

# Creating Patient Learning Centers: Back to the Future

September 28, 2007

## **Objective:**

Identify various models for implementing a Patient Learning Center/Lab and ways of addressing key issues that have an impact on the delivery of care in each center.

## **Program Format:**

- Welcome
- Introduction of panel members:
  - Zeena Engelke
  - Linda Kocent
  - Mary Alice Maslar
  - Robin Moushey
  - Debby Roisen
  - Nancy Goldstein, moderator
- Brief description of each center
  - Scope of program
  - Classes you offer
  - Hours of operation
- Panel discussion addressing following issues:
  - How do you staff your centers?
  - How is your program funded?
  - How do you determine what classes to offer?
  - How do you make appointments?
  - What are some of your key successes for your center?
  - Did you experience any “learning opportunities” along the way?
  - Have you experienced any challenging learner situations during a teaching session?
  - How do you market your program?
  - How do you collaborate with other departments?
  - How do you involve family members?
  - How do you evaluate your program?
- Break
- Questions from audience for panel
- Panel members will summarize a few lessons they have learned along the way
- Group discussion regarding the feasibility of establishing a special interest group

## **St. Louis Children's Hospital (SLCH)**

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- **Brief description of medical center:**

Child magazine listed SLCH as one of the 10 best pediatric hospitals in the country. SLCH received Magnet recognition in 2006.

- **Number of operating beds:**

250 licensed beds: PICU (24), CICU (12), NICU (75), and BMT Unit (6).

- **Patient populations served:**

Approximately 275,000 patient visits annually. Patients have come from all 50 states and 56 countries. SLCH is the world's leading center for pediatric lung transplants.

- **Description of Patient Learning Center:**

- **Scope of practice:**

The Teaching and Learning Center (TLC) offers classes on CPR and the care of children with broviacs, piccs, ports, nasogastric feedings, gastrostomy, ostomies, and tracheostomies.

- **Date implemented:**

October 2005

- **Hours of operation:**

Tuesday, Wednesday, Thursday (evenings as needed)

- **Staffing:**

The foundation funds one health education nurse specialist (HEN) for 24 hours/week in the TLC and 12 hours/week in the Family Resource Center (FRC).

- **Logistics:**

- **Repeat visits:**

2-3 families returned for refresher classes.

- **No shows:**

The TLC had one no show. Family or staff notifies the TLC for cancellations. This has occurred less than 10 times.

- **Making appointments:**

The TLC class schedule is located on the nursing units and on the Teaching Tool site. Families, nurses and physicians can contact the TLC by pager or phone. I receive an e-mail when the pediatric surgery office schedules a patient for the OR. Families who need to learn new skills receive a TLC invitation, brochure, and class schedule. After a class is scheduled, I deliver a letter to the family confirming class date and time.

- **Process for determining which classes to offer:**

A survey of staff members in 2004 and advanced practice nurses in 2005 identified CPR as the priority teaching need with central line and gastrostomy care in second

place. Classes on CPR and care of the child with a broviac, picc, port, gastrostomy, ostomy, and nasogastric feeding were offered when the TLC opened in 2005. Tracheostomy care was added in 2007.

- **Criteria for expanding program:**

Class and patron numbers continue to increase since 2005. However, scheduling classes, finding classroom space, and transport of the supply cart limits the addition of new classes at this time. The hospital recently announced plans for the development of a simulation lab for physicians and nurses. One of the physician administrators agreed to include space for family education!!

- **Marketing plan:**

I encourage staff to call with questions about information I teach to families. I discuss the educational needs of the families and schedule classes as needed with nursing resources on surgery, GI, transplant, NICU, and hematology/oncology. The FRC and TLC may expand to SLCH facilities in St. Louis County.

- **Involvement of family members:**

Families identify who should attend the class. I include children in the classes whenever possible. Nursing staff, students and residents attend classes periodically. The TLC family satisfaction survey includes space for comments and suggestions about improving the classes. Class content reflects helpful “tips” that families learn at home. Quality monitoring of our clinical practice and teaching relies on the observations of families.

