

An Interdisciplinary Approach to Patient and Family Education



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Abstract

Patient and family education is key for a successful transition back into the community. Decreasing length of stay, increasing demands on nursing staff and lack of focus on patient and family education have led to patients being discharged home with many needs

Most acute care nurses tend to overestimate patients' abilities and fail to identify patients' needs in regards to living arrangements, home environment, self-care, and the availability and skill of caregivers (Arenth & Mamon, 1985). Standardizing the assessment process will reduce unmet needs after discharge (Holland, Knafl, & Bowles, 2011).

As a clinical process improvement, we seek to develop an interdisciplinary tool that supports and facilitates a more standardized, comprehensive education process.

Objectives

- Increase patient satisfaction scores related to preparing patients for community discharge.
- Increase discharge-to-community rates.
- Create an interdisciplinary tool that promotes coordination of patient education and care.
- Ensure patients and families recognize and acknowledge when teaching has taken place.

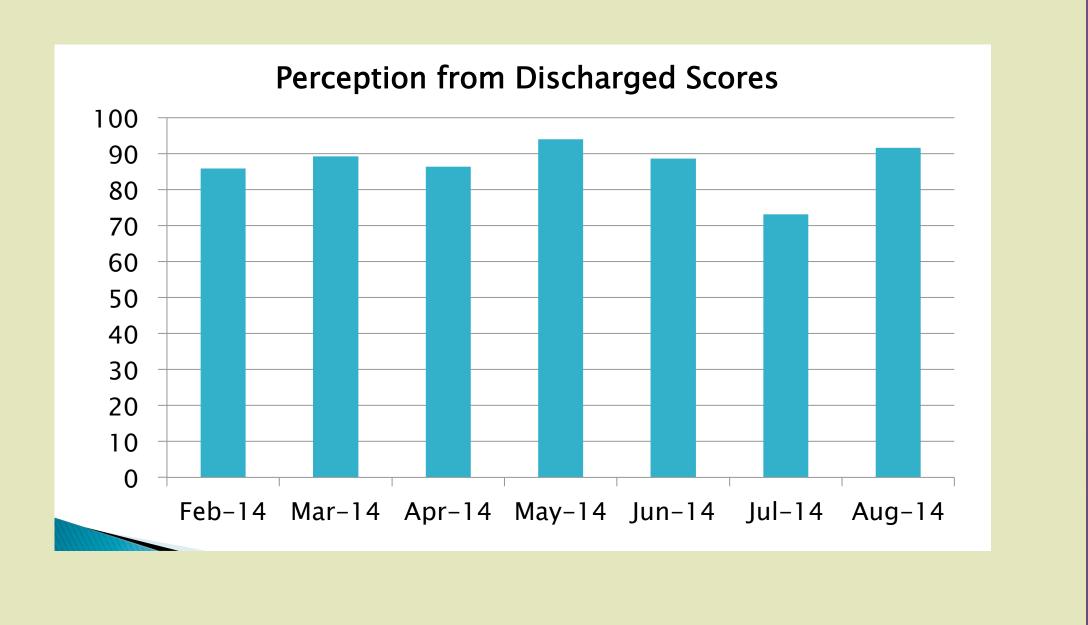
Methods

All patients are given a standardized patient and family educational needs assessment. A form is placed on the information board in the patient's room upon admission. By day three, all disciplines involved will identify at least one patient and family educational need based on diagnosis and perception of barriers to a community discharge. The tool will be updated by all disciplines as additional needs are identified.

