



Beyond the Scope: Revamping Endoscopy Discharge Instructions for Patient Peace of Mind

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BACKGROUND

The Post Anesthesia Care Unit (PACU) and Same Day Surgery (SDS) unit have had an increase in advanced GI Endoscopic procedure patients within the last year. These include Bravo, Stretta, and Barrx/Halo 360 procedures. Lack of standardized discharge instructions for the patients were noted by the discharging nurses. Gastroenterologists were not placing procedure specific discharge instructions into the Electronic Health Record. This does not meet Joint Commission requirements for transition of care, reduces adherence to discharge instructions, and decreases patient satisfaction scores. This decrease was noted from data collected from the NRC Health Patient Satisfaction Survey for Marlton Endo including patient discharge which occurs in PACU/SDS.

OBJECTIVES

1. Develop a project to increase patient discharge readiness including:
 - Prepare for Recovery
 - Signs and symptoms of a complication
 - Follow up with Gastroenterologist.
 - When to restart GERD/Acid reducing medications
 - Expected symptoms
2. Interdisciplinary collaboration between Endoscopy, PACU, and SDS departments to enhance relationship-based care.
3. Increase patient satisfaction NRC scores by providing thorough standardized discharge instructions

METHOD

1. Collaboration between Endoscopy, PACU, Same Day Surgery, and Gastroenterologist developing procedure specific discharge instructions.
2. Discharge instructions were approved by head of Gastroenterology
3. Discharge instructions were sent to Informatics and built into the Electronic Health System with procedure specific titles. D/C instructions were manually entered into EHR prior to build.
4. On-going educational in-services are provided to staff regarding new procedures.

Discharge Instructions for EGD/Bravo

The office will call you once all results are in, unless instructed otherwise by your provider.
You had a procedure known as an EGD Bravo. Your healthcare provider performed the EGD to look at your GI tract and to biopsy if needed. Here is what you need to do following your EGD.

After the test

- You may feel tired from the sedative. This should wear off by the end of the day.
- Do not take any antacids or anti-reflux medications during your 96-hour study.
- You may resume your antacids and anti-reflux medications after your 96-hour study.
- You may have a vague sensation that something is in your esophagus.
- You are encouraged to eat your normal diet, having 3 to 4 meals a day. Consume any liquids within 5 to 10 minutes. Do NOT sip on liquids continuously or graze on food (popcorn, chips, snacks, etc.) throughout the day.
- During the 96-hour study do NOT eat gum, mints, or hard candy.
- Remove recorder when bathing or sleeping. You may place the recorder on vanity or bedside table. Make sure the recorder is kept completely dry. The recorder must always be within 3 feet of you.
- The recorder may beep if placed more than 3 feet away from you. If this happens, hold the recorder to the center of chest for at least 3 seconds to allow recorder to recalibrate. Once it is recalibrated, the beeping will stop.
- The capsule will naturally fall off the wall of the esophagus and then pass through your digestive tract. You do NOT need to retrieve it.
- Do not take aspirin or any other blood-thinning medicines (anticoagulants) until your provider says it is OK.
- No MRI for 30 days after capsule placement. If MRI is required in an emergency, ordering physician must be made aware of Bravo placement.

Follow-up care

The office will contact you once all results are in.

When to seek medical care

Call your provider right away if you have any of the following:

