

**Program Evaluation to Assess Process and Outcome Causes for Unsuccessful
Colonoscopies**

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Abstract

Background: Cancer is the leading cause of death in the United States, second to heart disease. In Washington state, there were 2,957 people diagnosed with colorectal cancer in 2016. The national rate of patients with inadequate bowel preparation for colonoscopies is between 15-20%. This is costly for patients who need to repeat the procedure, especially in a rural community.

Local Problem: An ambulatory endoscopy center located in a rural area wanted to decrease the number of patients who need a repeat colonoscopy procedure when the initial colonoscopy was incomplete due to inadequate bowel preparation.

Methods: Clear and concise written instructions and focusing on health education strategies such as teach-back and encouraging questions were used to improve the quality of bowel preparation. The Information-Processing Theory guided the intervention. The CDC's Program Evaluation model guided the overall project.

Intervention: The interventions were comprised of surveys by the staff involved in caring for the patient receiving a colonoscopy, observation of the medical assistants (MAs) to determine how well they followed the Information Processing theory to increase patient learning in

preparation for the procedure, and patient-completed surveys to determine patient opinion regarding improvements for preparation of future procedures.

Results: Over 80% of MAs were observed giving pre-procedure education to patients. Data from patient surveys provided information for improving the pre-procedure process. The program evaluation uncovered factors that contribute to inadequate bowel preparation and interventions that could be implemented to reduce the number of failed bowel preparations. Recommendations regarding patient bowel-prep education was given to the clinical agency.

Conclusion: Ensuring adequate bowel preparation saves on cost for the patient and may reduce the number of colon cancer patients.