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Improve your bottom line: Sell business on the benefits of wellness

Program should focus on community outreach, employee health

Wake Forest University Baptist Medical Center in Winston-Salem, NC, was handed a great opportunity in 1996. The facility was one of 20 in North and South Carolina solicited by the Duke Endowment to apply for grant money to create an internal employee wellness program. In addition, the medical center was to sell the program to companies if the program turned out to be a success. The grant stipulated that a system be included to track absenteeism, turnover, and health care costs to determine if the wellness program affected an organization's bottom line.

"We had been offering wellness programs for years out of employee health, but we didn't have an organized group of individuals to run it until we had the grant-funded monies. We hired staff and trademarked our name, which is Action Health," says **Gina Streed**, RN, MBA, COHN-S, manager of employee health and wellness at Wake Forest University Baptist Medical Center. As a result, the wellness programs in the employee health department were moved to Action Health.

All 10,000 employees at the medical center were invited to enroll in a program run by Action Health called Excel. Those who registered were given health risk appraisals that included testing for such risk factors as high cholesterol. They also were asked to sign a consent form for the release of their health care cost data from their HMO. **(For more information on how to get employees to sign up for wellness programs, see article, p. 146.)**

Excel members meet quarterly with a counselor to set goals. For example, if they need to bring their cholesterol down 20 points, the counselor will help them develop an action plan. To help them reach their goals, the medical center offers weight and stress management classes as well as lunch-and-learn sessions on a variety of topics.

With the plan refined, the medical center is now selling Excel to businesses at a 32% mark-up. **(To learn more about educational offerings**

'I think I can' people are target audience

Select those ready to change and offer incentives

Offering wellness programs and getting people to participate in them are two separate issues. In an effort to improve employee health, corporations often either subsidize or cover membership costs at a health club.

Unfortunately, the effort doesn't do much to change health behaviors, says **Shelley Dacey**, assistant general manager for The Sports Barn, a fitness center in Chattanooga, TN. "What usually happens is that the people who would have used the club anyhow are using it, and the other employees aren't participating. There is no motivation factor and the company is not changing anyone's life style," she explains.

To remedy this problem, the fitness club designed WellFit, an outcomes management program targeting high-risk employees who are ready to change their unhealthy behaviors. Participation is strictly volunteer, with all employees who wish to join filling out an application that includes a health history and fitness appraisal.

Those at greatest risk are selected for the program. The number of participants depends on how many employees the company has agreed to admit, which is usually an economic factor.

The three-month program begins with a thorough health assessment, which may include cholesterol testing and a stress test at a local hospital. Each participant is assigned a case manager who writes a fitness prescription, meets with the client weekly, and enters detailed data on each client into a computer database.

Before an exercise prescription is written, participants fill out a couple of questionnaires. One is designed to determine self-motivation levels, and the second pinpoints personal goals. "If someone says their only concern is weight loss and they don't care about flexibility, we prescribe cardio activities because we know if we have them do stretching and weights they will quit. We just target what will motivate them and hope that in time they will change," says Dacey.

After a fitness prescription is written, participants take a test called the exercise-induced feeling inventory that helps determine if the exercise plan is at the right fitness level. They take the test before and after they exercise.

To further motivate participants, staff are trained in behavior modification techniques. Also, lunchtime lectures are provided at the work site to help educate clients in nutrition and fitness, and each client is given a nutritional assessment. "Throughout the 12 weeks, participants are tracked as far as attendance and mood to determine if they are still motivated," says Dacey.

While people must be ready to make lifestyle changes in order for wellness programs to have an effect, incentives can motivate people, says **Gina Streed**, RN, MBA, COHN-S, the manager for employee health and wellness at Wake Forest University Baptist Medical Center in Winston-Salem, NC. To prompt employees at its health care facility to sign up, booths are set up at various locations in the facility throughout the year.

Also, those who enroll are given $40 worth of "action bucks," which can be used to purchase items such as T-shirts, sweat shirts, and coffee mugs as soon as enrollees complete their health risk appraisals. They continue to earn action bucks for participating in programs, attending classes, and meeting the health goals they have set with the help of a staff member. ■

to help employees achieve health goals, see article, p. 147.)

Although the grant money gave Wake Forest the funding to fine-tune its wellness program, all medical facilities can market prevention and wellness programs to businesses. Experts say marketing of wellness programs represents a golden opportunity to be reimbursed for patient education efforts.

