

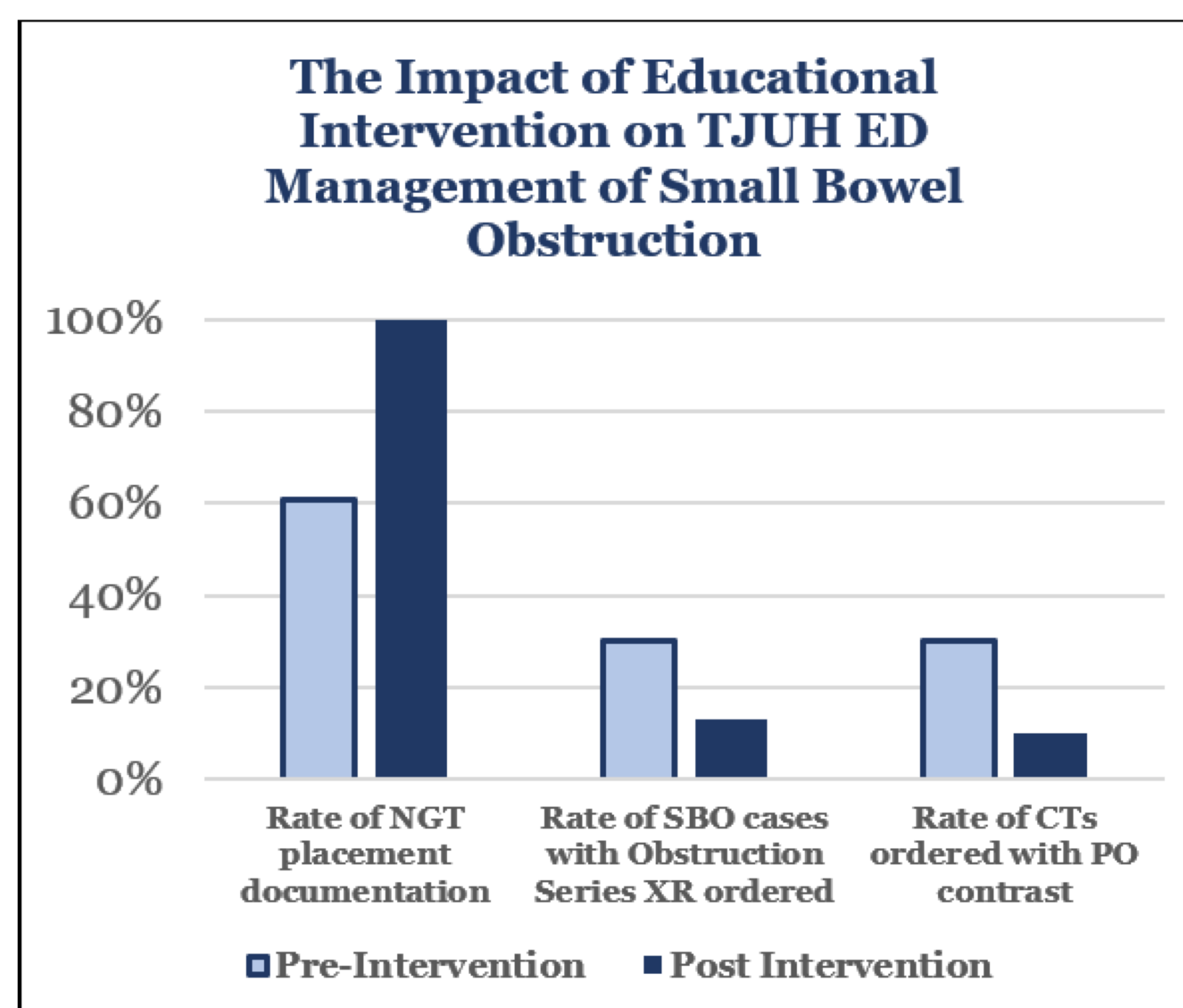
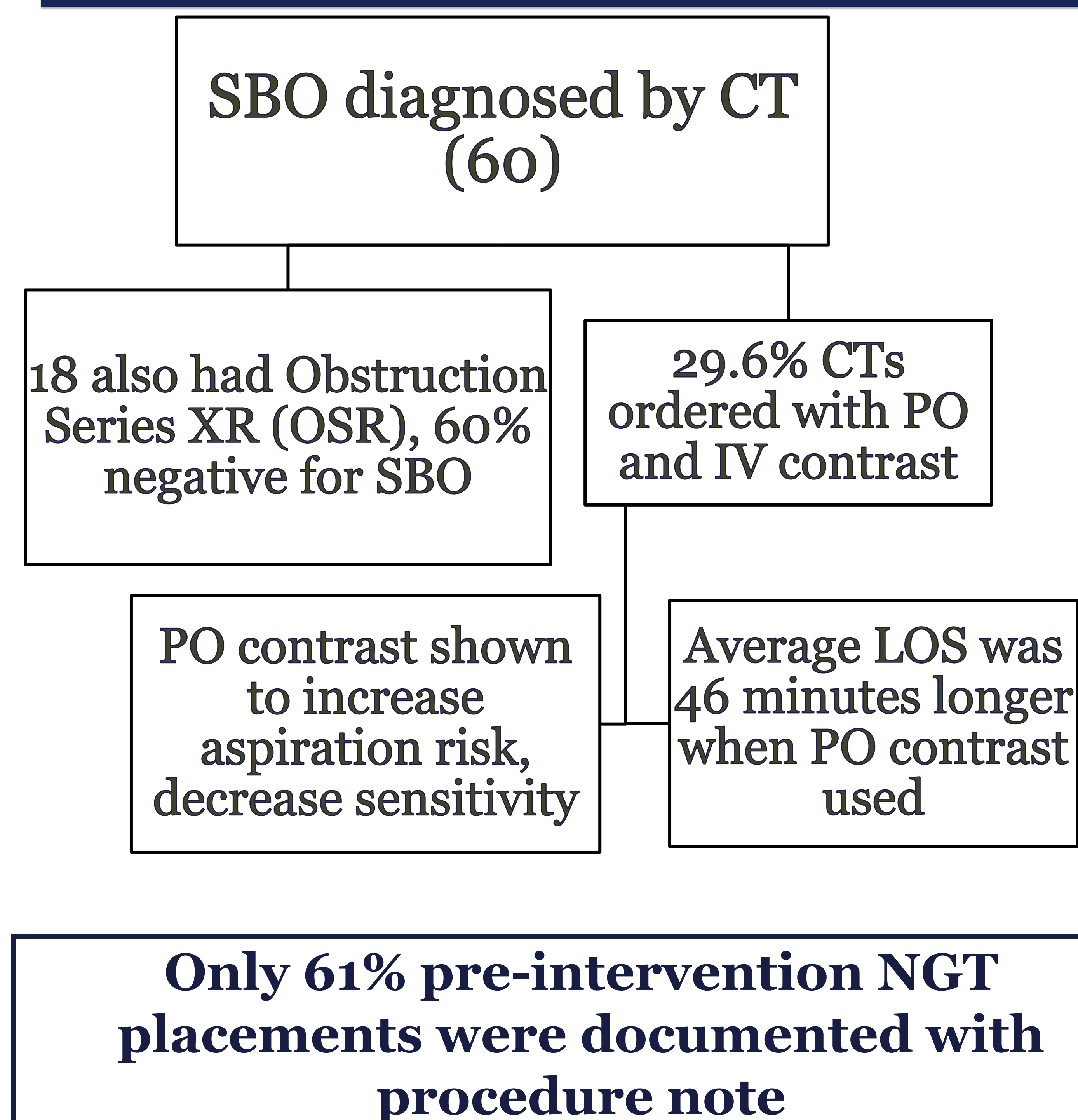
Objective

