

## AM vs. PM Colonoscopy:

### Is it Timing or Lack of Patient Education?

Jodie Bavineau, BSN, RN, CGRN; Kathy Glennon, RN; Helen Driscoll, RN, CGRN; Louise Gabor, BSN, RN; Mary Hourihan, MSN, RN, CGRN; Georgette Hurrell, BSN, RN; Judy Sacks, BSN, RN; Susan FitzMaurice, MPA, BSN, RN



#### Purpose

To determine if timing of the colonoscopy procedure and the ensuing prep time affects the quality of the preparation and thus influences whether a procedure can be performed adequately.

#### Background

- Inadequate clean out of the colon decreases the chance of identifying polyps and other abnormalities.
- BWFH Endoscopy nurses identified that the prep of patients whose procedures were scheduled in the afternoon appeared to be of poorer quality than those of patients who have morning procedures.
- A review of the literature revealed:
  - Inadequate bowel preparation adversely affects as many as 30% of colonoscopies and the adenoma detection rate.
  - Time of day for procedure does not have an impact on quality of bowel preparation.
  - The addition of an educational video improved the quality of bowel preparation in comparison with standard preparation method.

#### Methodology/Results

- Time Frame: Patients having AM and PM colonoscopies were compared based on the adequacy of their prep over a two month period from May – June 2016
- Evaluation of bowel preparation: The Boston Bowel Preparation Scale (Lai, Calderwood, Doros, Fix, & Jacobson, 2009) is a scoring system that assigns a numeric score according to how well the mucosa of the bowel is visualized and is an indication of the degree of bowel preparation that was done (see Figure 1)
- Results: No difference in the quality of colon clean out in AM versus PM patients, however it was identified that patient teaching was inadequate for both groups, often resulting in cancellation of scheduled procedures
- Identified gaps in patient education:
  - o Patients did not always receive and/or lost instructions prior to procedure
  - Timing of when the patients receive the instructions (often 6 months before scheduled procedure)
  - o Patients overall understanding of the instructions
- Current status: Staff is currently surveying patients in the waiting room regarding the quality of the instructions they received and are in the process of developing a website for the patients based on feedback.

## Figure 1 Boston Bowel Preparation Scale

| BBPS                       |  | 3   | 2 | 1 | 0 |
|----------------------------|--|---|---|---|---|
| 3 = Excellent<br>2 = Good  |  |   |   |   |   |
| 1 = Poor<br>0 = Inadequate |  |   |   |   |   |
| LC                         |  |   |   |   |   |
| TC                         |  |   |   |   |   |
| RC                         |  |   |   |   |   |
| BBPS =                     |  | Used with permission  Copyright Clearing Center, Rights Link 2017 |   |   |   |

#### Next Steps

- Intervention: Develop a website to provide easily accessible patient education
- Post intervention measurable outcomes:
- Patient knowledge and understanding of bowel preparation using survey tool
- Number of cancelled procedures
- Evaluation of the adequacy of bowel preparation using the Boston Bowel Preparation Scale

# Current Patient Survey Questions

- 1. Did you receive written instructions prior to your visit today?
- 2. Did you feel your instructions were clear?
- 3. Was the information accurate?
- 4. Was it sent to you at the appropriate time?
- 5. Would you use our website if all instructions and dietary information were available to view or print?
- 6. Do you have any suggestions for our department regarding instructions and prep for your procedure?