



A Quality Improvement Project on the Use of a Standard Order Set for Bowel Preparation for Inpatient Colonoscopies

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Background

Bowel preparation is an essential prerequisite for colonoscopies as insufficient dosing can directly affect the procedure and results. Currently, there is no sufficient data on what method should be utilized for bowel preparation in inpatient settings. This quality improvement (QI) project aimed to examine the implementation of a standardized order set for the preparation of colonoscopy procedures.

Methods

We studied the effect of inpatient bowel preparation in patients aged 18 or older. Data were collected before and after the implementation of the standard order set. Bowel preparation: Before the standard order was set in our institution, bowel preparation required multiple orders and asking the GI department for specific recommendations, which may lead to inaccuracies or delays in preparation. We implemented a standard order to simplify and streamline the ordering of bowel preparation. This included one gallon of a laxative solution GoLytely. Measures: Gastroenterologists assessed prep quality as good or poor during the colonoscopy. Chi2 tests were run to compare the two groups' bowel prep quality.

Results

Sixty-nine patients were examined before and 79 after the standard bowel prep implementation. The sample consisted of 149 patients (50% were over 65, 50% were under 65, 69% were females, and 31% were males). There was no difference in prep quality. Before standard bowel prep, 36/69 (52.2%) patients had adequate cleansing, versus 45/79 (56.9%) post standard bowel prep. This difference was not significant ($p=0.559$).

Conclusion

Poor bowel preparations burden patients and gastroenterologists, especially when colonoscopies have to be repeated. This QI project aimed to improve bowel preparation in our inpatient population by creating a standardized bowel preparation order. We did not find this standard ordering improved bowel cleansing, with about half showing poor bowel prep. Inadequate bowel preparation may be driven by other factors, such as the poor implementation of bowel preparation once ordered. There may also be patient-specific factors that affect good clean-out. Future efforts are on the way to determine which other factors could affect bowel prep in our inpatients.