- **Collaboration with other departments and staff:**

Collaborating with clinicians is essential to providing consistent teaching for the families. Families have a right to **see** consistent care and **hear** consistent teaching about the care of their child. If the family notices differences between teaching and clinical practice, I review these observations with the staff. The discussion with staff leads to one of three outcomes:

- If no difference is identified between bedside and classroom teaching, the staff and I clarify misconceptions with the family.
- If staff teaching does not reflect accepted clinical practice, staff education at the bedside or in the classroom is initiated.
- If staff shares recent clinical changes not yet included in the guidelines or teaching tools, I will alter class content.

I attend the Central/ Peripheral Lines committee and the Clinical Practice Council to keep informed of recent evidenced based practices, supplies and updates in clinical practice.

- **Evaluation process:**

I mail the TLC satisfaction survey to families one month after the class. We are in the process of drafting a study proposal to determine if coming to a broviac class affects complications (infection, occlusion and breakage).

- **Valuable lessons:**
  - Do not teach a class at the bedside unless it is necessary!
  - Keep the class size limited to three families and eight people
  
- **Other comments:**

Limited information is available in the literature about starting a teaching and learning center for families. Linda Kocent's communication was the only response to my inquiry on pipeline. Nancy Goldstein's talk at the 2006 HCEA confirmed my need to collaborate with other teaching and learning centers. The challenges she encountered when starting a learning center 20 years ago are similar to the issues we face today. Teaching and learning centers are essential to accommodate the needs of patients with complex medical needs. Younger, inexperienced nurses will need our help to face these difficult issues. The development of a special interest group in HCEA for teaching and learning centers is fundamental to support quality service of the existing centers and to promote the success of the new centers to come.

## ***The Children's Hospital of Philadelphia (CHOP)***

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- **Brief description of medical center:**

Children's Hospital of Philadelphia is located in urban Philadelphia, near the University of Pennsylvania Campus, however it is not a University hospital. It is currently ranked by Child Magazine and US News and World Report as the number one children's hospital in the United States. It is a Magnet hospital.

  - **Number of operating beds:**

304 acute care beds in the main hospital (licensed for 400 and expanding quickly)
  - **Patient populations served:**
    - Attached rehabilitation hospital
    - Attached Ambulatory Care Center
    - 32 Primary Care Practices
    - 8 Specialty Care Centers
    - 3 Ambulatory Surgery Centers
    - Home Care Agency
    - 5 "CHOP Connections" units: pediatric units in non-CHOP hospitals that are run by CHOP physicians.
  
- **Description of Family Learning Center**
  - **Scope of practice:**

We will teach any family—inpatient or outpatient. We require a CHOP medical record number. Our current ratio is 80% inpatient and 20% outpatient. We average about 250 classes per month.

- **Date implemented:**  
May 1997
- **Hours of operation:**  
8 AM-8PM Weekdays. 8 hours on weekends.
- **Staffing:**  
3 full time RNs and a full time secretary.
  
- **Logistics:**
  - **Repeat visits:**  
We want to be able to provide as many families as possible with a Family Learning Center (FLC) experience. Each family is entitled to one session per topic. Once they have been taught in the Learning Center, it is the responsibility of the healthcare team to continue the education process.
  - **No shows:**  
We have a “3 strikes you’re out” policy. If a family is a no show for a Learning Center class 3 times, they are no longer eligible for this service.
  - **Making appointments:**  
Calendar is “open.” No set class times. Staff members call to request a particular class for a family and we give them first available slot. Only group class is CPR; the rest are private.
  
- **Process for determining which classes to offer:**
  - Started with the basics: newborn care, CPR
  - Added high volume cares: central line care, NG insertion/feeds, diabetes, injections
  - Respond to requests: ostomy, TPN, urinary catheterization, tracheostomy
  
- **Marketing plan:**
  - Grand opening included bookmarks, lunch tray liners, posters, pamphlets, open house events with speakers and food, etc.
  - Phase 2 was unsolicited parent to parent word of mouth advertising
  - Now we need no marketing! Our calendar is full every day.
  
- **Involvement of family members:**
  - Families were critical in initial design and development of the space and the fundraising efforts.
  - Larger projects receive input from Family Advisory Council
  - Families are not involved in the review of every document
  
- **Collaboration with other departments and staff**
  - Any member of the healthcare team may make a referral to the Family Learning Center. We ask a set script of questions for each class so that we may tailor it to the individual family.

