

Nursing Process Change with Task Reminder to Improve Inpatient Colonoscopies

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Problem Statement

In the U.S., about 50% of bowel preparations (prep) are inadequate, which leads to cancelled, repeated and postponed colonoscopies

Inadequate bowel prep leads to longer lengths of stay, increases in health care expenses & adverse patient outcomes

At baseline, 35% of colonoscopies were inadequate or cancelled at a community hospital in the mid-Atlantic region

Evidence

Nurse & patient education increases adequate bowel prep

Nurse follow-up & reminders increases adequate bowel prep & patient compliance

Electronic health record prompts can reduce provider follow-up time

Purpose & Goals

Purpose: To implement a nurse task reminder to increase bowel prep quality and decrease cancelled, repeated and postponed colonoscopies

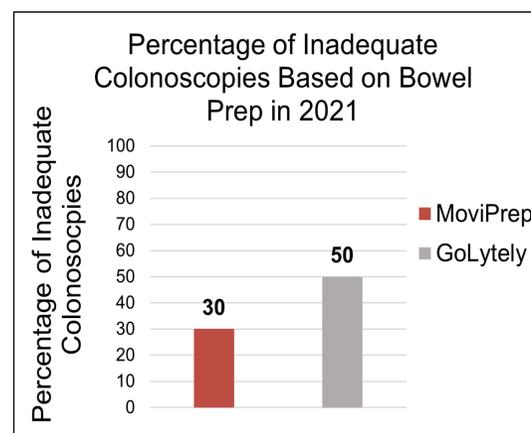
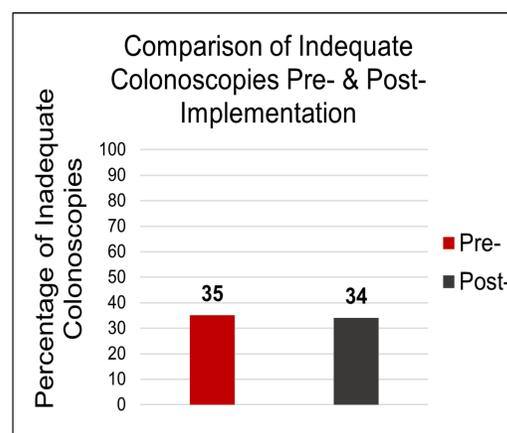
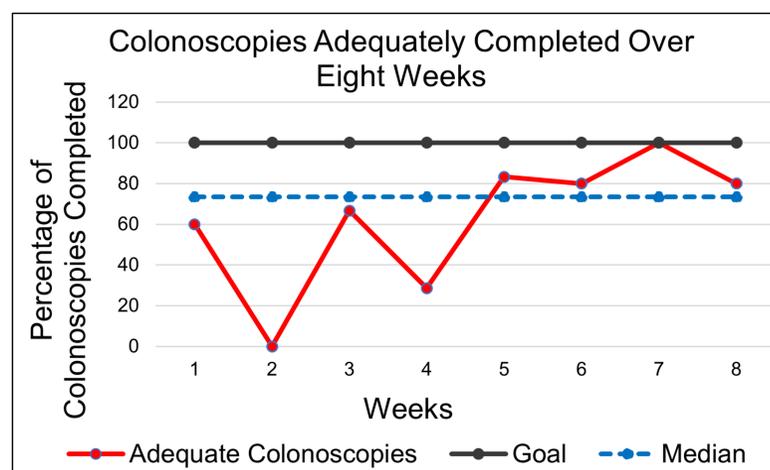
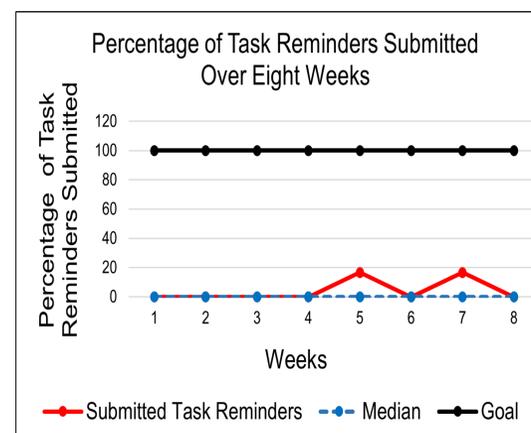
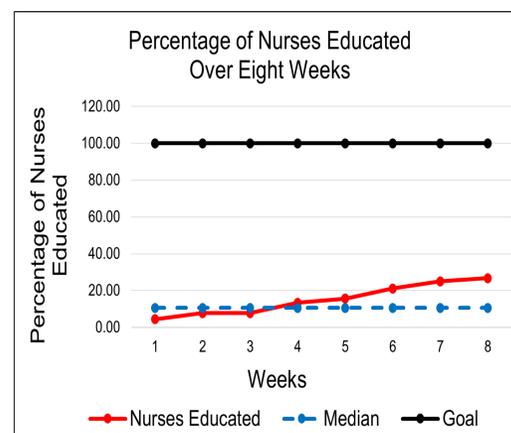
- 100% of the patients will adequately complete their bowel prep on the project units
- The medication administration record (MAR) will include a second scan (task reminder) for bowel prep documentation

Methods

A new nursing process with the associated paper task reminder was implemented over 8 weeks on three adult medical/surgical floors

1. Problem Analysis
2. Education
3. Implementation
4. Collection & Data Analysis

Results & Figures



Conclusions

Out of 41 task reminders, only two were completed

Prescriptive guidelines for GoLyteLy is to complete the prep over 2 hours

- One task reminder showed it took 8 hours from start to finish for bowel prep administration

MAR & chart notes related to incomplete bowel prep

- "Patient did not tolerate"
- "Patient refused"
- Prep documented as given when it was not

Nursing Feedback

- "Need a bowel prep with less volume"
- "Bowel prep pharmacy delivery times are inconvenient"
- "I passed the task reminder to the nurse on the next shift"
- "I would have filled it out electronically"

Discussion

Limitations

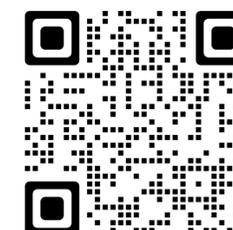
- Provider documentation is not standardized
- Lack of nursing bowel prep protocol
- Pandemic
 - GoLyteLy shortage in the spring
 - Staffing shortage & unit closures in the fall
 - IT resources could not support EMR build
 - Student site visitation reduced

Recommendations

- Develop a standardized bowel prep protocol
- Investigate provider notification documentation
- Boston Bowel Prep Scale
- Compare GoLyteLy to MoviPrep
- Repeat project with the MAR change

References

Task Reminder & Drop Box



Citations

