



Client:

Mercyhealth Hospital and Trauma Center
www.mercyhealthsystem.org

Location:

Janesville, WI

Size:

- 240 Licensed Beds
- 1,100+ Physicians

Customer since:

2012

TeleHealth Solutions:

- SmarTigr Interactive Patient Engagement System
- Samsung Healthcare Grade LED Televisions
- Curbell Gen4 Direct Access Pillow Speakers
- Multi-lingual Patient Education Videos

The Client:

Mercyhealth Hospital and Trauma Center is a 240-bed, Level II trauma center located in Janesville, Wisconsin. Mercyhealth Hospital and Trauma Center provides a variety of healthcare services to northern Illinois and southern Wisconsin, such as acute care and trauma surgery, critical and intensive care, hematology, imaging services, inpatient dialysis, laboratory services, the New Generations Birthing Center, nuclear medicine, pathology, and so much more.

Mercyhealth strives to achieve excellence throughout all aspects of the organization. Through-out this journey, Mercyhealth has been recognized by many local, regional and national organizations for excellence in quality, service, corporate culture, environmental improvements, information technology and more. Mercyhealth is very proud to have received the Malcolm Baldrige National Quality Award, the highest Presidential honor for quality and organizational excellence, and ANCC Magnet® recognition, the gold standard of nursing excellence.

Mercyhealth Hospital and Trauma Center

Mercyhealth's Endoscopy Unit Improves Patient Satisfaction and Staff Efficiency with SmarTigr

The Challenge

Mercyhealth Hospital and Trauma Center's Endoscopy Unit in Janesville, Wisconsin performs 5,000 procedures each year. Quality discharge teaching after an endoscopy, colonoscopy, or a combination of the two procedures is crucial for optimal outcomes, but can be challenging. Patients arrive for these procedures with limited health literacy, language and cultural barriers, stress and anxiety, and the full scope of patient education challenges that are universal to any setting. The Endoscopy unit, however, has unique issues that compound difficulties in educating patients. At discharge, patients are still recovering from sedation, which can significantly impact retention of information. Written handouts are provided but are frequently discarded, misplaced or forgotten. While patients in this setting must be accompanied by caregivers, those individuals are not always present during discharge teaching to help reinforce the education at home. Inconsistency in discharge instructions has emerged as an issue as well, with some clinicians limiting their discharge teaching to one minute of content and others providing as much as 12 minutes¹ of teaching to patients.

The unit staff routinely makes routine 24-hour post procedure calls to check on the patient at home. To assess patient satisfaction with discharge education, they began including a brief survey to the call script in early 2016. Within a short time, the survey results validated that there was room for improvement.

The Solution

In early 2016, unit supervisor Deb Conway, BSN, RN and unit educator Chad Salmon, BSN, RN, teamed up to improve discharge teaching and looked toward their hospital's SmarTigr interactive patient engagement system as a possible solution. "We liked the idea of replacing clinician-led education with video education," says Ms. Conway. "We thought that standardizing education through video could address a lot of the challenges we were facing."

Mr. Salmon reached out to Andrew Stonehocker, Tigr System Administrator at Mercyhealth, who provided guidance and support for the Endoscopy unit as they took on their video production project. "I'm thankful that our hospital had a liaison on-site and account management resources from TeleHealth Services to make this happen. That support made it so much easier to help to manage this project," says Mr. Salmon.

The team decided to custom-produce their own videos. The scripts were developed using principles of health literacy and plain language. Staff members Alicia McLellan, BSN, RN and Elsa Casiano, BSN, RN were selected to narrate the videos. "There were plenty of reasons for us to make our own custom videos," explains Mr. Salmon.



“For clinical reasons, we wanted to keep the discharge instructions concise and specific to our facility. For patient satisfaction, many of our patients are anxious about having their procedures, so we wanted them to feel as comfortable as possible. We wanted patients to feel a sense of connection to the people on the screen and to our hospital. Alicia is native to Wisconsin and speaks in a way that is reflective of our community. Elsa is a native Spanish-speaker and is easily understood by our patients who speak Spanish. Both of them have soothing voices, which we felt was important. We believed it was possible to educate with compassion and preserve the human touch when moving our discharge teaching to video.”

After filming English and Spanish versions, the videos were finalized and uploaded to their SmarTigr patient education solution. The Endoscopy unit made the official transition from clinician-led to video-based discharge instruction on June 1, 2016.



The Endoscopy Unit Team at Mercyhealth Hospital and Trauma Center.

With the flexibility of showing video on-demand, the team also introduced several key workflow changes including:

- The videos are now shown to the patients before sedation to improve the patient’s retention of the material;
- The patient’s caregiver is also asked to watch the video for the patient’s procedure while waiting for the patient;
- The videos have also been placed online so patients can view from home if a review is needed.

The Results

In as little as one month after the change to video-based discharge teaching, significant results have been observed. “Staff buy-in has been outstanding,” says Mr. Salmon. “The workflow changes have gone better than I ever could have imagined.”

The staff satisfaction may stem in part from the time saved using the videos, which approximates a 50% increase in staff efficiency for discharge education.² This equates to not only a more streamlined workday for clinicians, but nearly a \$7,000³ in annual savings for Mercyhealth.

The benefits are realized for patients as well. “They seem to like the videos,” says Mr. Salmon. “They prompt patients to think critically and ask questions that they would

not otherwise think to ask.” Changes are reflected in the satisfaction surveys conducted in the 24-hour post-procedure follow-up calls. Notable improvements across all measures have been observed after the switch to video-based instruction. In addition, a higher percentage of patients report satisfaction with their care even though the procedure itself has not changed. This was achieved with only a change to how and when patient education is delivered as well as minor adjustments to clinician workflows.

Sources:

- 1: Time Study – Conducted at Mercyhealth Endoscopy June-July 2015; Direct Observation of Clinician-Patient Discharge Teaching Interactions.
- 2: June – July 2015 time study. Previously, clinicians spent an average of 4.76 minutes on discharge teaching; using video delivery, the new average time is 2.37 minutes.
- 3: Salary.com – Actual figure \$6,766 is based on average hourly salary of a registered nurse at \$34/hour in Janesville, WI x 199 hours per year (2.38 minutes saved per patient when 5,000 patients per year receive video-based education vs clinician-led education)
- 4: Post-Procedure 24-hour Follow-Up Call home survey data , April-May, 2016
- 4: Post-Procedure 24-hour Follow-Up Call home survey data, June 2016

MERCYHEALTH HOSPITAL AND TRAUMA PATIENT SATISFACTION SURVEY RESULTS					
	Survey of patients with clinician-led discharge teaching ⁴		Survey of patients with video-based discharge teaching ⁵		Strongly Agree Responses*
Did you receive enough information about how to take care of yourself at home?	Strongly Agree	71%	Strongly Agree	86%	21% INCREASE
	Agree	25%	Agree	13%	
	Disagree	3%	Disagree	1%	
	Strongly Disagree	1%	Strongly Disagree	1%	
Was the way that the discharge instructions were taught to you a good way for you to learn?	Strongly Agree	72%	Strongly Agree	85%	18% INCREASE
	Agree	24%	Agree	14%	
	Disagree	3%	Disagree	0%	
	Strongly Disagree	1%	Strongly Disagree	0%	
Were you satisfied with your care?	Strongly Agree	84%	Strongly Agree	90%	7% INCREASE
	Agree	16%	Agree	10%	
	Disagree	0%	Disagree	0%	
	Strongly Disagree	0%	Strongly Disagree	0%	

*Percentages shown are increases in “Strongly Agree” responses between clinician-led and video-based discharge education.