- We work very closely with our interpreters. About 15% of our classes are taught with interpreters.
  - Any member of the healthcare team may request to create a new class for the learning center. We work together to design the class and assure nurses' competency with teaching the content.
  - We communicate class outcomes via the Interdisciplinary Patient Family Education flowsheet.
- **Evaluation process:**  
We have studied the following:
    - Effect of FLC classes on phone volume to clinics
    - Effect of FLC classes on medication refills
    - Impact of FLC classes on length of initial home care visit
    - Parent satisfaction with bedside/clinic teaching vs FLC teaching.
    - Comparison of classes requested prior to discharge vs actual skills needed after discharge
  - **Valuable lessons:**  
Staff can become totally dependent on the learning center and relinquish responsibility for bedside teaching. Need programs in place to constantly support bedside teaching

### ***Rainbow Babies and Children's Hospital, University Hospitals Case Medical Center in Cleveland, Ohio***

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- **Brief description of medical center:**
  - Achieved Magnet Status in 2006, Family Learning Center (FLC) cited in report and final summary.
  - 2006 U.S. News & World Report ranked Rainbow as #1 pediatric hospital in the Midwest and ranked #4 nationally among pediatric hospitals.
  - **Number of operating beds:**  
244 (10,000 admissions annually; ambulatory clinic and emergency department serve more than 100,000 children annually.)
  - **Patient populations served:**  
We see a diverse patient population from the Cleveland metropolitan area as well as from the surrounding region in Ohio, and several other states (e.g., New Jersey, Oklahoma and Texas). International referrals come from the Middle East, Central and South America etc.
    - Languages—English, Spanish, Arabic, Russian, Chinese, various East Indian and African dialects etc.

- Neonatal through young adult: medical-surgical, specialty services—neonatology, endocrinology, neurology, cardiology, gastroenterology, pediatric surgery, neurosurgery, cardio-thoracic etc.
- **Description of Patient Learning Center**
  - **Scope of practice**
    - FLC’s philosophy is empowerment of families. Families are educated on how to manage their children’s health care needs so the care of the child can be safely transitioned to home. This education covers well child care concepts (e.g., growth and development, child safety) as well as specific conditions and the care involved. Primary responsibility is to inpatients; we accommodate outpatients as schedule allows.
    - Example of classes offered include: CPR, preemie/infant care, diabetic education, enteral feeding tubes, central line care, seizure education, ostomy care, medications, trach care, wound care etc.
  - **Date implemented:**  
1993
  - **Hours of operation:**  
Monday-Friday with evening and Saturday hours
  - **Staffing:**  
1.85 FTE’s divided between 4 educators
- **Logistics:**
  - **Repeat visits:**  
This is determined by request from family, FLC educator, bedside nurse, physician or other health team member. It is scheduled per FLC availability and patient discharge plan.
  - **No shows:**
    - 1<sup>st</sup> time—given reminder call
    - 2<sup>nd</sup> time—refer to bedside RN, social work, or referring physician for follow-up.
  - **Making appointments:**  
Referrals made by physicians, nursing, social work, dietitian, family etc. FLC has a 24 hr day/7 day week referral phone line, which is checked regularly by educator. We request name of referring person, telephone number, patient’s name, division, teaching need and potential discharge date. Educator contacts family to set up appointment.
- **Process for determining which classes to offer:**
  - **Criteria for expanding program**
    - Based on referral requests
    - Surveys taken of interdisciplinary staff during periodic collaboration meetings (bi-annually).
    - Surveys -formal/informal of attending physicians, advanced practice nurses, bedside RN’s, residents, medical students, social work.

- **Marketing plan:**
  - Network regularly with nurse specialists, bedside nurses, physician specialists, social work and other frequent referral sources.
  - Periodic in-servicing of nursing staff and residents- for updates on present services as well as orientation of new employees.
  
- **Evaluation process:**
  - Centralized hospital satisfaction patient/family surveys.
  - Follow-up with referral source and/or bedside RN via informal meeting or phone call to determine effectiveness of teaching session and participant's ability to perform skill(s).
  - Follow-up with home care coordinator—especially if family has special needs to determine if they were able to transition performance of skills successfully to home environment.
  - Request feedback from Family Advisory Council at monthly meetings held in hospital.
  
