Nurse-Patient Education Revolution
High technology tools are changing the teaching role of nurses

The new focus is on closing information gaps, and it’s making a difference for their patients, nurses say.

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For those of us old enough to remember Bob Dylan, his prophetic line, “Oh, the times, they are a-changing” perfectly characterizes today’s hospital environments.

Nurses work in an evolving healthcare world of complex changes in demographics, workforce, technology and regulations.

Exacerbated by burgeoning non-clinical workloads, nurses are being pulled in multiple directions while trying to provide the best possible care.

As a result, nurse dissatisfaction, turnover and early retirement have skyrocketed.

No longer just caregivers, nurses are on the front line engaging patients through communication, education and training.

But too often, despite their best efforts, patient dissatisfaction mounts and many patients end up back in the hospital after illnesses and procedures - some because of complications and chronic conditions - but often because they don’t know how to take care of themselves when they get home.

To help address these issues, tools such as paper-based handouts and brochures are being replaced by proactive education models that embrace new and emerging technologies and mesh with a patient’s health status, language, culture, health literacy and disability.

Patient education delivery is making the transition from didactic presentations to colorful, content-rich patient and clinician interactions.

Furthermore, the implementation of emerging interactive technologies empowers staff and patients, increases job satisfaction, boosts patient-satisfaction ratings and decreases stress - for everyone.

Evolving Patient Education Journey

The costs of non-compliance relative to post-inpatient care and pharmacy requirements are staggering, both from financial and quality-of-life perspectives.

According to the National Council for Patient Information and Education, it’s estimated that patients understand no more than half of what their doctors and nurses discuss with them.

They and their caregivers forget much of the information or recall it incorrectly, and many - close to 50 percent - don’t take their medications correctly once they leave the hospital. A large percentage of readmissions could be prevented through stronger, targeted patient education.
Recognizing this opportunity, the Joint Commission changed the patient-education landscape with the release of its Speak Up Initiatives and programs to protect patient safety through improved health literacy.

Hospitals responded by re-examining processes for patient care and education and turning nurses into patient-education champions.

With growing pressure from the Joint Commission, hospitals moved from assembling binders of patient-education materials and dated videos to customizing and documenting patient learning.

The focus shifted to how patient education could influence core measures, readmissions, patient safety and fulfillment of Meaningful Use requirements.

To assist in these efforts, hospitals increasingly relied on educational video programming.

Nurses, however, wanted to use videos-on-demand in a more customized fashion to supplement face-to-face interactions with patients. As a result, hospitals set new goals to build more robust, measurable educational components.

**Meeting Patients' Personal Education Needs**

Hospitals are responding to patients’ varied learning styles and abilities, adapting education programs to the patient’s language, culture, religion, age, health status, reading level and disabilities.

By tapping into the power of electronic health records (EHRs) and other electronic and audio/visual systems and devices, nurses can reduce time spent researching patient education resources and help build highly individualized care plans.

Given healthcare’s growing emphasis on patient-centered care and medical home requirements, hospitals also must respond to the needs and queries of family members – especially those who function as part- or full-time caregivers.

Digitized on-demand interactive television systems can contain hundreds of programs in a multitude of languages, covering a diverse array of subjects from nutrition and exercise to cardiac care, diabetes management, maternity and much more. They offer educators the opportunity to design educational regimens that focus on a patient’s specific condition, illness or surgery.

Nurses prescribe select videos, which the patient can control from the bedside via telephone or other controller, allowing both the patient and his or her caregivers to view the information. The system also generates activity reports for staff to review, thus facilitating clinician follow-up opportunities.

Interactive education systems also include assessments to determine comprehension of specific subjects, as well as surveys that allow patients to rate and share their satisfaction with education efforts and other hospital services.

“A piece of nursing care is missing if we can’t dial up and present information on a specific subject, when we need it, to clarify and inform our patients more effectively,” says Vandora Holt, MSN, BSN, BA, RN, director of education, Nash Healthcare Systems, a 300-bed rural hospital in Rocky Mount, NC.

“Our nurses love it. The more times something is explained from different perspectives, the more each patient picks up. Once they leave the hospital, they should better understand their post-care requirements and demands, improving the chances of reducing readmissions.”

Long proponents of video education, Nash Healthcare now uses an interactive patient education system, Holt says, which is positively benefiting their core measures, specifically disease management, the reduction of readmissions and improvements in quality, safety and patient care.

The hospital, she explains, is now incorporating a broad technology update, with a new interface to integrate more interactive features such as detailed reporting, documenting videos patients have viewed and what they’ve learned from those programs.

As Nash completes its new heart and women’s health centers, each center will have dedicated channels so the hospital can choose to offer patients additional capabilities such as completing surveys, ordering meals and asking follow-up questions, empowering patients to become more involved in their own care.
“Beyond video-on-demand and customized programming, our new interactive system will allow us to build specific patient education, comprehension testing and measurement into care planning, and that information becomes part of the patient’s electronic medical records,” Holt says.

“This valuable tool doesn’t take our nurses’ place; it enhances and reinforces learning, and makes our jobs as educators more streamlined and efficient.”

**Customizing Patient Education**

The ideal patient education, communication and entertainment system delivers an ongoing stream of patient-specific information, including summaries of previous educational experiences and tools for testing and measuring patient comprehension of specific subjects.

For example, a nurse working with a diabetic patient could schedule a series of videos focused on baseline information such as the nature of type 2 diabetes, carb-counting, glucometer use and strategies for living well with diabetes.

Once the patient views these videos, the nurse can pose a series of questions, asking the patient what information was clear, what was remembered and verifying understanding of directions. Armed with this specific feedback, nurses can then answer additional questions, or bring in other experts.

Diane Bilotta, MSN, RN, is Education Coordinator for Franciscan Health System (FHS) in Washington State. FHS has five hospitals; two have an interactive patient-education system, and the other three are in the process of implementing theirs.

One hospital Bilotta serves was built two years ago, and has more than 100 video titles in their library, many of them available in Spanish. Their most popular videos, she says, are about things that will help people care for themselves after they leave the hospital, such as how to use crutches, self-injections of medications and post-natal topics like breast feeding and the proper use of car seats.

“Learning this system is quick,” says Bilotta, a PhD candidate. “It takes 5 minutes for staff and patients and is well worth the time investment because the videos are often more effective than a verbal explanation.

“Patients and family members watch them as often as they like, ask our nurses questions, get hands-on practice and are able to seek additional direction if they need it. With this system, we’re increasing the likelihood of their success once they go home.”

Nurses, Bilotta says, choose the most appropriate video titles, and then reinforce this education. Planning is customized and bundled for each patient, and can even include quizzes.

Utilization reports track progress, and the system is being set up to deliver information directly to the patient’s electronic medical records. The focus, she points out, is on closing information gaps, and it’s making a difference for their patients.

“It’s incredibly easy to use and understand, and system functionality and content is excellent,” Bilotta notes. “Our nurses like it and especially appreciate using it for patient relaxation programming.

“We can even market other hospital services and programs. Since we starting implementing this system, we’ve seen excellent patient satisfaction ratings at our hospitals, especially on HCAHPS questions about how well nurses and physicians communicate.”