“Joint Hospital Kaizen Project with Castle Peak Hospital and Siu Lam Hospital for improving the quality of bowel preparation in Colonoscopy Examinations”

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Introduction
Surgical nurses have often reported difficulty in administrating Klean Prep to psychiatric patients in preparation for colonoscopy. Moreover the eventual quality of bowel preparation is often unsatisfactory for these patients.

Objectives
-To have Klean Prep administered by staff of CPH and SLH who have better rapport with these psychiatric patients.
-To have Klean Prep administered at CPH and SLH where these patients are expected to have better compliance under a more familiar environment.
-Alleviate the tight congestion in surgical beds for emergency admission of acute patients.

Methodology
-An inter-hospital task group comprising of doctors and nurses of TMH (specialties include Surg, M&G and CEC), POH, CPH & SLH was established.
-Under old logistics CPH/SLH inpatients are admitted into a TMH ward for bowel preparation and later escorted to the procedure at CEC. After the change the bowel preparation is now performed in CPH/SLH where the patients are more accustomed to.
-Klean Prep (drug for bowel preparation) is added to the drug formulary of CPH and SLH.
of Klean Prep will be given by nurses of CPH and SLH the evening before and in the early morning on the day of scheduled colonoscopy. -After bowel movement, the patient will attend Surgical Day Ward (F3DW) at 12 Noon or 11AM under escort by a nurse from CPH or SLH. -A notice will be given to signify this special arrangement. If the patient’s status is non-infectious, he/she will have his/her procedure done as the first case in the afternoon and be discharged at the earliest possible arrangement. -On the other hand, infectious patients will have the procedure done as the last case in the morning session, subsequently an earliest discharge will also be ensured. -Whether the patient is fit for the above special arrangement will be decided during doctor’s consultation at the Ambulatory Care Centre (ACC). -Direct telephone communication is also established across the all 3 hospitals to monitor the processes and identify areas for improvement.

**Result**

- Between 1 Jun 2013 to 20 Jan 2014, a total of 12 patients were served. 2 of them defaulted (1 each from CPH and SLH) and 8 out of the remaining 10 patients showed satisfactory bowel preparation. -Comparing the waiting time for a general patient with a target (CPH/SLH) patient attending F3DW for endoscopy examination for the time period, the longest waiting time was 400 mins versus 196 mins while the shortness waiting time was 40 mins versus 48 mins. -There was no significant difference in the quality of bowel preparation.