- **Valuable lessons:**
  - Conduct teaching away from bedside—either in the FLC classroom or in private area on patient division.
  - Notify families that all participants need to be present during teaching sessions. The scheduler needs to be clear that we try to accommodate families but have to be able to meet all families' needs in hospital.
  - Inform family that underage siblings (less than 10 years) can not come to teaching session. Child Life playroom supervisor is contacted to help if needed.
  - During initial start-up phase of learning center, I strongly suggest that the operational budget include a position for adjunct staff to take care of office issues- receiving and scheduling referrals, maintaining database, copying needs, ordering and maintaining supplies etc. (Educator's time is better utilized with education and program development as well as professional growth activities).
  - Insure that functional and accurate database is in place to keep track of statistics which are necessary to gain approval for expansion when growth indicates.
  - Establish separate billing for services—improves chances of expanding services and hiring additional educators.
  - Operate with an established budget that is periodically reviewed for adequacy.

***University of Wisconsin Hospitals and Clinics:***

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- **Brief description of medical center:**

For the second year in a row, University of Wisconsin Hospital & Clinics was named 1 of the 10 top-performing academic medical centers in the country, based on UHC's Quality and Accountability benchmarking study.

The organization ranked in the top 1% of US hospitals in 5 medical specialties, according to the Best Hospitals 2007 guide published by *U.S. News & World Report*. UWHC is among Solucient's Top 100 Hospitals and Top 100 Heart Hospitals.

- **Number of operating beds**

- University of Wisconsin Hospital & Clinics includes a 471-bed facility and more than 80 outpatient clinics

- **Patient populations served**

- University of Wisconsin Hospital & Clinics offers 6 intensive care units and is 1 of 2 organizations in Wisconsin with designated Level 1 adult & pediatric trauma centers.

- **Description of Patient Learning Center**

- **Scope of practice**

- **Locations:**

- Learning Centers (LC) for patients and families are located at 6 sites.
- Learning Center services are provided within the clinic locations and at bedside as necessary.

- **General description.**

- Services include the provision of formal and informal learning opportunities for inpatients and outpatients that range in age from newborn through older adult.
- We see a wide variety of pre-surgical patients, patients with diabetes, patients with newly placed gastrostomy tubes, patients requiring anticoagulation after discharge, women doing self-catheterization after bladder surgery, those interested in completing an advance directive, pregnant women interested in stopping smoking, and others.

- **Typical services.**

- One major component is preoperative teaching (i.e., orthopedics, adult and pediatric cardiac surgery, general and thoracic surgery, pediatric ENT, sports medicine, GYN, PVS, and others).
- Teaching sessions related to self-care skills, particularly related to diabetes education are also provided.
- Advanced medical directives follow-up, tobacco cessation, smoke cessation for pregnant women, and informal learning opportunities (i.e., computer inquiries, video viewing, requests for written materials, & simple clarification of information) are offered upon request.

- **Date implemented**  
Original site opened September 1995
- **Hours of operation/staffing**
  - The inpatient site is open weekdays from 1 to 4 p.m. and by appointment; registered nurses staff this location M-F 0800-1830 and Sat 0800-1630 providing individual teaching sessions.
  - The Learning Centers at Research Park, within the Surgery Work-up Clinic and in the Children's Hospital are open weekdays 8:00 a.m. to 4:30 p.m.
  - Learning Center-East is limited to Mondays and Wednesdays.
  - Learning Center-West is limited to Monday and Thursday mornings.
  - Learning Center resources (including *Health Facts for You*) are also available 24/7 on the hospital's intranet site.
- **Staffing**
  - 1.0 FTE patient education manager (MS, RN)
  - 2.5 FTE department assistants
  - 7.9 FTE clinical program coordinators (BSN) including 3 CDEs.
  - 0.5 FTE diabetes clinical nurse specialist (MS, RN)
- **Logistics:**
  - **Repeat visits**  
Our inpatient diabetes patients are commonly seen multiple times. A clipboard is used to log in new entries and prioritize the needs on any given day. Whenever possible, the same LC nurse carries out the teaching throughout the patient's admission. Though less common, pre-operative teaching sessions may be repeated (e.g., initial ostomy surgery followed by take-down procedure). In these situations, the LC nurses recognize prior learning and adjust accordingly.
  - **Making appointments**  
For clinic locations, the surgery schedulers enter the appointments on-line as a part of sequential scheduling; each visit is linked to a surgery work-up appointment. For the inpatient location, clinicians may call to indicate a need for learning and/or follow-up, or the staff may enter the education consult directly into the computer. This request then prints out automatically in the LC. On-line requests are preferred since they auto-populate pertinent information. This gives the LC staff a more complete picture of the patient and his/her learning needs without having to do extensive review of the patient's record
- **Process for determining which classes to offer:**  
The original LC sites have limited space and do not offer small or large group classes. The new American Family Children's Hospital location will likely allow for this possibility.
- **Marketing plan:**

