

## Poster Presentation

<b>TITLE</b>	<b>Improvement of an ERCP Service in Practice</b>
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<b>ABSTRACT DETAILS:</b>	
<b>Background:</b>	NHS Tayside serves a population of 550,000 and the ERCP service performs 450 ERCP procedures per annum. The service was not always responsive in terms of providing timely emergency procedures, there was variation in the pathway and the service had a nine week waiting time for an elective out-patient procedure. The aim of this work was to streamline the ERCP patient pathway, eliminate waste, facilitate the discharge of patients and reduce ERCP waiting times for all patients.
<b>Method:</b>	The patient pathway was mapped with key stakeholders and areas of variation were identified. A test of change was undertaken over 7 weeks., including review of: <ul style="list-style-type: none"> <li>• <b>A&amp;C processes:</b> A single point of booking for ERCP out-patients was created. Lists were adapted to support IP and OP demand.</li> <li>• <b>Patient flow:</b> Lists were distributed evenly throughout the week. Beds were secured in our Clinical Investigations Unit (CIU) rather than clinical wards.</li> <li>• <b>Same day discharge:</b> A 24 hour Stay Core Data Set was implemented and included criteria for Nurse Led Discharge enabling same day discharge of out-patients.</li> <li>• <b>Patient information:</b> The ERCP Patient Information Booklet was updated.</li> <li>• <b>All outpatients</b> have a full medical clerk-in pre-procedure supported by a Physician's Associate.</li> <li>• <b>An Endoscopy RN</b> visits in-patients the day before their procedure. Out patients were given a satisfaction questionnaire.</li> </ul>
<b>Results:</b>	<ul style="list-style-type: none"> <li>• <b>Waiting times:</b> The wait for both IP and OP ERCP has reduced from 9 weeks to zero weeks. All patients are now booked "real-time".</li> <li>• <b>Savings/efficiencies:</b> 34 patients were booked into CIU. 21 were same day discharge. No patients were admitted the day before the procedure. This resulted in a saving of 40 overnight stays.</li> <li>• <b>Patient experience:</b> Satisfaction Questionnaires were returned from 14 patients. Feedback was mainly positive.</li> <li>• <b>Procedural Change:</b> Patients no longer telephone pre admission, patient admission time has changed to 10 am for pm patients, patients and GP receive an ERCP report.</li> <li>• <b>Impact on services/staff:</b> Appropriate use of acute in-patient beds avoiding/reducing cancellations. Multidisciplinary working.</li> </ul>
<b>Conclusions:</b>	An overview of an established service identified inefficiencies at several points which were rectified. The cumulative effect of these changes has transformed the patient journey and released resource in other areas.
<b>References:</b>	