Participation of endoscopy nurses ensures a better and safer

Patients may be discharged earlier once they have had the

Patients consistently receive timely emergency endoscopy.

Conclusion The introduction of the OOH endoscopy service has had multiple benefits.

- Patients consistently receive timely emergency endoscopy.
- Patients may be discharged earlier once they have had the endoscopy.
- There is significantly reduced disruption to emergency operating theatres.
- Participation of endoscopy nurses ensures a better and safer experience for the patients, and better endoscopy decontamination.
- Routine elective weekend endoscopy has reduced waiting lists and generated revenue for the hospitals, justifying the cost of setting up the service.

We suggest that our model is safe and it is feasible for other small units wishing to set up their own OOH endoscopy service to adopt.

### Percentage of patients discharged early

Abstract PMO-006 Figure 1

Abstract PMO-006 Table 1 Breakdown of endoscopies performed December 2007—March 2011

<table>
<thead>
<tr>
<th></th>
<th>QEI</th>
<th>Lister</th>
<th>Transfer from QEI</th>
<th>Admitted to Lister</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday</td>
<td>5</td>
<td>24</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>4</td>
<td>30</td>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>

### REFERENCES


### COMPETING INTERESTS

None declared.

### IS PRE-ASSESSMENT PRIOR TO COLONOSCOPY USEFUL?

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Introduction In 2009, the National Patient Safety Agency issued a Rapid Response Report alerting healthcare providers to the potential risk of harm from using oral bowel cleansing agents (OBCA). Our Trust decided the most robust method of protecting patients was for nurses to see patients in clinic to fully pre-assess them.

Methods Prospective data were collected from the pre-assessment records. The information was then collated and tabulated. The time period covered is from July to the end of December 2011.

Results

Abstract PMO-007 Table 1

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>53</td>
<td>90</td>
<td>133</td>
<td>130</td>
<td>106</td>
<td>515</td>
<td></td>
</tr>
<tr>
<td>Did not attend</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>eGFR/U&amp;E abnormalities</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>32</td>
</tr>
<tr>
<td>Extra prep †</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>TCI ‡</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>13</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>Declined</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Stop medication</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Cons. review §</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>27</td>
</tr>
</tbody>
</table>

Miscellaneous findings at pre-assessment included:

- Patients with pacemakers (4)
- A wish to be referred to Help 2 Quit (4)
- Requirement to refer back to GP for review (not to do with colonoscopy) (3)
- Able to cancel a TCI as not needed (2)
- Postponed procedure due to other issues (3)

January—July 2011: Total colons this period: 1196
Total failed: 37 = 3.09%
Due to pre prep: 10 = 0.84%
August—December 2011: total colons this period: 795
Total failed: 24 = 3.02%
Due to poor prep: 4 = 0.5%
* eGFR or urea and electrolyte abnormalities which required discussion with gastroenterologist and potential further action of
- A repeat blood test on the day of procedure
- To come into hospital (TCI) for observation of hydration while taking bowel preparation
- To temporarily stop certain medication.
† The patient is prescribed additional OBCA because factors have been revealed that influence its effectiveness.
‡ TCI means “to come in” to hospital prior to the procedure for bowel preparation.
§ The patient has been referred back to their own consultant for various issues found at pre-assessment.

Conclusion During the time period under review 507 patients were pre-assessed. 6.31% had an abnormal eGFR or urea and electrolytes (u & e). 5.53% required further OBCA to be prescribed. 6.31% needed to come in for their bowel preparation. 1.58% of those patients declined the procedure. 3.94% were asked to stop medications in preparation for the test. Consultants were asked to review 5.38% of these patients.

The trend for failed procedures due to poor bowel preparation has begun to fall.

Pre-assessment is ensuring problems are being addressed in advance of the procedure. Patients are being protected and list efficiency is maximised.

### COMPETING INTERESTS

None declared.

### REFERENCES