Our marketing plan has been more directed to staff than patients. With each new teaching session and/or location, negotiations occur with the staff involved to plan for successful integration of LC services into the clinical episode of care. All programs are modeled similarly and must meet JCAHO requirements. However, the rollout of each program is unique and takes into account the idiosyncrasies of the particular units/clinics and/or the patient populations served.

- **Involvement of family members:**

Family members are encouraged to be actively involved in the learning sessions. In fact, patients often bring along extra family members and/or request that we come to the bedside at a particular time when their family members are present. When patients are acutely ill (possibly in one of our ICUs), the LC nurses often begin teaching the family. Patients are then brought into the process as they become more ready/able to learn.

- **Collaboration with other departments and staff:**

Collaboration is needed not only with our physician colleagues, interpreter services and other disciplines, but especially with the primary nurse and/or nurse case manager. This is particularly crucial for fragile patients with minimal supports. To build collaboration, both stellar verbal communications and effective documentation within the medical record are essential.

- **Evaluation process:**

Since its inception in 1995, the LC has been built on a philosophy of empowerment and self-efficacy as it relates to patient outcomes. Particularly in the early years, new program offerings were studied. Repeatedly the studies indicated that when patients were seen by LC staff they felt more empowered and were more certain that they were able to accomplish self-care skills necessary for their continued care. Organizationally, inpatient and outpatient satisfaction data sets (e.g., Press Ganey) are monitored regularly.

- **Valuable lessons:**

One lesson that stands out to me is to know what you want (your mission, your vision) for your service and to stick with it. Many people have incredible ideas, but if you respond to all of them you have the potential to spread yourself too thin and diminish your existing services. If you stay focused and adjust to organizational needs, your services should only become more valuable. A second lesson is always keep top level administration informed of the effectiveness of your services. Whether this means counting the number of patients seen or articulating research results related to learning outcomes you need to constantly be aware of opportunities to demonstrate your effectiveness. Once one clinical service realizes this benefit and talks it up, a new service will come seeking your assistance. Your aim ultimately is to make your services undeniable.

- **Other comments:**

Learning Centers and Family Resource Centers can be designed MANY different ways. Figure out what is best for you and your organization and go with it. Enjoy the journey!

## **University of Michigan Comprehensive Cancer Center**

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- **Brief description of medical center:**
  - **Number of operating beds**

The Skills Lab is housed in the Comprehensive Cancer Center which is part of the University of Michigan Health System (UMHS). It is a nine story outpatient care and research laboratory facility which has 18 outpatient clinics, blood draw and radiology services, 43 infusion spaces (combination of chairs and beds), surgical procedure suite and four floors of cancer research laboratories.
  - **Patient populations served**
    - Top five cancers diagnosed and treated at the Cancer Center in 2006 were melanoma, digestive system cancers, blood cancers, prostate cancer and breast cancer.
    - In 2006 the Cancer Center saw the following:
      - 67,384 outpatient visits
      - 37,216 infusion treatments
  
- **Description of Patient Learning Center**
  - **Scope of practice**
    - It was financially sound to streamline the education process that decreases chair time in the infusion area, and provides for quick turn over in the clinic exam rooms. This allows for an increase in patient volumes in these areas, which have been identified as high money makers. By streamlining the education process with a 1:1 model of teaching would provide consistency and would be facilitated by an approved lesson plan.
    - The expected outcome would be an increase in patient and family satisfaction ratings. The financial value of this process would be attached to these satisfaction scores. This endeavor would support financial security based on patient's recommendations of the institutions on and their continued patronage.
    - Currently we offer the following classes:
      - Subcutaneous Injections
      - Catheter teaching
      - Pump Start

