



# Endoscopy Action Learning event

## Establishing clinically led improvement activities

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- Problem: late starts and finishes in endoscopy, delays in turnaround between cases
- 1. Establishing current practice: met with endoscopy staff to introduce QI project, established their cooperation in completing daily start/finish time logs with the reason for variance for 2 weeks. Daily checks and discussion to fill in gaps. Turnaround: observing a whole list, documenting all activities during turnaround. Data entry into spreadsheet.
- 2. Presenting results to endoscopy staff and Gastroenterology department/visual presentation to patients with 'dashboard'
- 3. Implementing measures to improve: increased awareness, dedicated 'turnaround nurse', nurse-led consenting and cannulating, pre-assessment clinic, apprentice making calls to patients week before
- 4. Measuring for improvement: start/finish times; turnaround times; utilisation; poor prep; DNA rates. Changing/improving method of data collection to capture rate-limiting step
- 5. Completing cycle again with another change for improvement
- Outcomes: utilisation, on-day cancellation (poor prep) rates, DNAs, meeting 2WW and internal stretch target of 7 days
- Challenges: establishing complete data – everyone is busy; difficulty in data capturing during frenetic turnaround with much to observe; understanding complex IT tools; making process sustainable (using data which is already being recorded or easy to obtain)
- Solutions: daily presence is very useful; establishing good relationship with endoscopy unit staff; frequent feedback and listening to suggestions; modifying measurements in response to feedback
- Lessons learnt: importance of close working with management staff – access to wealth of data already being collected, taking advantage of enthusiasm of individual endoscopy nurses, leadership by endoscopy unit manager, asking for help – using expertise of others (e.g. IT)