- Standardize practice patterns and improve consistency in procedure documentation in ED management of Small Bowel Obstruction (SBO)
- Significant practice variability exists among ED providers for SBO management, specifically in regard to utilization of diagnostic imaging as well as rates of NG tube (NGT) placement and subsequent documentation
- Data review performed by our group demonstrated that of all NG tubes placed, only 61% were documented
- Wide range of practice patterns for diagnostic imaging (see graphics in Results)

Methods

- QI focused retrospective review of patients diagnosed with intestinal obstruction, either on primary or final encounter diagnosis
- In light of lack of documentation of NGT placement and variation noted in utilization of diagnostic imaging, educational intervention made to ED providers during resident conference with our findings

Results



Discussion

Post intervention:

- Only 4/31 cases of SBO presenting to ED afterward had OSR ordered
 - 3 / 4 were positive for SBO
- Of patients who had CT performed, only 3 / 30 had PO contrast included in their study
 - Patients who had CT without PO contrast had average reduced time to admission of 14 minutes
- For NGT placed by providers who received intervention, 100% of procedures were documented.
 - 88% of NGT placed in data review were placed by providers who did not receive intervention, only 6/15 of those NGT placements were documented with procedure note**

Limitations:

- Small sample size post-intervention
- COVID pandemic: changes to ED operations may have had impact on LOS, decision to place NGT, diagnostic imaging choice
- Social distancing limited non-ED providers from receiving intervention

Next Steps

- Continued data review
- Additional education intervention, consider including surgery residents
- Development of EPIC "Best Practices" advisory to promote documentation of NGT