- Pump Disconnects
    - New Infusion Room teaching
    - Other: (Glucometer, Sliding Scale Insulin, Dressing changes)
  - **Date implemented:**  
May 2003
  - **Hours of operation:**  
Hours reflect the cancer center clinics, with scheduled appointments and add-ons, between the hours of 9 am to 5 pm
  - **Staffing**  
When the Skills Lab first opened it was a one woman endeavor; in Sept. 2005 staffing evolved to 2.4 FTEs.
- **Logistics:**
  - **Repeat visits**  
It is at the educators and patient's discretion to schedule repeat visits. Sometimes the educator feels that the patient isn't able to perform the task that they have been sent to us to learn with just one teaching session and will schedule a follow up. On other occasions a patient may need to learn multiple tasks and the educator will decided to spread them out leading to multiple appointments.
  - **Making appointments**
    - We have an identified scheduling clerk to input the schedules. As the Skills Lab lead I also have scheduling ability and update the Skills Lab schedules.
    - Skills Lab patient appointments come in 3 ways:
      - Patient is actually scheduled by clinic for a specific appointment.
      - Pulling new infusion appointment from the infusion area scheduling.
      - 1/3<sup>rd</sup> of our patient compliment are "add ons": This type of appointment can come from any of our 6 clinics or from the infusion area.
- **Process for determining which classes to offer:**  
Teaching topics and volumes were identified from historical data provided by the infusion area as well as Home Med the UMHS Home Care system. By taking a look at the top four teaching endeavors in terms of time per session a working class list emerged:
  - Subcutaneous Injections
  - Catheter Teaching
  - Pump Start
  - Pump Disconnects
- **Criteria for expanding program**  
Data is collected on a daily basis looking at the following:
  - Number of patients seen for each teaching endeavor

- Total number of patients seen each day
- Add on
- Cancels
- Teaching minutes
- Teaching hours
- Non productive time (any work that isn't directly patient related)
- Appointment intervals and patient volume

This data is used to identify need for increase of staff increments, especially when new educational endeavors are identified.

- **Marketing plan:**

- Plan for marketing to staff after the Hospital Operations committee accepted and approved the proposal included the following:

- Presenting Skills Lab initiative to the Cancer Center Staff at two monthly meetings
    - Skills Lab nurse educator had time set up to shadow and collaborate with each clinic lead nurse.
    - Educational lesson plans and handouts were drafted for each of the initial teaching endeavors and sent to each clinic lead nurse/physician for review and input.
    - Skills Lab nurse attended team meetings to go over the new initiative and share the teaching endeavors.
    - Skills Lab nurse made up pocket cards for each clinic and the infusion area that identified:
      - Skills Lab hours
      - Skills Lab teaching endeavors
      - Skills Lab phone number
      - Skills Lab nurse pager

- **Involvement of family members:**

The patient is the one who identifies who he/she wants involved in their care. At any given time we can train 1 – 5 (our Skills Lab at this time will only accommodate approximately 5 chairs) different care givers this includes assessing each person's learning style and evaluating outcomes for each care giver.

- **Collaboration with other departments and staff:**

On any given time a Skills Lab nurse will need to collaborate with multiple players of the health care team such as, nurses, coordinators, physicians, extenders, surgical or aphaeresis departments, and home care providers.

- **Evaluation process:**

Currently we do an informal evaluation of our services through utilization of the Patient Comment Cards which if sent in go directly to Patient Relations and then to the Director of the program for review.

We have also developed an evaluation form specifically for our Continuous Chemotherapy Infusions that is currently being revised by marketing.

Plans are also in place to develop a nurse evaluation form to measure our staff customer satisfaction.

- **Valuable lessons:**
  - Be careful what you ask for
  - Never think of anything as un-teachable
  - A little extra time listening can go along way.

### ***University of MN Medical Center, Fairview and the University of MN Children's Hospital, Fairview***

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- **Brief description of medical center:**

The University of Minnesota Medical Center achieved Magnet Status in 2006; the Patient Learning Center (PLC) was cited in the report and final summary. We are considered a pioneer in bone and organ transplantation.

