

An Evidence-Based Initiative to Improve Bowel Preparation Quality for Colonoscopy

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BACKGROUND

- Colorectal cancer is the 3rd leading cause of cancer-related deaths in the U.S.
- Colonoscopy is considered the gold standard for early detection of colon cancer.
- Good colonic bowel preparation (CBP) is an important component of safe, high-quality colonoscopy, but is often inadequate.

PURPOSE

To increase adequate CBP rates and patient satisfaction using evidence-based, newly revised patient instructions at an ambulatory surgery center specializing in endoscopy.

METHODS

A three-month quality improvement project was implemented using the Johns Hopkins Nursing Evidence-Based Practice (JHEBP) Model and the Plan-Do-Study-Act (PDSA) Model for Improvement.

IMPLEMENTATION

- Using evidence-based strategies, patient CBP instructions were revised to include visual aids, plain language, and easy-to-follow formatting.
- Two measures used to assess change were adequacy of CBP and patient satisfaction.
- Post-intervention data was collected and compared to baseline.

In **adult patients** preparing for outpatient colonoscopy, **instructions with visual aids, plain language, and easy-to-follow formatting** improve the **adequacy of bowel preparation** as compared to only written instructions.

Colonoscopy Bowel Preparation Instructions
GENERIC PREP NAME

IMPORTANT! If the bowel is not clean when you arrive for your appointment, rather than giving you an incomplete and poor exam, your procedure will need to be rescheduled.

Your procedure is SCHEDULED for _____ at _____ ARRIVAL TIME: _____

INSURANCE NOTIFICATION Our Central Billing Office will obtain pre-certification if needed. Call your insurance company before the procedure to make sure this has been done. Insurance questions? Please call 555-555-5555. You must tell us if your insurance has changed since the last time you were seen. There will be a facility and anesthesia charge in addition to the doctor's fee. Other charges may incur (e.g., pathology, radiology, or laboratory fees) during the procedure if needed for your care. Please bring your insurance card and driver's license to the procedure.

IMPORTANT NOTE FOLLOW THESE INSTRUCTIONS CAREFULLY. Do NOT follow the instructions on the prep box. Follow instructions given to you about any medication changes. Pay close attention to the diet and medication instructions noted below. You may be making changes up to 7 DAYS before your procedure. **DO NOT EAT OR DRINK** after midnight except your bowel prep. **NO LIQUIDS** within 4 HOURS of your exam. **NO smoking** 24 hours before your procedure or it may be canceled. Your bowel prep prescription will be sent to the pharmacy. They will handle all taxes needed for your prep and ship directly to you. They will call to confirm your mailing address and prescription coverage. Please return any missed call at 555-555-5555. If you use your preferred pharmacy, pick up the prescription at least 1 week before to make sure it is available and covered by insurance. Prep Questions? 24 HOURS CALL (888) 888-8888

Visit us at www.docoffice.com or www.asccarts.com Questions? 555-555-5555

1 DAY BEFORE your procedure, you should also TAKE THE COLON PREP MEDICATION. Please follow these instructions, NOT the ones on the box.

1 YOUR PREPARATION—SUPREP The kit comes with 2 (6-oz.) bottles of medication and a 16 oz. drinking cup.

2 PREPARING YOUR BOWEL PREP Pour 1 bottle of SUPREP liquid into the supplied drinking cup. Add cool drinking water to the FILL line on the cup and mix carefully.

3 DRINKING YOUR BOWEL PREP At 8:00 PM—OPTIONAL STEP Start Zofan (ondansetron) the anti-nausea medication. Take 1 tablet by mouth every 6-8 hours as needed for nausea and vomiting. Begin at 6:00 PM the night before your procedure. Drink the 1st diluted bottle as prepared below. Follow with at least 2 more 16 oz. containers of water over the next hour.

4 DRINKING YOUR BOWEL PREP 4 hours before your arrival time. Drink the 2nd diluted bottle as prepared below. Follow with at least 2 more 16 oz. containers of water over the next hour.

WHAT TO EXPECT You will develop significant diarrhea after drinking the prep. Plan to be and stay near a bathroom. This is normal as the medication works to clear stool from your colon. Most people feel mild bloating and stomach cramps, which is normal. Drink the prep medication more slowly over a longer period of time to help alleviate symptoms. Finish your prep regardless of your stool color. When your prep is complete, your stool should be light yellow, liquid, and clear without many particles—like urine.

HOW SHOULD MY STOOL LOOK?

NOT OK	NOT OK	NOT OK	ALMOST THERE!	YOU'RE READY!

4 HOURS BEFORE your procedure, STOP DRINKING ALL LIQUIDS AND MEDICATIONS. Do not eat or drink 4 hours before your procedure. This includes chewing gum, hard candy, and chewing tobacco. Doing any of these will delay and possibly cancel your procedure.

