

EVOLUTION OF A PATIENT EDUCATION PROGRAM

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Objective:

**Upon completion of this program participants will be able to:*

1. Describe the evolution of a viable patient education program.



INTRODUCTION

- Patient Education emerged in the Nursing literature in 1970's
- Mandated by the Joint Commission, Patients Bill of Rights, and State Nurse Practice Acts



PATIENT EDUCATION CAN:

- Reduce a patient's length of stay
- Reduce cost
- Reduce complaints
- Reduce the risk of malpractice suits
- Improve the quality of care
- Reduce the chances of return to hospital

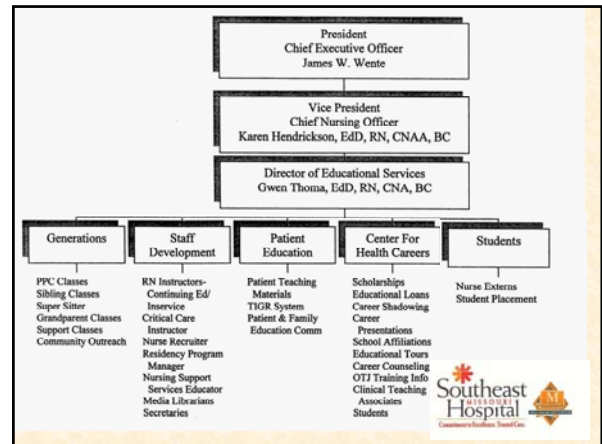


Advent of Patient Education at Southeast Missouri Hospital

- 1985
- Survey of physicians
- Survey of staff nurses
- Formation of a Patient Education Department
- Formation of the Patient and Family Education Committee



Program Structure and Coordination



Committee Early Beginnings

- Evaluation of what we had and what was needed
- Medication handouts
- Top 10 DRGs
- Identification of hospital on materials
- Readability and format of handouts
- Establishment of patient and family teaching policy



Elements of the Patient and Family Teaching Policy

- Routine teaching vs specialized teaching
- Referral to Patient Educators
- Documentation of teaching
- Patients with disabilities (hearing and visually impaired)
- Patient Education Folder



The Patient and Family Education Committee

Committee Representation:

- Each Patient Care Area
- Case Management
- Surgery
- Radiology
- Administration
- Laboratory
- Quality Management
- Pharmacy
- Nutrition Services
- Rehabilitation
- Respiratory Therapy
- Patient Education
- Information Systems
- Education



Committee Particulars

- One committee that is a part of Multidisciplinary Patient Care Committee Day
- Meets monthly
- Member alternates
- Members chosen by manager
- Computerized minutes available



Committee Agenda

1. Program
2. Approval of Minutes
3. Handouts for Comparison and/or Review
4. New Requests
5. Videos/DVDs for Review
6. Policy Review
7. Quality Improvement Activities
8. Documentation Concerns
9. Education Department Initiatives



Patient, Family and Staff Education Committee Goals and Objectives



It is the goal of the Patient, Family and Staff Education Committee:

1. To assist the Patient Education Department in setting priorities regarding future patient education needs.
2. To assist in the development and review of teaching materials to be used in routine patient teaching.



It is the goal of the Patient, Family and Staff Education Committee:

3. To assist in the development of forms and/or processes to document patient teaching.
4. To assist with ongoing quality improvement studies in order to evaluate the adequacy of patient teaching and staff education.



It is the goal of the Patient, Family and Staff Education Committee:

5. To approve policies and procedures related to education of patient, family and staff.
6. To approve survey tools used in Educational Needs Assessment.



It is the goal of the Patient, Family and Staff Education Committee:

7. To offer input into educational offerings within the hospital.
8. To identify, review and approve additional resources.



2007 COMMITTEE OBJECTIVES

- Handouts will continue to be evaluated to reduce duplication and cost.
- Monitor patient teaching documentation outcomes.
- Review/revise all hospital generated patient teaching materials.



2007 COMMITTEE OBJECTIVES

- Incorporate staff education concerns into committee agenda.
- Incorporate Spanish translations into materials purchased when available.
- Continue to evaluate computerized education handouts.



2007 COMMITTEE OBJECTIVES

- Review and revise patient teaching self-study module annually.
- Increase patient usage of TIGR.
- Begin to include references on Patient teaching HIS handouts.



Responsibilities of Patient, Family, and Staff Education Committee

- Develop teaching materials for own specialty areas and present to committee for input and approval.
- Keep unit/department staff informed of new education materials and educational programs pertinent to their specialty areas.



Responsibilities of Patient, Family, and Staff Education Committee

- Review and make recommendations regarding videos used on the Patient Education Television Network.



Responsibilities of Patient, Family, and Staff Education Committee

- Responsible for conducting quality improvement studies as needed related to education specific to their specialty areas and reporting the results at unit staff meetings, and the Patient, Family and Staff Education Committee, especially when education recommendations are made.



