5%) colonoscopies performed were cancelled due to poor or inadequate preps.

As a result of inconsistent colon preps, patients would undergo unnecessary anesthesia, require an additional inpatient day, as well as having to repeat the colon prep and procedure the following day. Cancelled colonoscopy procedures are a detriment to the quality of patient care, length of stay, and financial wellbeing of the organization.

A study from Hautefeuille et al. (2014), described that inadequate bowel cleansing was responsible for 20% of all cancelled colonoscopies. Another study from Agrawal et al. (2020), evaluated inpatient colonoscopies and found that 26% of patients had poor colon preps.



Methods

A Quality Improvement project was initiated to improve the quality of colon preps, thus decreasing the rate of cancelled colonoscopies. The American Society of Gastrointestinal Endoscopy recommends that healthcare professionals provide both oral and written education to patients (Johnson et al., 2014). An opportunity was identified in the education of both the patient and the inpatient nursing staff.

Interventions included:

- Patient Education Sheets:** Creation of patient education sheets providing information about the specific prep ordered and the desired outcome of the prep (Figure 1).
- Collaboration with Pharmacy:** Collaboration with pharmacy leadership to expedite colon prep orders and attach the patient education sheets to the prep materials.
- Inpatient Nurse Education:** Education provided to inpatient nurses regarding prep instructions. Education was focused on the importance of visualizing the patient's stool and appropriately communicating barriers to the Endoscopy staff in order to reduce the occurrence of poor/inadequate preps (Figure 2).
- Phone Calls:** Daily end-of-day phone calls were made by an Endoscopy nurse to the inpatient units. During these calls, the Endoscopy nurse ensured an appropriate colon prep was ordered and started, the education sheet was reviewed with the patient, and any potential barriers were addressed.

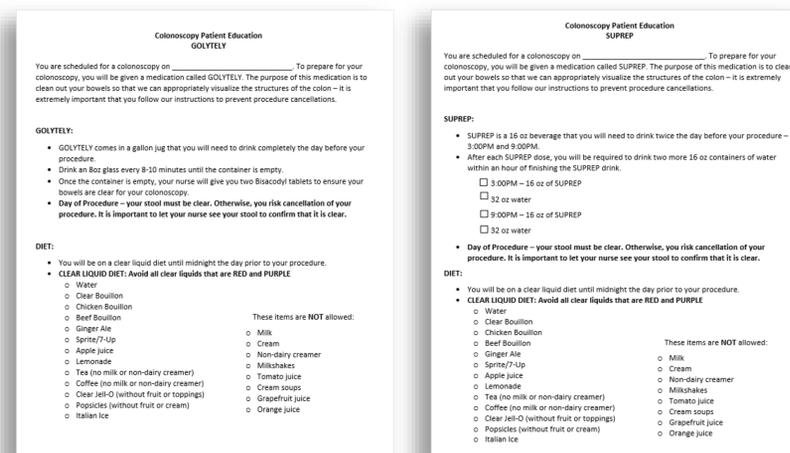


Figure 1: Patient Education Sheets

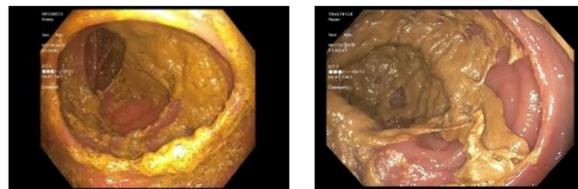


Figure 2: Poor/Inadequate Prep

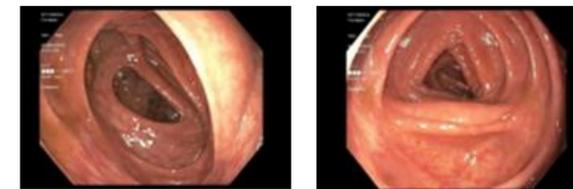
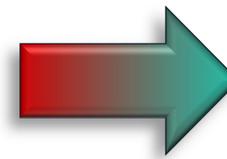


Figure 3: Good/Adequate Prep

Results

Since initiating the interventions described above, the percentage of good/adequate colon preps has improved (Figure 3), which has helped to drastically reduce the rate of cancelled colonoscopies to an average of 2.29% (Figure 4 and Figure 5).

	Total Colonoscopies	Cancelled Colonoscopies	Percent Cancelled
Jul-19	39	3	7.69%
Aug-19	Intervention		
Sep-19	42	2	4.87%
Oct-19	34	0	0.00%
Nov-19	39	1	2.56%
Dec-19	24	0	0.00%
Jan-20	34	1	2.70%
Feb-20	28	1	3.57%
Mar-20	43	1	2.33%
Post-Intervention Average			2.29%

Figure 4: Results Chart

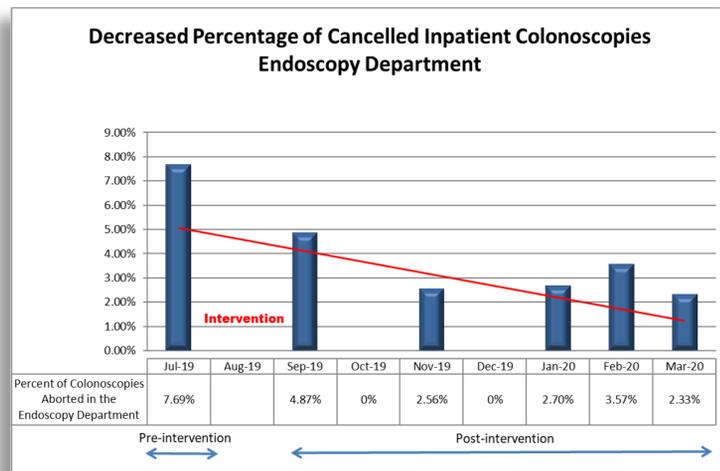


Figure 5: Results Graph

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