"Typically today, most companies are really examining the high-cost benefit areas," says **Nancy Hicks**, MBA, CCP, director of Business Health and Benefits Services at Riverside Health System in Newport News, VA. A healthy employee is a safer employee, which will lower workers' compensation and health care costs, she says.

Education helps workers achieve health goals

Curriculum should increase knowledge

Educational programs designed to help employees achieve health goals enhance the appeal of prevention and wellness programs. That's why Wake Forest University Baptist Medical Center offers three very specific weight management classes designed to meet a variety of needs, says **Gina Streed**, RN, MBA, COHN-S, manager of employee health and wellness at the medical center in Winston-Salem, NC.

Balancing Act is a workbook-based weight loss class where participants keep a food diary and review it weekly for 12 weeks. They have the option of participating in the program as a group in a classroom setting or having one-on-one counseling sessions.

"Most employees like one-on-one counseling a lot better than the group, because someone will sit down with them for 30 minutes and go through their food diary with them. They talk about why they made food choices and what might have been a better choice," says Streed.

The goal of the program is to change lifetime eating behaviors by teaching people how to make healthier food choices.

Two other 12-week weight management classes are offered to employees to help them meet the goals they have set following their health risk appraisal. Benefit One is a series of basic nutrition classes that cover such topics as the food guide pyramid, counting calories, and determining the amount of fat grams in a serving of food. Benefit Two classes cover the nutritional value of food in an in-depth approach. For example, the instructor discusses why certain vitamins and minerals such as iron are needed, what they do for the body, and the foods that are iron-rich sources.

Because exercise is an important part of weight management, staff at Wake Forest offer to set up a series of walking paths at the company, either inside or outdoors. They measure areas so employees know that if they walk a certain route they have walked a quarter mile, and if they walk it four times they will have completed one mile, says Streed. "In addition to the weight loss classes, we need to help the employees find an activity-based component," she explains. ■

Because highly personalized wellness programs have been a part of Riverside's internal employee health program since 1995, there exists proof that these interventions have an impact on health care costs. Sixty-four percent of participants have reduced claims since 1995.

Fifty-two percent of participants experienced no claims as of June 30, 1998, vs. 21.3% in 1995. Only 8% of the participants are in the "high risk" categories, vs. 16% in 1995. Sound data like these provide a good selling point, says Hicks.

Program integrates various services

To make the package more appealing to businesses, Riverside Health System offers an array of services from which an employer can choose. They include workers' compensation, wellness programs, drug- and alcohol-free workplace programs, physical examinations, work-site consultations, and employee assistance programs (EAPs). These services usually are managed by a variety of departments within an employer site, but Riverside has integrated them. "We recognized that prevention and wellness are at the foundation of a healthy workplace, and an integrating care manager has the ability to manage care and help manage costs," says Hicks.

One major company contracted with the health system for every service except EAP. As a result, Riverside is staffing an on-site clinic with well care managers and physicians who manage workers' compensation and drug testing programs, as well as implementing a personalized wellness program.

The personal wellness program includes a health profile of each employee in the company as a basis for establishing goals. The well care manager, typically a nurse, works with each employee on an individual basis to improve his or her health status.

"We're moving to become a total health and productivity partner to employers. We are not just providing services, but providing solutions to help employers achieve the maximum level of productivity within the workplace," says Hicks.

While the goal of employee prevention and wellness programs may be similar, the marketing approach varies depending on the health care facility. Offering a selection of programs at varying prices is the marketing strategy Aurora, IL-based Provena Mercy Center is testing on the public before it approaches businesses with its wellness program called HealthTrek.

People can come to the hospital for a health appraisal for $29. The appraisal consists of filling out a questionnaire that covers such areas as nutrition, exercise, and safety issues such as use of safety belts.

Software generates health report

Each person also is screened for cholesterol levels, body fat composition, blood pressure, pulse, flexibility, and upper-body strength. The information is entered into a computer and a report is issued using a software program, explains **Laura Valdez**, RN, MPH, clinical coordinator for HealthTrek. People must return for their report, and at that time they sit down with a nurse to discuss areas for improvement and what they need to do to lower their risk.

Other options include adding a visit with the dietitian for a nutritional assessment to the health appraisal for a total cost of $55. Also, people can choose to return for follow-up sessions at six- and 18-month intervals to see if their health status has improved and to discuss with a nurse ways to further improve their health. The total cost for this option is $85.

The price for all the options, including a complex assessment that includes an endurance test, exercise and lung function test, and additional flexibility tests, is $125.

Those who have selected the programs that have return visits at six and 18 months are issued membership cards for HealthTrek. Members receive discount rates at local fitness centers and for workshops held at the hospital, such as weight control, smoking cessation, and stress management.

