

MASTERING THE COLONOSCOPY BOWEL PREPARATION OF PATIENTS: A MULTIDISCIPLINARY HEALTHCARE APPROACH

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Background

The diagnostic accuracy of colonoscopy requires a perfect visualization of the colonic mucosa, making bowel preparation a fundamental requisite of the procedure. Due to recurrent failures observed in our hospital settings, a problem solving approach was undertaken



Purpose

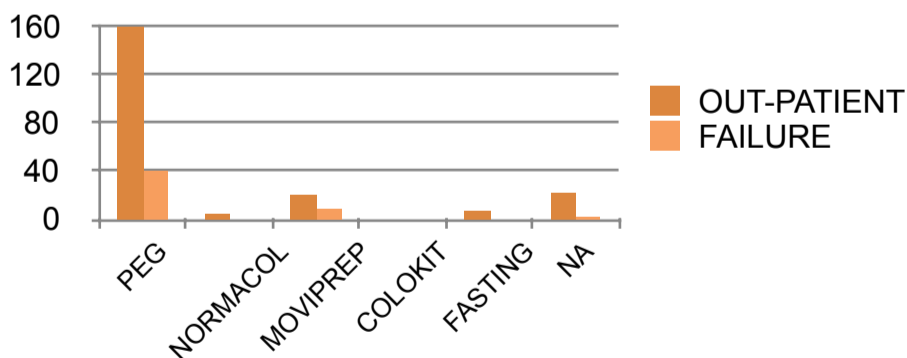
The aim of this study was to evaluate the quality of pre-colonoscopy process of in- and outpatients (IOP) and identify potential dysfunctions.

Methods

Colonoscopy reports of IOP were analysed. The laxative treatments used, the therapeutic indications were also recorded. A Multidisciplinary team regularly met for 6 months to map the process, identify failure factors, create value added flow, and propose solutions to improve it.

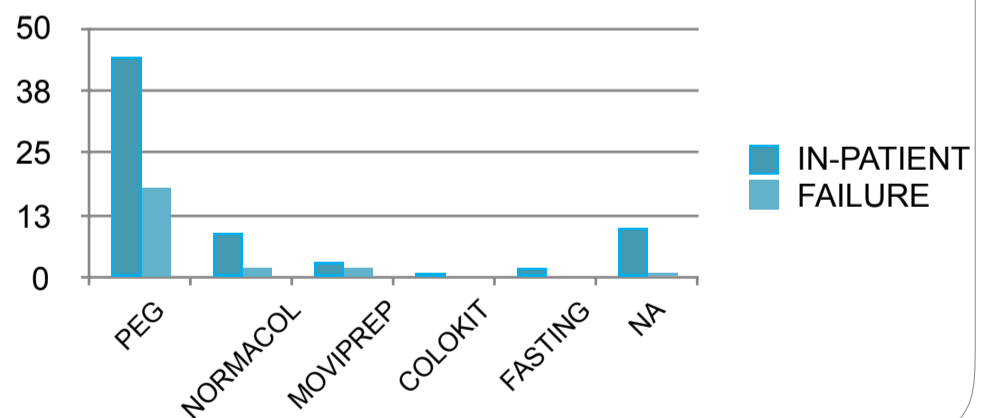
Results

297 colonoscopy reports corresponding to 284 patients were analysed. Eighty patients (28%) experienced an inadequate bowel. The most widely used laxative was PEG. The number of failure was significantly higher ($p < 0,005$) among inpatients compared to outpatients using PEG.



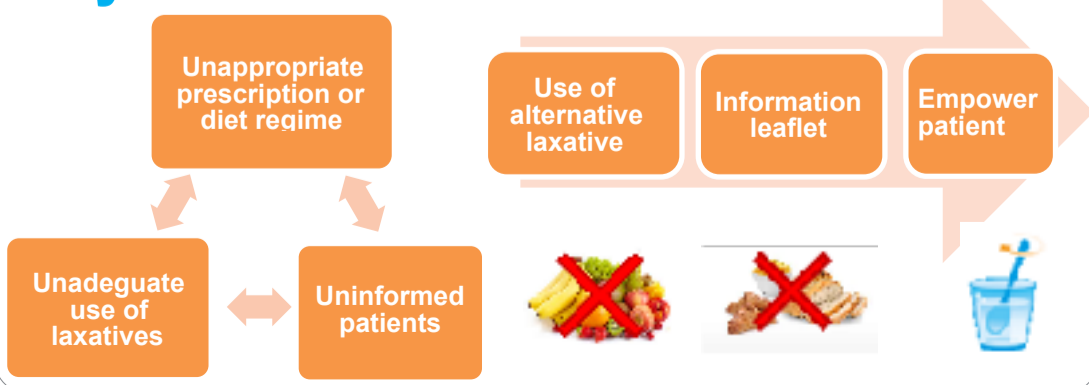
IN-PATIENT REPORTS	OUT-PATIENT REPORTS	TOTAL REPORTS
78	219	297

TOTAL FAILURES	IOP	%
80	284	28



Dysfonctions

Solutions



Conclusion

The multidisciplinary healthcare approach led to the identification of the pre-colonoscopy process dysfonctions and to the improvement of new practices that implemented patient engagement. A new evaluation will be performed in 2018 and the target is to reduce failures by 30%