**Mercy Hospital and Trauma Center**

**Mercy Health’s Endoscopy Unit Improves Patient Satisfaction and Staff Efficiency with SmarTigr**

**The Challenge**

Mercy 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 minutes 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 Mercy Health, 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 education on June 1, 2016.

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. This equates to not only a more streamlined workday for clinicians, but nearly a $7,000 in annual savings for Mercy Health System.

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.

### MERCY HOSPITAL AND TRAUMA PATIENT SATISFACTION SURVEY RESULTS

<table>
<thead>
<tr>
<th>Survey of patients with clinician-led discharge teaching</th>
<th>Survey of patients with video-based discharge teaching</th>
<th>Strongly Agree Responses*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive enough information about how to take care of yourself at home?</td>
<td>Strongly Agree 71% Agree 25% Disagree 3% Strongly Disagree 1%</td>
<td>Strongly Agree 86% Agree 13% Disagree 1% Strongly Disagree 1%</td>
</tr>
<tr>
<td>Was the way that the discharge instructions were taught to you a good way for you to learn?</td>
<td>Strongly Agree 72% Agree 24% Disagree 3% Strongly Disagree 1%</td>
<td>Strongly Agree 85% Agree 14% Disagree 0% Strongly Disagree 0%</td>
</tr>
<tr>
<td>Were you satisfied with your care?</td>
<td>Strongly Agree 84% Agree 16% Disagree 0% Strongly Disagree 0%</td>
<td>Strongly Agree 90% Agree 10% Disagree 0% Strongly Disagree 0%</td>
</tr>
</tbody>
</table>

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