We are constantly exhorted within our day-to-day lives to look after our bodies, take care of our health and take greater responsibility for our long-term well-being. In the healthcare setting, too, with an ageing and often obese population putting increased pressure on healthcare facilities and nursing staff, there is a distinct shift towards more home-based care and more of an onus on patients to take some level of responsibility for their care and recovery. In essence, the days of just sitting around being passively ‘looked after’ as a patient appear to be numbered.

Moreover, in an environment where drugs, drug delivery systems and technology are becoming more complex and sophisticated, nursing and care staff simply do not have the time and resources that they once did to spend at the bedside, much as they might wish it to be so.

To this end, it is perhaps not that surprising that in-room TV and entertainment systems that can double up as patient information and education resources are being seen by many hospitals as a useful compromise. They offer patients and their families instant access to valuable information and advice, and give nursing staff an easier way to access patient records and information securely at the bedside, potentially freeing them to spend more time on caring for patients.

As Vandora Holt, director of education at Nash Health Care Systems of North Carolina, US, explains, each patient’s room in her hospital has a TV featuring a number of channels dedicated to patient education, although they can also get their regular TV channels through it too.

“The patient education channels include PowerPoint displays about the hospital, including information such as visiting hours, the cafeteria, advice directives and how to contact people,” she says. “There is also a rolling selection of videos that talk about patient education and channels that are dedicated to staff education.”

**Patient understanding**

Holt’s hospital uses a system developed by TeleHealth Services, and is one of a growing number of facilities in the US, albeit still a minority in the healthcare system as a whole, to be turning to this sort of technology.

“I think the technology has come to a point where now it is consistent and...
developing an acceptance among the general population,” says Katherine Levine, director of customer development for TeleHealth.

“We are seeing an understanding that, in an environment where staff are time-limited and, rightly, focused on patient care, and where you have an ageing population and more sick people, that systems such as this can help.”

The systems are similar to those you might see when you book into a hotel and there is a personalised greeting on the TV in your room. What you get in the hospital setting is much more; it is about offering pre-selected content that helps patient understanding and orientation.

**Integration with care plans**

So, what sort of information can hospitals deliver via a system such as this? Valorie Holwerda, patient education resource coordinator at Nash Health Care Systems, says it helps the clinical staff to know what a patient has watched, and to be able to organise information as part of individual care plans.

“You can select four or five items for them to watch and stack them up as part of the care plan,” she says. “For example, for a patient with diabetes you could include videos on diet, administering insulin, medication, exercise, possible complications and so on.”

Similarly, in a maternity unit there is potential value in including information on breast feeding, room orientation, shaken baby dangers, car seat safety and Sudden Infant Death Syndrome.

Having access to this sort of information can be useful for the patient’s family as well as the patient, says Levine. “It is all about facilitating communication with the patient and, just as importantly, their family. It is often the case nowadays that when a patient comes into hospital, they will be very ill, and so their comprehension can be understandably compromised. So the family may benefit even more from being clued in to what is going on through the in-room TV.”

Levine continues: “You can deliver pre-selected content specific to that person’s condition. It is also possible to make an assessment of that patient’s level of comprehension as there is a comprehension assessment tool that can be tied to the video. The beauty of a system such as this is that a TV is non-judgmental. You can ask it anything you like, however embarrassing or seemingly obvious it might be.”

**Privacy issues**

But what about security? Will in-room technology not make it easier for people to view personal medical and health information about others that they should not be able to access? Holt says not. “There are extensive security protocols associated with the system,” Holt contends. “Staff have to put in their ID and log on, which means every entry into the system is traceable.”

The potential for helping patients to take more responsibility for their care and treatment, and indeed for their whole stay within a medical facility, is making some hospitals sit up and take notice. For the nurse or clinician, it is even argued that systems such as these have the potential to highlight the issues patients might face on discharge, or identify whether they are at greater risk of re-admission.

“Along with the value of the general information they can broadcast, they can also potentially help to identify people at risk,” explains Levine. “So, for example, if you have a mother on a maternity ward who is due to go home, she can do a pre-discharge quiz. This can show how much she knows about car seat safety or the danger of dehydration for her baby, or how many diapers she will be needing.”

“In some cases we can deliver pre-selected content dependent on the patient’s condition,” Levine continues. “For example, if a patient is entering hospital for heart surgery, the system might offer them information about their condition, we can give them a better understanding of what’s going to happen. In a similar way the system might encourage patients to ask questions about their condition, and give information about other conditions that might also happen to them.”

**Joint Commission on National Patient Safety**

Founded in 1951, the Joint Commission on National Patient Safety seeks to improve the safety and care of the public through the provision of healthcare accreditation and related services that support improvement in healthcare organisations. It evaluates and accredits 18,000 healthcare organisations and programmes in the US, including 9,500 hospitals and home-care organisations, and 6,300 other healthcare organisations that provide long-term care, behavioural healthcare, and laboratory and ambulatory care services. It also provides certification of 1,000 disease-specific care programmes, primary stroke centres and healthcare staffing services. An independent, not-for-profit organisation, it is the US’s oldest and largest standards-setting and accrediting body in healthcare. Each year, it publishes national patient safety goals, often related to disease-specific care certification programmes or healthcare-associated infections.