Tailoring programs to a company's employees is another good selling point, says Streed. Although employers must pay for each employee's health risk appraisal, the medical center provides a free needs and interest survey of the employees.

All this information is analyzed to determine what the overall health risk factors and concerns of the employees are so the program can be tailored to their needs. "At our medical center, 70% of our employees are females, so we have a lot of programs that focus on female health," explains Streed.

The 170 clients in the Corporate Care program at New York Presbyterian Hospital in New York City signed up for such basic services as ambulance dispatch and physician referral, but wellness programs offered for an additional fee help to meet clients' needs.

Wellness offerings include on-site immunization clinics, screenings, health fairs, and lectures conducted by qualified hospital medical staff. Lecture topics have included a series on nutrition covering stress and eating, eating on the run, eating in New York restaurants, and why people crave carbohydrates.

Keep up with companies' interests

It's important to keep abreast of what topics companies are interested in, says **Mary A. Susnjara**, MS, executive registry / corporate care systems corporate services for New York Presbyterian Hospital. "We react to the needs of the company, and I also do a lot of reading

SOURCES

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of such publications as the *Wall Street Journal*," she says. Five or six years ago, for example, Lyme disease was in the forefront of health news and a popular topic.

Corporations pay $250 an hour for the educational programs, but it takes more than determining what topics are popular to get them to book. Flyers designed in-house on a computer are sent to clients once a month listing all the wellness services.

Every three months, a flyer highlighting the newest programs is mailed. As fall approaches, a flyer suggesting companies get ready for the flu season is sent with information gleaned from the Internet stating that if a company had its employees immunized, there would be fewer days lost at the workplace from flu-related illnesses. "We're very proactive in getting out the information on what people should be doing," says Susnjara. ■

Explore corporate funding for education projects

For best results, provide opportunity for publicity

There's not always enough money in the budget to produce a patient education video, purchase a computer system for the learning center, or create new educational materials that target your pediatric population.

Does that mean your facility's educational needs should be set aside until it's time to submit another budget? Not necessarily. "You must be creative," advises **Nancy Walch**, RN, MPH, CDE, CHES, coordinator of the health education and wellness department at Queen's Medical Center in Honolulu.

One way to get funding is to approach corporations. A budget deficit did not stop Walch from putting together an in-house patient education conference for staff. She approached drug companies and corporations that had a vested interest, such as insurance companies.

During Children and Health Care Week, Michael Reese Hospital & Medical Center in Chicago stages a patient and staff education program on pain. Raritan, NJ-based McNeil, the maker of Tylenol, sponsors the program. "The corporate sponsors I use have all been providers of a product that we purchase," says **Michele Knoll Puzas**, RNC, MHPE, pediatric nurse specialist at Michael Reese Hospital. Her contact for McNeil was the company representative who worked with the hospital. She simply asked the rep if the company would be willing to sponsor the conference.

While corporate donations are not always easy to secure, it can be done if you know what works and what doesn't, says **Ellie Schiff Bernard**, senior director, major gifts corporations and foundations at the City of Hope National Medical Center in Duarte, CA. "People give money to people," she says. Therefore, the link is often highly personal.

If you are going to approach a corporation for funding, find someone within your own organization who can make the introduction, advises Schiff Bernard. Getting to know the CEO will help you learn areas of health care he or she might be interested in funding. For example, if a CEO or company president has a close relative with a particular medical problem, the executive may be more likely to provide funding for a program related to that health problem.

Developing a relationship with management at the corporation also will help you learn what kind of gifts the corporation prefers to make. "Some companies prefer giving away money, others prefer equipment. There is no easy way to know; each one is an individual situation," says Schiff Bernard.

Most often, a corporation will provide funding if it is a good opportunity for publicity. For example, promising to name a program or conference after the company that sponsors it is often the catalyst needed to gain support. "You have to give the corporation something for its money," explains Schiff Bernard.

SOURCES

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The money corporations give away often is marketing dollars, and that usually is not very much, warns Schiff Bernard. Usually the national headquarters of a company will allot so many marketing dollars per regional office to use for community events. A $1,000 contribution, for example, would be considered large, she says.

The best way to obtain corporate funding is through a business foundation. The reason is simple: Foundations give grant money, and therefore they have guidelines on what type of projects they will fund and how interested parties are to apply. In the long run, it takes less time and the funds are more ample, says Schiff Bernard. **(For more information on obtaining grant money, see *Patient Education Management*, November 1998, p. 133.)** ■

Education by phone affects disease management

Asthma knowledge, diet control increase 19%

A telephone line has proven an effective link between educator and patient in the effort to manage such chronic diseases as asthma, diabetes, and congestive heart failure (CHF).