Responsibilities of Patient, Family, and Staff Education Committee

- Keeping patient teaching materials stocked in their area that are appropriate for use in their specialty.
- Serve as resource person and make recommendations to staff regarding teaching materials that should be used for specific patients.



Responsibilities of Patient, Family, and Staff Education Committee

- Serve as a role model for staff by demonstrating excellence in Patient Teaching according to established "hospital policy"
- Share educational program development in department.



Patient Education Materials List

Organized according to 31 categories.

CA Cardiac
 CAN Cancer
 EENT Eye, Ear, Nose, & Throat
 GI Gastrointestinal
 GU Genitourinary
 NU Neurology
 NUT Nutrition
 etc...



Each Material is Assigned a Number

CA-26
 CAN-110
 EENT-5
 GI-17
 GU-42
 NU-67
 NUT-34



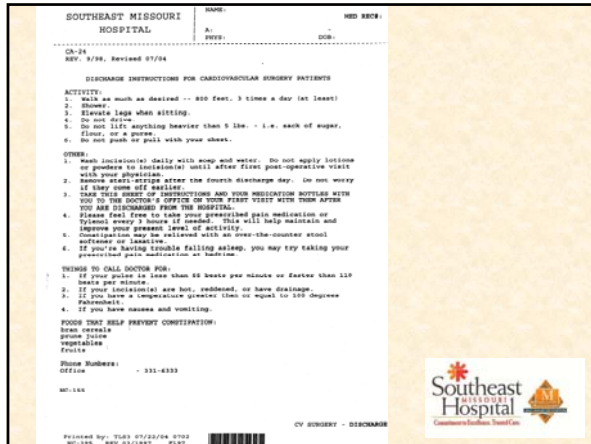
Patient Education Sticker



Hospital Computerized Handouts


- Specific handouts written by Physicians.
- Specific to print when a test is ordered.
- Process if computer system is down.
- Special instructions.






Patient Education Materials

- Distribution Process
- Review/Revision Process
- Handout Deletion Process
- The Nightmare we've created




Advantages to On-Line Patient Education Materials

- Ease of on-line distribution and access
- Low Cost
- Immediate availability
- No supply limitations




Advantages to On-Line Patient Education Materials

- Ease to update
- Cost Savings? (paper, printer ink, color printers)
- Available in different languages




On-Line Materials Evaluated

- Krames on Demand
- Micromedex
- Meditech



The Patient Teaching Record

- Addresses required documentation elements
 - Readiness to Learn
 - Teaching Method
 - Motivation to Learn
 - Patient/Family Response
 - Content
 - Learner and Teacher



What the future holds

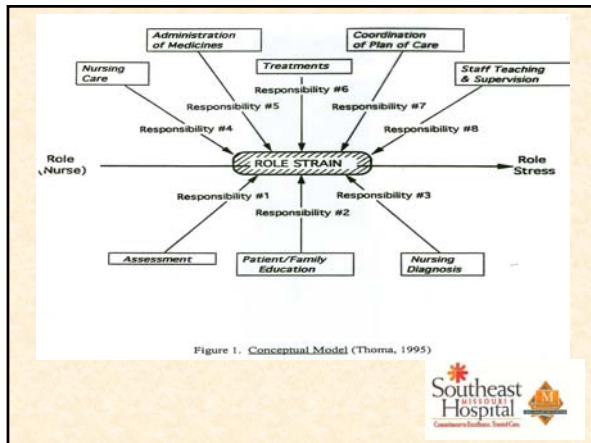
- Patient safety education video
- Move to all computerized handouts
- Other ?



Patient Education Research Project

RESEARCH QUESTIONS:

- How do nurses value patient education in relation to other nursing responsibilities?
- What are the barriers to getting patient education done?



ROLE THEORY [Hardy & Conway]

A SET OF SHARED EXPECTATIONS FOCUSED UPON A PARTICULAR POSITION.



Role Strain

THE FELT DIFFICULTY IN FULFILLING ROLE EXPECTATIONS.



**Role strain
Can lead to role stress.**

ROLE STRESS IS A CONDITION IN WHICH OBLIGATIONS ARE VAGUE, IRRITATING, DIFFICULT, CONFLICTING, OR IMPOSSIBLE TO MEET.



How do nurses value patient education to relation to other nursing responsibilities? (Results)

- 98.6% of respondents agrees or strongly agreed that patient education is high priority
- 85.5% agreed or strongly agreed patient education is a nursing responsibility
- Actual practice showed patient teaching lower on list of responsibilities
- Role Strain → Role Stress indicated



Barriers to Teaching Identified

- Lack of Time
- Inadequate staffing/heavy work loads
- Lack of resources
- Lack of knowledge on how to teach
- Low priority by management



Using These Research Results

- Patient Teaching as a priority
 - Patient & Family Education Committee
 - Priority in annual Staff Evaluation
 - Patient education reward (career ladder element, annual award, etc.)



Using These Research Results (cont.)

- Patient Teaching resources readily available
- Lack of staff knowledge regarding how to teach Patient Teaching Self Study Module



QUESTIONS ???



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