

CT Colon Preparation – a Silver QI project

Tracey Brenton & Karen Long

KEY MEMBERS

Tracey Brenton – Project Improvement Lead
 Karen Long – Project Improvement Lead

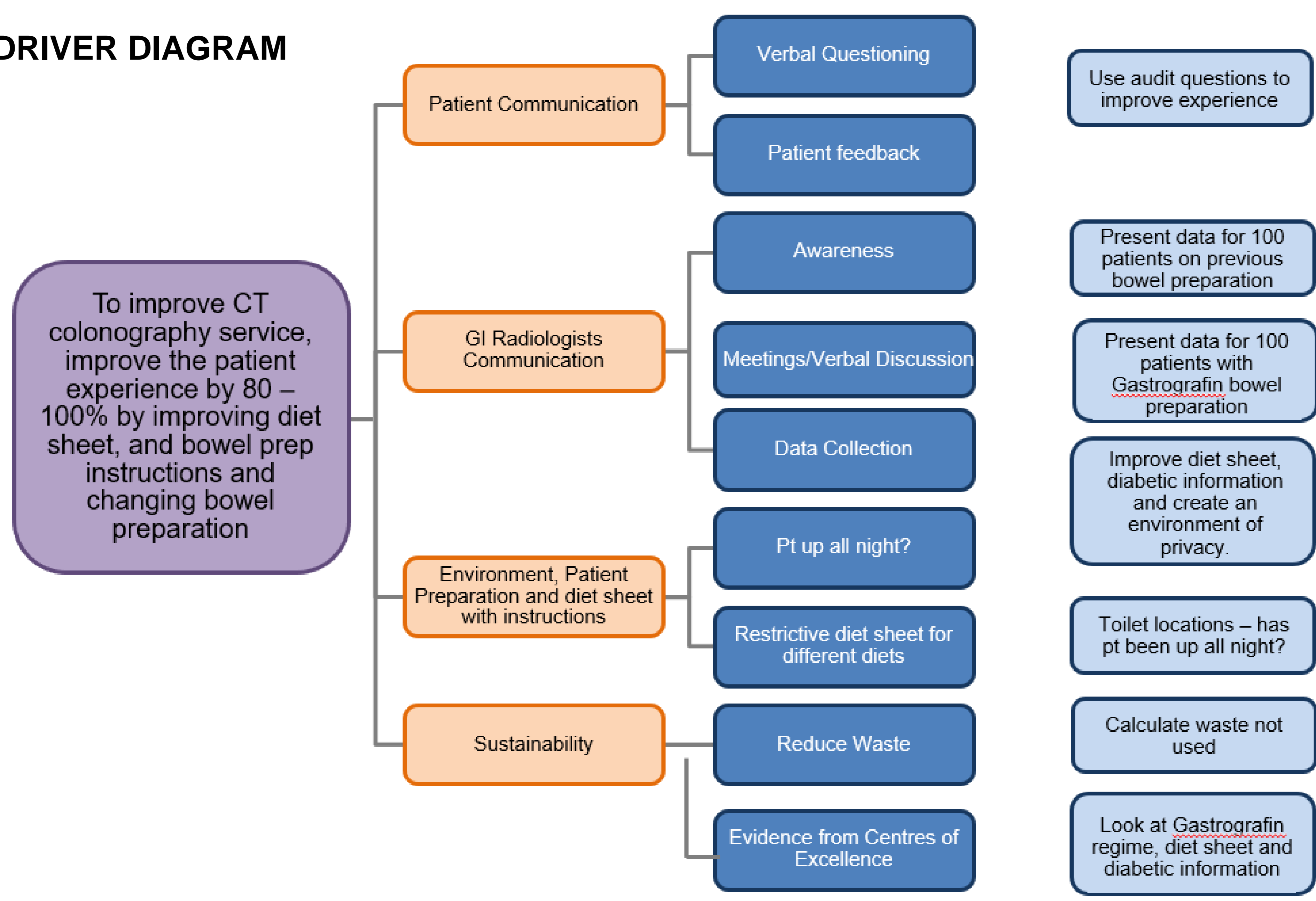
Radiographers Admin Team
 GI Radiologists GI Team
 Pharmacy BCSP Team

AIM

Our aim is to improve our CT colonography service by improving the overall patient experience. We are going to do this by changing the diet sheet and bowel preparation whilst also improving sustainability, i.e., less wastage.

We would like to see a positive patient experience of over 80% within the next 6-12 months.

DRIVER DIAGRAM



SUSTAINABILITY

Less Waste, Better sustainability.

We saved 4 Litres of Omnipaque that otherwise would have been wasted which equates to between £579 - £728.

There was no plastic waste due to Gastrografin being supplied in a glass bottle which is recyclable.

Due to a measurement guide on the side of the bottle no syringes were needed to measure dosages for the bowel preparation prescription.

