Improving the Endoscopy Patient’s Understanding of Recovery
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Background: The Division of Gastroenterology (GI) has expanded the type of outpatient procedures performed at New York Presbyterian. As evidenced by poor patient satisfactions scores in the discharge domain of the OAS-CAHPS, we identified an opportunity to improve and specialize procedure discharge instructions. Previous discharge instructions were formatted in a free text, handwritten style, resulting in a lack of clarity, details, and comprehension. Procedure specific discharge instructions can increase patients’ comprehension of post procedure information, therefore increasing patient satisfaction.

Objectives of Project: The Endoscopy Suite aimed to create procedure specific electronic discharge instructions. The goal was to increase patient satisfaction within the OAS-CAHPS discharge domain, specifically instructions regarding recovery.

Process of Implementation: Post Anesthesia Care Unit and Endoscopy clinical nurses collaborated to review current paper discharge instructions, online education materials, and nursing polices. Recommendations from the American Society of PeriAnesthesia Nurses, Society of Gastroenterology Nurses and Associates, and regulatory requirements were used as a guide during the creation of the discharge note. The new instructions were reviewed, edited, and approved by attending GI physicians and the department of anesthesiology. Frontline clinical nurses collaborated with the Allscripts team to build the new electronic discharge instructions note. Using PDSA method, three physicians piloted the new discharge instructions to provide feedback. Their critical feedback was used to edit and improve instructions prior to full introduction to all GI physicians. During the full implementation period, in-service and onsite IT support was provided to the clinical nurses and physicians. The OAS-CAHPS scores were used to determine the effectiveness of the new document.

Statement of Successful Practice: The OAS-CAHPs survey captures patients’ feedback in the Discharge Domain by asking patients their understanding of information regarding recovery. Three months prior to introduction of the electronic instructions, an average of 81% of patients reported adequate understanding of information. Since implementation in April 2018, an average of 96% of patients report adequate understanding of information.

Implications for Advancing the Practice of Perianesthesia Nursing: Research support that discharge instructions comprehension is linked to patient satisfaction. Developing these procedure specific discharge instructions within our specialty has resulted in improved patient satisfaction.