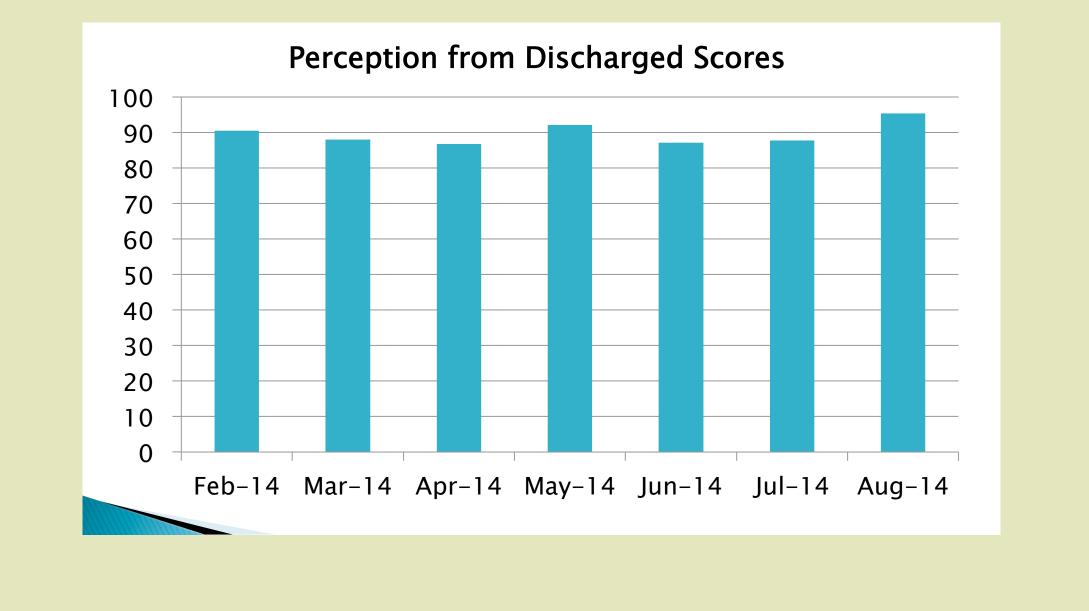
The assessment tool is updated during team conferences. As education occurs, the tool is dated and initialed by the clinical team member providing the education, as well as by the recipient of the education, the patient or caregiver.

The tool's design ensures that each educational need is to be covered at least three times. Repetition promotes patient and family understanding, increases the ability to reiterate the content and carry out the task identified. The tool also encourages communication among caregivers, patients and families. It represents a focused, patient and family-centered approach to education, while emphasizing the goal of a successful transition back into the community.

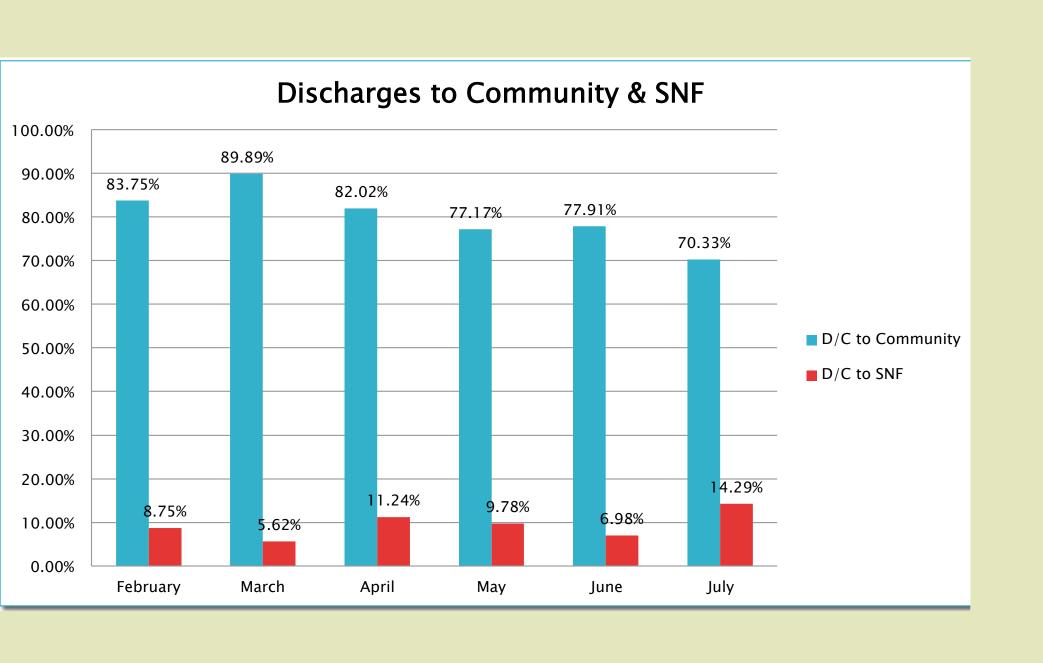
Perception of Nurses Instructed Patient in Home Care and Medications