After Your Procedure You will spend time in our post-procedure unit where nursing staff will monitor you. Once safe, you will be able to leave with your driver or escort. You will receive a printed copy of your exam results for your own records. Once home, you may resume your normal diet and medications as instructed by your doctor. If you are taking blood thinners, you should receive instructions from nursing staff and your doctor on when to resume these medications.

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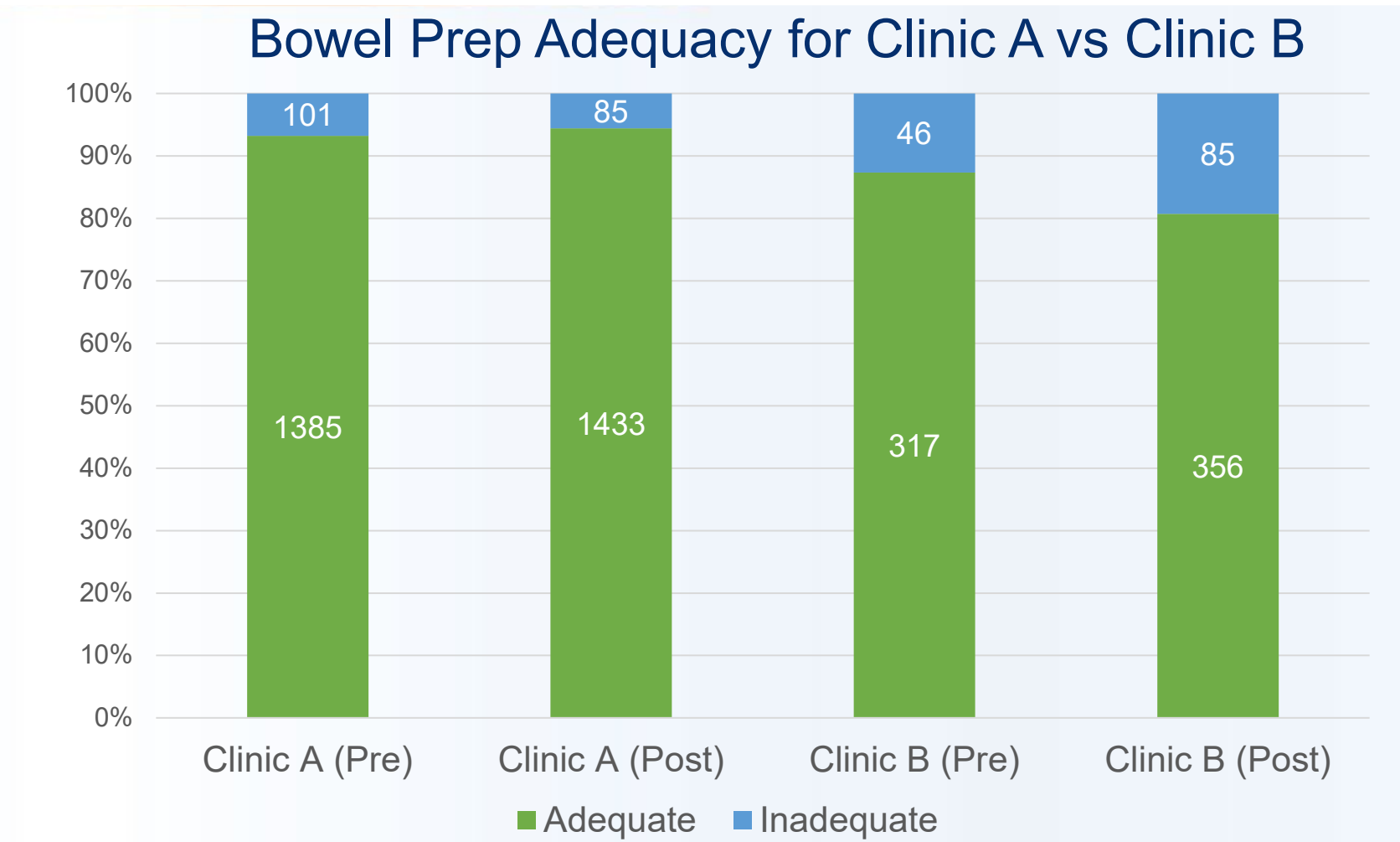
Revised Patient Instructions



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RESULTS

- Initial analysis demonstrated a 0.7% decrease in CBP adequacy, so individual provider results were further investigated.
- Clinic A providers saw a collective 1.2% improvement in CBP adequacy, while Clinic B saw a 6.6% reduction in quality.
- Most survey respondents shared positive perceptions of new instructions, but there was no significant change in patients' satisfaction.

DISCUSSION

- Sustainability of the project included adoption of the instructions and sharing with other clinics in the regional medical group.
- Future projects may include expansion to other scheduling groups utilized by physicians, evaluating efficacy of CBP regimens prescribed, and patient access for questions about prep.