Telephone “Teach-back” Effectiveness for Endoscopy Pre-Procedure Instructions

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Background

Previous evidence-based project data indicated misunderstanding of pre-procedure instructions may lead to day-of-surgery 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 for confirming 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


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 “Teach-back” method, pre-procedure instructions, patient surveys were created in order to assess 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.

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.

Results

There was a significant increase in the percentage of patients that strongly agreed received the “telephone Teach-back” method help them prepare for their procedure.

Conclusion

Utilizing “Teach-back” over the telephone helps patients understand pre-procedure 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-surgery 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 pre-procedure instructions.
- Continue staff development and comfort using “Teach-back” over the telephone.

Pre-procedure Survey

Endoscopy Cliffom Questionnaire

We asked the following questions to confirm the following knowledge gaps which may lead to delays and cancellations in procedures.

1. Was bowel prep received at the time of their procedure?
2. Was patient instructed about how to perform the bowel prep?
3. Was patient instructed when to perform bowel prep?
4. Was bowel prep received last night or the evening before?
5. Was patient instructed about bowel preparation and the need for an enema the evening before?
6. Was patient instructed about the need to fast prior to the procedure?
7. Was patient instructed about how to perform the bowel prep?
8. Was patient instructed when to perform bowel prep?
9. Was bowel prep received last night or the evening before?
10. Was patient instructed about how to perform the bowel prep?
11. Was patient instructed when to perform bowel prep?

Patient Selection

Patient selection for “teach-back”:
- English Speaking
- Nonrecurrent patients
- Patient available to speak when call placed

Teach-back back: "Teach-back" conversations are enhanced instructions provided by nurse with certified medical interpreter credentials.

Dedicated triage nurse: Nurse-to-Patient Telephone Teach-back: Teach-back is used to call Spanish speaking patients with pre-procedure instructions provided by nurse with certified medical interpreter credentials.

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