  - **Number of operating beds:**

We staff approximately 900 beds and have 27 affiliated community and specialty clinics.
  - **Patient populations served:**

Comprehensive services range from primary care, emergency care and the delivery of thousands of babies each year to care of patients with the most complex conditions. Areas of specialization include organ and blood and marrow transplantation, heart disease, cancer, neurosciences, pediatrics and behavioral illnesses.
- **Description of Patient Learning Center:**
  - **Scope of practice:**
    - Offer about 30 different classes including: central line care; TPN; family CPR, IV antibiotics; urinary catheter care; feeding tubes; anti-coagulation therapy; home monitoring devices for lung transplant patients; drainage tube cares; managing congestive heart failure; tracheostomy care; diabetes instruction; organ transplant overview, medication and discharge classes; preparing for chemotherapy and various procedure-specific pre-op classes. We recently added a caregiver class for family members of seriously ill patients that has been very successful.

- We provide service on the two campuses that make up the University of MN Medical Center
  - **Date implemented:**  
December 1987. We were the first in the country to create and implement this model.
  - **Hours of operation:**
    - Seven days a week, evening and holiday hours.
    - We have a center on both campuses of our hospital and have set up numerous satellites to better meet patient needs of patients who are less mobile.
  - **Staffing:**
    - 3.67 RNs (increased .2 starting September 1, 2007)
    - We have a program manager and an administrative assistant to do scheduling
  - **Number of PLC patient encounters in 2006:**  
4,252
- **Logistics:**
  - **Repeat visits:**  
Allow as reasonable. If we feel that the requests for additional appointments are excessive, we evaluate the situation and propose a better plan for that family/patient. When our schedule is very tight, we try to meet first time requests for appointments before those requesting additional appointments.
  - **No shows:**  
If a person is a no show for three consecutive appointments, we request that the patient/family member themselves contact us to set up the next appointment so that we are sure it will be convenient. If this doesn't work, we do not continue to make appointments for someone who is not interested in coming.
  - **Making appointments:**
    - Units/clinics call program's main number and are scheduled for appointments by our administrative assistant.
    - Patients for the pre-op classes are scheduled by our Fairview-On-Call department. They call all patients at home, in the evening, once they are scheduled for OR time and invite them to sign up for our classes—the surgeons strongly recommend that patients attend the PLC classes.
    - We have implemented an order system that is part of our electronic medical record for all of our diabetes referrals. The plan is to convert all of offerings to this system.
- **Process for determining which classes to offer:**  
We add classes only upon request from clinicians. We try to focus on areas where there is a strong need for learning and that involve a significant number of people.
- **Marketing plan:**

- We are celebrating our 20<sup>th</sup> year of operation and really do not need to do much marketing. We have the opposite problem—daily waiting lists of people who would like appointments.
- Set up a liaison program in which each of our nurses pick units and clinics to visit on an annual basis (usually at a staff meeting) to give an update on our program and to assess further needs for additional class offerings.
- **Involvement of family members:**  
We always encourage patients to bring family members. There are times when we only teach family members as the patient might be too ill or a child.
- **Collaboration with other departments and staff:**  
We work closely with many interdisciplinary team members in the development of our curriculum. We refer patients, as needed, to hospital resources and communicate key information about a patient situation to the referring unit or clinic.
- **Evaluation process:**
  - Conducted research studies:
    - Demonstrated PLC's influence on reduction of readmission rates and increase in learning outcomes achieved for patients going home on total parenteral nutrition or with a central line. (published)
    - Demonstrating PLC's ability to increase compliance with a home monitoring device for patients having a lung transplant (published)
    - Patients attending joint replacement pre-op class were discharged ½ day earlier (QI data)
  - Conduct ongoing evaluation of effectiveness and patient satisfaction
    - Evaluate all group classes
    - Call 10 patients each month to assess satisfaction with PLC and ability to manage at home
- **Valuable lessons:**
  - Stress the collaborative role we play in patient education when marketing our program.
  - Communicate with referring unit/clinic and work with clinical experts to develop/update classes
  - Collect census data
  - Need strong referral base before setting up new classes
  - Stick to first come first serve when scheduling appointments
  - Do not bring teaching to patient's room
  - Always remain flexible