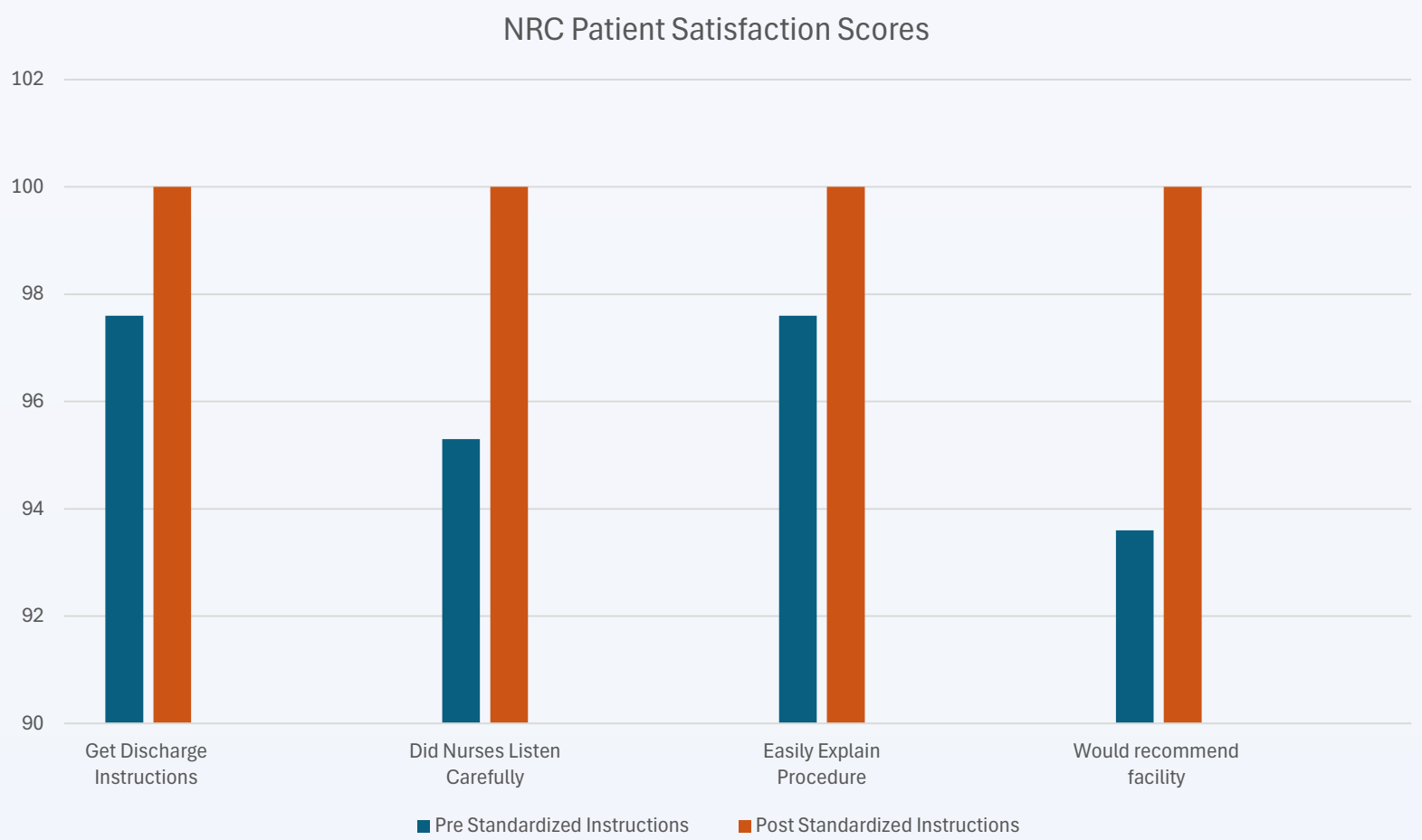
- Fever of 100.4 F (38.0 C) or higher, chills, shakes, or sweats.
- New or worsening pain not relieved by over the counter pain relievers.
- Shortness of breath
- Chest pain
- Vomiting blood or material that looks like coffee grounds
- Black, tarry, or bloody stools
- Difficulty swallowing

RESULTS

NRC patient satisfaction results

Pre-standardization Jan 1- May 31, 2024

Post-standardization June 1-August 1, 2024



Pre and post discharge instruction standardization scores were examined.

- “Get Discharge Instructions” Pre: 97.6, Post; 100
- “Did Nurses Listen Carefully” Pre:95.3 Post: 100
- “Easily Explain Procedure” Pre: 97.6 Post 100
- “ Would Recommend Facility” Pre: 93.6 Post: 100



Conclusion/Implications

- As Marlton Endoscopy and Surgical Services expand their service lines and start to perform more specialized procedures, we hope to implement more standardized procedure specific discharge instructions.
- Plan to integrate more procedure specific discharge instructions into the EHR.
- Develop new and integrative ways to provide discharge instructions to support our patient’s recovery.



REFERENCES

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