

Background

Previous evidence-based project data indicated misunderstanding of preprocedure instructions may lead to day-of-procedure cancellations or delays. This is especially true for the endoscopy clinic where most of the pre-procedure instruction happens over the telephone.

The "Teach-Back" method has been utilized in various settings and is recognized as best practice to confirm understanding of provided information.

The Endoscopy Center at Moffitt Cancer Center has taken the "Teach-Back" method one step further by using "Teach-Back" over the telephone for pre procedure instructions.

Problem

Data collected from previous evidence-based project concluded confusion regarding bowel preparations, lack of understanding regarding NPO guidelines, and misunderstanding of caregiver/driver requirements for anesthesia were major knowledge gaps and led to same-day procedure cancellations.

Purpose

To evaluate the effectiveness of using "Teach-Back" over the telephone for patient's understanding of pre-procedure instructions

Literature Review

Haufler, K. (2011). Using Nurse-to-Patient Telephone Calls to Reduce Dayof-Surgery Cancellations. AORN Journal, 94, 19-26.

Kornburguer, C. (2013). Using "Teach-Back" to promote a safer transition from hospital to home: An evidence-based approach to improving discharge process. Journal of Pediatric Nursing, 28, 282-291.



Telephone "Teach-back" Effectiveness for Endoscopy Pre-Procedure Instructions Valerie Hodges, RN, CGRN; Jessica Stephenson, BSN, RN-BC; Luz Diez, RN, BSN, OCN; Neha Patel, RN, BSN Tampa, Florida

Planning

Review of literature identified "Teach-Back" as the Gold Standard to confirm understanding of information, however, no articles documented the use of "Teach-Back" over the telephone.

Prior to implementation of "Telephone Teach-Back" of pre-procedure instructions, patient surveys were created in order to assess for effectiveness of current pre- procedure instructions.

Knowledge gaps were identified.

Moffitt patient education specialists were consulted to assist with the development of the Endoscopy Telephone Teach-Back Script for Nursing. Survey results and identified knowledge gaps were used to lead the script development.

| Pre- | | | | MOFFITT CANCER CENTER | M | |
|-----------|--|---|---------------------------------------|---|----------------------------|--|
| procedure | Endoscopy Clinic Questionnaire | | | | | |
| Survey | We will use this inform improve the overall exp | dback on the instructions yo ation to learn ways that we erience for you and for othe ssible response. Thank you f | can improve the r Moffitt patients | effectiveness of our instru- . Please answer each ques | uctions and stion below | |
| | 1. I spoke with a nu Yes O No O | irse about how to get ready i | for my test (endo | scopy). | | |
| | 2. I had a telephone Yes O No O | number to contact the endosco | opy clinic nurses if | I had any questions. | | |
| | 3. An adult must re True O False O | main in the clinic during my | entire visit. | | | |
| | 4. An adult must dr True O False O | rive me home after my test (| endoscopy). | | | |
| 6. | I had to complete a bowel prep (laxative to cleanse colon) for my test (endoscopy). True O False O | | | | | |
| | 6. If I did a bowel p True ○ False ○ | | | | | |
| | I was allowed to drink clear liquids up to my arrival for the test (endoscopy). True O False O | | | | | |
| | 8. The instructions I received helped to prepare me for my test (endoscopy). | | | | | |
| | O Strongly Agree | O O Agree Neutral |) Disagree | O Strongly Disagree | | |
| | 9. What suggestions | do you have that would improv | ve your endoscopy | experience? | | |
| | | | | | | |

Patient Selection

Patient selection for "teach-back":

- English Speaking
- Nonrecurring patients
- Patient available to speak with when call placed

Implementation

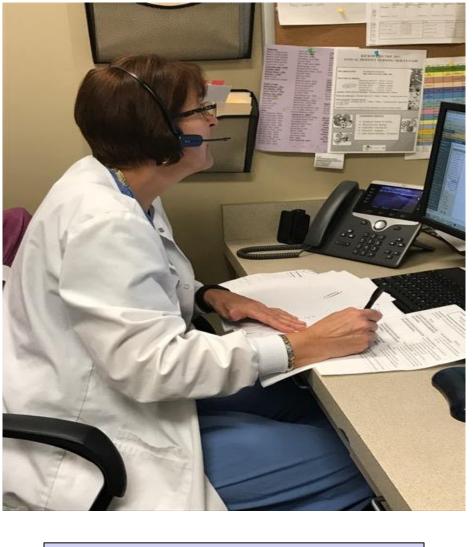
A dedicated Endoscopy Triage nurse used patient selection criteria to identify appropriate "Teach-Back" recipients.

The Endoscopy Telephone Teach-Back Script for Nursing was used to perform pre-procedure calls and documented in EHR.

Post "Teach-Back" surveys were added to recipient's preoperative packet for assessment on procedure day.

Data from surveys after implementation were collected for three months.

| cript for Nursing | Teach-Back Sc Instructions for when to use: Telephone ca | hone Teach-Back ript for Nursing Ils addressing pre-procedure instructions all script, and Procedure specific instructions with |
|----------------------|---|---|
| - <u>+</u> + | Nurse | Patient |
| | You have been instructed about a clear liquid diet as part of your preparation for your procedure | Teach-back verification: a. Let's review- what are some clear liquids? b. Tell me the time you would start, and stop the clear liquids |
| | 2. <u>I know you understand the start and stop</u> <u>times of the clear liquid diet</u> | Teach-back verification: I want to make sure I explained this to you clearly. a. a. Tell me, are there any exceptions, when you would be allowed to have something to drink after your given stop time? b. What are those exceptions? c. How much can you drink at that time? |
| | You have received instructions about taking a bowel prep in order to prepare for your procedure | Teach-back verification: Tell me a. The time/s you will take the doses of your prep b. The names and sequence of the prep components |
| | 4. <u>You have been instructed that you must</u> <u>have an adult with you, who can stay</u> <u>during your procedure, and then drive you</u> <u>home after your procedure</u> | Teach-back verification: a. Do you have a caregiver/driver? b. What would happen if you arrive at the endoscopy center without a caregiver/driver? |
| | On the procedure instruction sheet there are reasons and specific numbers to contact us | Teach-back verification: a. Tell me how you would reach someone 1. During regular business hours 2. After hours or on weekend b. Tell me when you should contact the endoscopy |



Dedicated triage nurse



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Results

There was a significant increase in the percentage of patients that strongly agreed instructions received using the "telephone Teach-Back" method help prepare them for their procedure.



Conclusion

Utilizing "Teach-Back" over the telephone helps patients understand preprocedure instructions and feel more prepared for their procedure. Understanding of pre procedure instructions helps decrease knowledge gaps which may lead to delays and cancellations in procedures.

Discussion

Knowledge deficit improvements were small based on the pre-survey findings, however, proven teaching methodology was considered valuable as an attempt to have better patient outcomes.

Implementation of dedicated triage nurse prior to pre-data collection may have impacted pre-data results as enhanced instructions were being received.

Future Plans

- Broaden "Teach-back" over the telephone to Spanish speaking patients with pre-procedure instructions provided by nurse with certified medical interpreter credentials.
- Enhance "Teach-Back" over the telephone documentation of preprocedure instructions.
- Continue staff development and comfort using "Teach-Back" over the telephone.