DATA

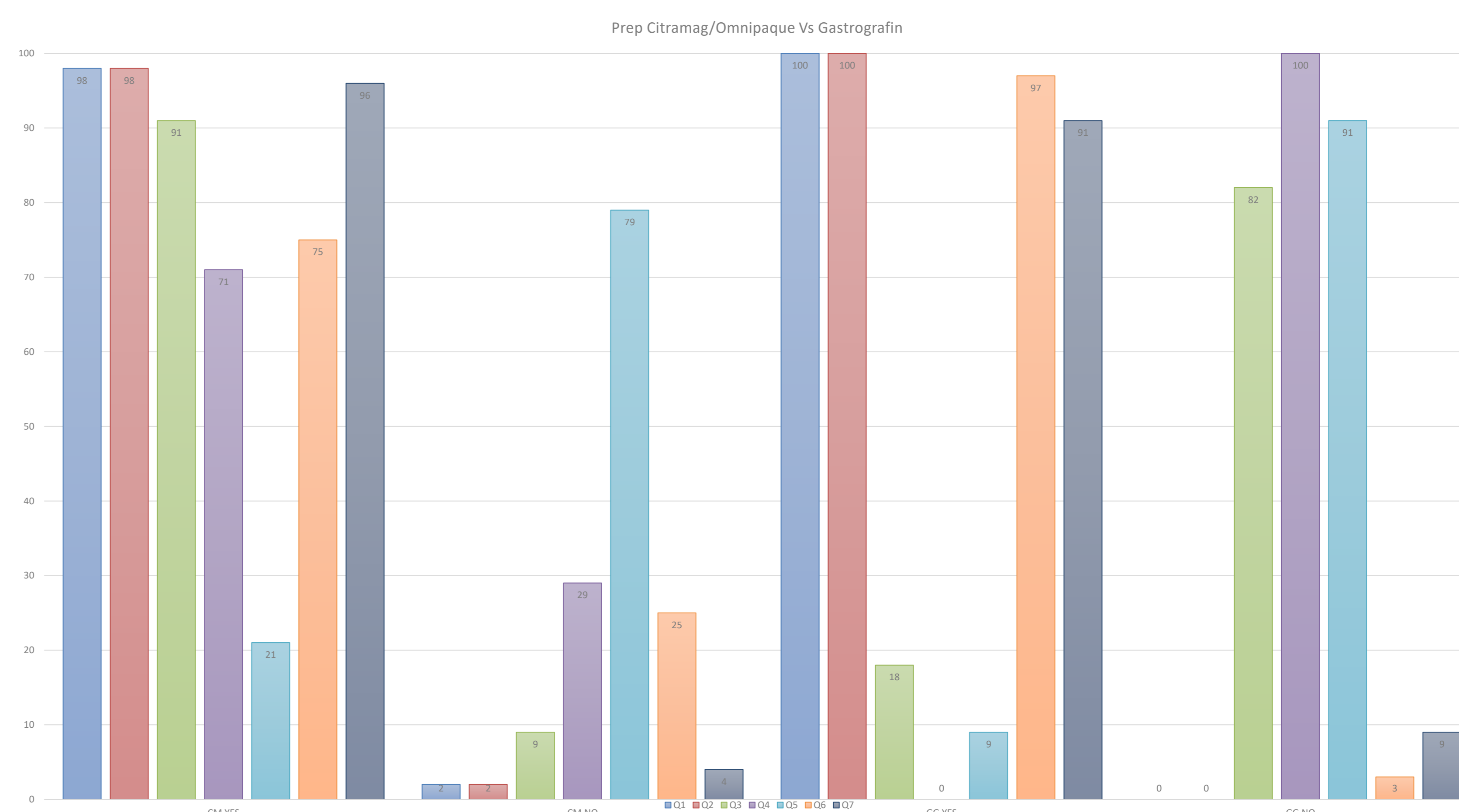
A. We measured patient experience – 100 patients to audit their patient experience with the current bowel preparation of Citramag and Omnipaque and the current diet sheet. Our audit asked:

1. Ease of instructions to prepare and take
2. Was all prep taken, if not, why not?
3. Did bowel motions prevent you from sleeping? Were you up during the night?
4. Did patient feel weak/faint during the examination?
5. Was there enough choice with the diet sheet/restrictions?
6. Is the bowel prep still working?
7. Was prep successful?

B. We measured patient experience – 100 patients to audit their patient experience with changed bowel preparation of Gastrografin with new diet sheet as above.

C. We measured patient compliance to prep.

D. We will measure consultant compliance to change of prep on the presentation of the data.



RESULTS

We improved our diet sheets and information for various diets and diabetic patients. We introduced a new simpler, more tolerable preparation regime. This is to be adopted depending on the sensitivity required, patient co-morbidities, frailty and compliance -to be determined by the Referrer at the request of examination at clinic. New regime to be used for all examinations that require less sensitive tests. Where polyps of <1cm are to be looked for, then the original regime will be used.

NEXT STEPS

- Look at the possibility of improving the residue from the Gastrografin regime e.g., introducing a 2 day low residue diet instead of one as St Marks Hospital do, so that we could use it for more patients.
- Look at a new requesting code for the referrer to select to determine which prep should be used.