Code Brown: QIP Improving recognition and management of constipation through improved use of stool charts (Dr Michael Brockway, Cambridge University Teaching Hospitals)

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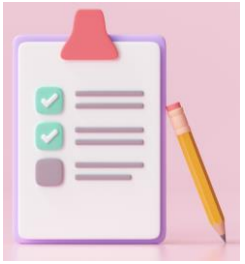
Background Constipation causes morbidity, delays discharge, and is treatable

Aims Reduce constipation to minimise risk of sequelae

Objectives 1. All pts to have a stool chart to a given standard
2. Improve doctors review and reaction to charts

Methods Weekly 'snapshot' of All ward pts (inc. EOL) on geriatric ward
Exclusion: gastrointestinal tract stomas



Definitions:

- Stool chart: Prescence of documentation within nursing flowcharts on hospital computer system
- Good Quality (binary) = confirms BO or BNO + consistency according to Bristol Stool Chart over last 24-48hrs
- No documentation required on day of audit
- Action = change made+/or comment in ward round note
- No action required=type 4/5+ alternate/daily
- Action required = BNO 3+ days or type ½ stool

RESULTS	Audit 1	Audit 2	Audit 3
Stool chart % (Nos/ward pts))	**92** (25/27)	**85** (23/27)	**93** (25/27)
Good quality % (Nos/Nos of charts)	76 (19/25)	56 (13/23)	80 (20/25)
Charts requiring no action % (Nos/Nos of charts)	56 (14/25)	52 (12/23)	76 (19/25)
Charts potentially requiring action	11	11	6
Breakdown (charts acted on/requiring action/unclear)	6/2/3	2/0/9	0/2/4
Days to laxative from admission/last stool	1/0/2/**4**/2/0	2/2	N/A
No of pts with PR exams completed	0	0	0

Requiring action:
A. A/W Urinary retention, TWOC'd and passing well on commode. BNO 4 days
B. Chart not updated 3 days. Type 1 before that. 1 review prompted
C. BNO 5 days. 1 intervention prompted-senna/macrogol

Intervention (between Audits 2 + 3)

Ward staff encouraged to:
1. Write '0-No BO' if pt has not opened bowels with staff
2. Use smart link to check if already documented

Doctors encouraged to:
1. Review charts and highlight non-completion to ward staff
2. Use smartlink to import stool chart to note

Staff suggestions
Audit compliance

Compliance	Audit 3
Pts on Laxatives % (Nos/ward pts)	70 (19/27)
Pts taking > half of laxative doses % (Nos/pts taking laxatives)	**37%** (7/19)

Conclusions:

Good chart rates

Quality variable

Opportunities missed for early recognition and treatment of constipation

Doctors don't do PR exams!

Compliance abysmal

Looking forwards

Looking at compliance

Encourage staff to highlight refusal

Encourage doctors to monitor compliance (MAR chart)

Encourage PR exams

With thanks to: Dr Udeshika Perera Consultant Geriatrician Cambridge University Hospitals