Overall Perception of Care



Results



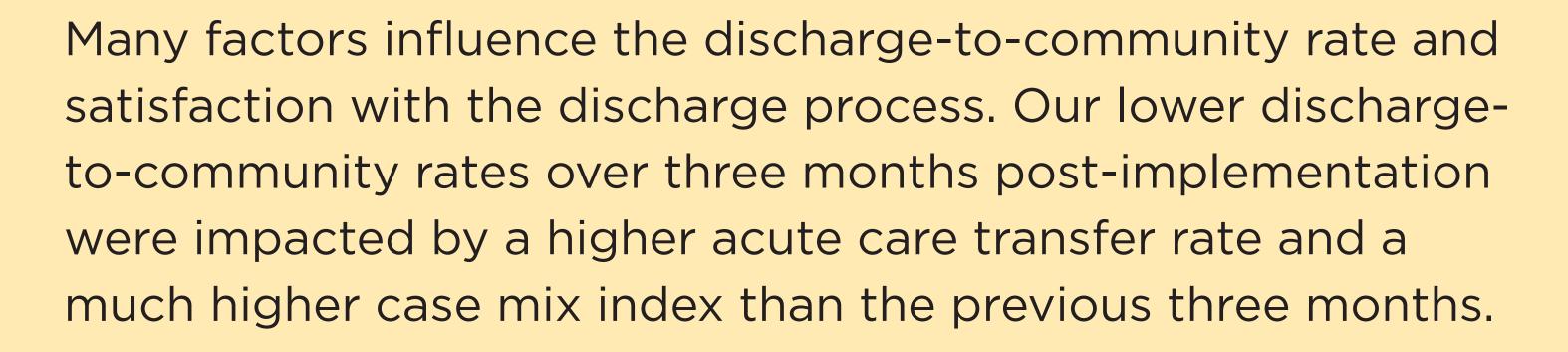
Action Plan

The quality improvement action plan is based on barriers encountered during implementation.

- Ensure staff fully understands
 the reasoning behind this tool.
 Address the misperception that
 the tool constitutes extra work.
 If the patient and family do not
 feel educated, then staff may not
 be effectively communicating.
 The tool allows the patient and
 family a place to initial after each
 training session, acknowledging
 the training was completed
 and their understanding of the
 process.
- Ensure the tool is brought to team conference sessions and needs are identified while the interdisciplinary team is together.
- Conduct daily audits of the process, ensuring needs are identified and addressed quickly.
 Ensure appropriate individualized educational needs are identified
- Ensure 100% of the cards are returned post discharge for more accurate and timely data collection.

for each patient and family.

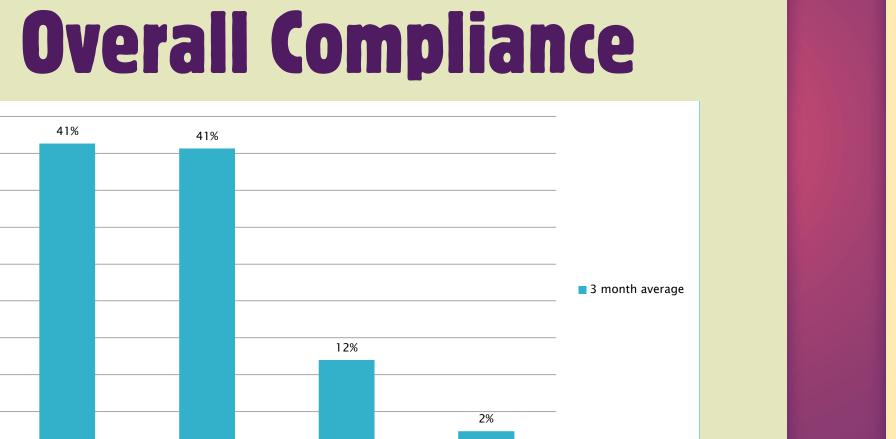
Discussion



While our nursing discharge satisfaction scores showed slight improvement, our overall satisfaction scores were variable with areas of decline. The implementation process was inconsistent with very low initial compliance that steadily improved through July.

Conclusion

Patient and family education is the driving force behind satisfaction with discharge and the ability to successfully integrate patients back into their home environment. Our team's continued emphasis on patient and family education will include daily monitoring of the process. Over time, we expect significant increases in our discharge-to-community rates and patient perception of discharge scores.



References:

Education Tool Utilized

Education Needs

Identied & Addressed

Arenth L. M. & Mamon J. A. 1985. Nursing Management 16(9): 20-24.

Gershenson T., Quon H., Somerville S., & Cohn E. 1999. Journal of Nursing Care Quality 13(6): 83-91.

Holland D., Mistiaen P., & Bowles K. 2011. Professional Case Management 16(5): 240-250.

Keane C. 1996. American Journal of Nursing. 96(9): 16U.