2022 LEAD Capstone Poster Session

Quality Improvement in Colonoscopy:

Optimizing Bowel Prep adequacy at the North Texas VA Medical Center

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Background: *What we know*

- A good quality colonoscopy depends on having good visualization of the colonic mucosa.
- To achieve this, an adequate bowel preparation is needed.
- Guidelines have proposed an institutional goal of >85% of colonoscopies for which an adequate preparation is achieved.
- Our current institutional rate of bowel prep adequacy (83%) falls short of the national goal.
- Patient education has been shown to improve the quality of bowel preparation.

Background Information: *What we don't*

- Many patient education interventions.
- Enhanced pre-procedure mailed prep instructions, pre-procedure nurse phone calls, smart phone apps, online videos etc
  - Will an enhanced pictorial pre-procedure mailed prep instruction help our institution achieve an improved bowel prep adequacy from a current rate of 83% to >85%?
  - If so, will this intervention be sustainable?

Background: Key Questions

- What is the bowel prep adequacy at the Dallas North Texas VA Medical center? **83%**
- What are the risk factors associated with an inadequate bowel prep at our institution? **Poor patient education**
- Will a 6-month pilot program where an <u>enhanced pre-procedural patient instruction</u>* is mailed out, increase patient education and subsequently translate into improved bowel prep adequacy at our institution?

**Enhanced pre-procedural patient instruction: Booklet with pictorial image of the bowel prep, pre-colonoscopy prep diet, days in which to stop fiber, certain medications etc.*

Objectives

- To improve our institutional bowel prep adequacy from **83%** to meet and exceed the national guidelines of **>85%** of colonoscopies for which an adequate bowel preparation is achieved by conducting:
  - A 6 month pilot program to modify our current mailed pre-procedure prep instructions to an Enhanced pre-procedure patient instruction booklet.

Pilot Project Plan: PICO

Population

Veterans undergoing colonoscopy at the Dallas VA between the time period of the pilot program

Intervention

Mail out enhanced pre-procedure letters to ALL veterans undergoing procedure within pilot program time period

Comparators

Veterans undergoing colonoscopy at the Dallas VA within 6 months time frame preceding the pilot program

Outcomes

Pilot program bowel prep adequacy percentage

Bowel prep adequacy in the preceding 6 months prior to the pilot study

Application of What You Learned at LEAD

- Employ a systematic approach to a complex problem
- Test a hypothesis first, then scale up if successful
- For a complex problem, begin with the simplest achievable solution
- Incremental gains can create a momentum towards the success of a broader vision.

Proposed Budget

- Minimal as will leverage already existing mailing process
  - 0.5 FTE Medical assistant for a 6-month period.
  - New enhanced pre-procedure patient instruction pdf template
  - A colored printer

Innovation and Significance

- If a bowel prep is inadequate then the colonoscopy may need to be repeated, which means lost man hours to the patient and the hospital facility.
- This pilot study will determine if a simple cost-effective measure such as an enhanced pre-procedure mailed letter will translate into improved adequacy of bowel prep, and subsequent improved bowel prep quality.
- If so, then this pilot study can be scaled up.

References

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- Calderwood AH, Lai EJ, Fix O.K.et al. An endoscopist-blinded, randomized, controlled trial of a simple visual aid to improve bowel preparation for screening colonoscopy. Gastrointest Endosc. 2011; 73: 307-314