

Building a Patient Education Community Across a Hospital System

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Abstract

Whether you are a 25 bed facility or a 600 bed facility, there are commonalities that exist in providing patient education. How do you build a patient education community across a system that is diverse in size, population, literacy, clinical expertise and resources?

Objective

The purpose of this program is to share strategies that were used to develop a system-wide patient education program covering 7 states and 20 acute care facilities. We will provide a template for a standardized approach to building your team, identification of available educational tools and bridging from the paper world to the EMR. We will discuss how you can reduce the risk in providing education to your patients. Most importantly, it will discuss our approach to having the resources available to bedside nurses.

Section I Building Your Team

“I don’t think there is any other quality so essential to success of any kind as the quality of perseverance. It overcomes almost everything, even nature.”

John D. Rockefeller

1. Soliciting interested team members:

- Passion
- Diversity – age, novices to experts, perspectives, cultural
- Multidisciplinary

2. Garnering administrative/executive support:

- Identifying a sponsor
- Tell your story, get support
- Leveraging the system

3. Assigning key personnel at each facility:

- CNO’s, designating a representative
- Accountability
- Communication

Section II

Develop Charters and Workgroups

1. Standardization across the continuum:

- Assessment and Evaluation of processes and tools
- Written and Online materials
- Evidence Based
- Resources

2. Translations:

- Assessment and Evaluation of processes and tools
- Product Comparison
- Glossary/Style/Request monitoring

3. Online – Intranet and Internet:

- Assessment and Evaluation
- Up to Date/Author
- Team approach - gate keeping
- Accessibility to nurses and other staff

4. Multimedia (TV/Video):

- Assessment and Evaluation
- Technical, Financial, Content
- Linking with Teams

5. Documentation and Interacting with the EMR (electronic medical record):

- Designing templates for the patient education module
- Meeting regulatory standards
- User friendly

Section III

Identification of Patient Education Tools

1. Assessment of tools currently in use and at your disposal

- Conduct internal assessment of patient education process
- Determine tools currently in use
- Identify available tools within the system that are not actively used
- Probe to understand rationale for non use of available tools
- Conduct needs assessment for clinical team and patients
- Evaluate effectiveness of current process and all available tools with assessment worksheet
 - Identify key objectives, features and benefits desired
 - Identify needs of patients
 - Demographics: Age, race, gender, education levels
 - Communication and learning preferences
 - Cultural diversity considerations
 - Assess needs of clinical staff
 - Time management considerations
 - Diverse patient population
 - Clinician workflow, habits, behavior and attitude
 - Assess ease of use, time and functionality of tools
 - Determine aspects for measuring quality and quantity of patient education content
 - Focus on needs of patient; solicit patient input and feedback
 - Factor in cost, value, service, accessibility, and support
 - Evaluate – Is what you are doing and using working for the clinical staff and the patients?
- Review and assess other available tools used by other hospitals
- Finalize best practices and tools to be used across the system

2. Driving adoption/usage of tools:

- Identify key stakeholders and leaders that can impact change
- Assemble committee to create change-agent champions within your organization
- Establish sense of urgency
- Create vision statement and plan
- Communicate, communicate, communicate vision, goals, and benefits of making change
- Determine short wins
- Celebrate successes

3. Training on tools – informal and formal:

- Determine best methods to employ for training based on needs of your staff and system
- Make a big splash – roll out training system-wide
- Provide resources and aids to ensure utilization of new process and tools
- Measure utilization of new process and tools
- Establish ongoing training vehicles for refresher training and new hires

Section IV Identification of Needs

1. Core measures:

- CMS/JCAHO
- Heart Failure, AMI, Pneumonia, SCIP
- Strategic Initiatives and Targets
- Redesigning to meet measures

2. Disease specific:

- Prioritize
- DRG's
- High volume/High risk

3. Financial:

- Pay for Performance
- Biggest bang for the buck

4. Health literacy requirements:

- Doak, Doak & Root recommendations
- 22 Health Literacy Factors
- Importance of graphics, reading level and text/art synergy

5. Resources Needed:

- Evaluation tools
- Adult learning methodologies

Section V

Bridging from Paper to the EMR

1. Adopting evidence-based patient education:

- Creating a vision
- Communicating the vision
- Designing the education templates

2. Identifying clinical experts:

- Allowing the opportunity to participate
- Input from staff
- Email, committees
- Buy in

3. Identifying IT champions:

- Know your contacts
- Know who owns patient education component
- Partner

Section VI

Building Communities Through Communication

1. Identifying and Connecting the links:

- Ongoing monitoring of participation
- Dissemination of information
- Education council, Professional Nurse Practice Council, Professional Nurse Organizations, staff meetings
- Multidisciplinary (not just nursing), Multifacility

2. Monthly meetings:

- As a system, as a facility, as a department, as staff
- Align with charters
- Expand on your ideas

3. Developing the yearly action plan:

- Setting goals
- Assessment and Evaluation
- Quarterly reports
- Aligning with strategic initiatives of your organization

Readings

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