Patients enrolled in the Optum disease management program never see the nurse in person, but the education that takes place by telephone over a six-month period has had an impact, says **Diane Smeltzer**, RN, MHA, director of operations for Optum, a service marketed by United Health Care in Dayton, OH, to businesses and other health plans.

For example, there was a 19% increase in knowledge of how to control asthma episodes among patients enrolled through an employer or health care plan. Thirty-three percent of participants measured clinically as having moderate or high-severity asthma moved into the low-severity level as a result of the program. Also, there were 18% more participants with a written action plan from their physician.

Diabetes patients in the commercial population fared just as well. Following the program, 24% more people knew how to change their diabetes management when they had an infection or illness. Preventive care improved, with a 14% increase in people with diabetes receiving an annual eye exam. Ten percent more patients were no longer having any problems at work or in normal social activities.

There was no magic formula used in the disease management efforts; just a simple, methodical education approach.

As a result of the education, 18% more people in the CHF Medicare category took the appropriate actions when they were experiencing symptoms. Following instruction on a low sodium diet, 19% of CHF patients made healthy improvements in their diet. There were 14% more patients experiencing no problems with work or normal social activities.

There was no magic formula used in the disease management efforts; just a simple, methodical education approach. During the first telephone call, the nurse goes through a patient profile that addresses several issues. Patients are asked how many times they visited the emergency department in the last six months and if they have been hospitalized as a result of their disease. They're also asked what symptoms they have been experiencing and how frequently. This information helps nurses rank them in categories of severity of illness.

A second section of the profile focuses on the patient's ability to manage health. "We want to find out about their disease and what they know about how they should be taking care of themselves. This is a key area for us because this is how we gear our education," says Smeltzer. The profile also covers how the disease is affecting their ability to function, such as their ability to continue to go to work and school.

During the first phone call, the educational needs of the patient are prioritized based on national guidelines, and the nurse tries to help the patient set some goals. For example, the two most important areas for asthma patients are learning what triggers their asthma attacks and being on an inhaled anti-inflammatory medication.

Patients often will be asked to work toward identifying their triggers and to schedule an

appointment with their physician to get on the appropriate medication.

After the first phone call, patients are sent a letter and a packet of information on their chronic disease. They are told a nurse will call in a couple of weeks after they have had time to read over the information. A letter also is sent to each patient's physician stating that the patient has been asked to schedule an appointment to review prescribed medications.

The packet for asthma includes an educational booklet, a log to record peak flow readings, a sample asthma action plan to control asthma flare-ups, and a blank plan they can take to their physician. The CHF packet contains a booklet, a weight chart, an action plan to help them determine when to call their physician, and tips on managing their diet. The diabetes packet has a booklet, a log to report blood sugar levels, information on medications, and tips on managing diet.

During the second phone call, the nurse discusses the information the patients received. The information covered in the first call also is discussed to determine if they are working on their goals. "Once the initial call has taken place, every subsequent call is a check on their progress. We determine, based on their progress, whether we're ready to move on to the next item of education or if we have to stay at the same point," says Smeltzer.

The final two calls are made at three-month and six-month intervals. The same patient profile taken during the first telephone call is covered once again in the final session to measure outcomes. In between formal phone calls initiated by the nurse, patients can call a toll-free number if they have any questions, problems, or needs.

Although there currently is no maintenance plan available once the six-month disease management program ends, one is being considered. "We do try to hook patients up with resources in their own community once the program ends," says Smeltzer. ■

SOURCES

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Reader Questions

Written process ensures proper materials review

Provide checklist, review forms for easy evaluation

Questions: "What process do you have in place for the approval of teaching materials before they can be given to patients? How do you make sure staff follow this process? What are the legal implications of having a pamphlet put into distribution without medical overview?"

Answer: All handouts at Sumner Regional Medical Center in Gallatin, TN, are routed through the patient education department, where they are reviewed by the patient education coordinator (and the appropriate specialty if necessary). "If the handout is out of my area of expertise, I review the material for appropriate reading level to determine if it is user-friendly and has good graphics and large enough text for people who are visually impaired. For content, I would refer it on to the appropriate member of my patient education committee," explains **Deborah Gray**, RN, BSN, CWOCN, patient education coordinator at Sumner. **(See copy of policy/procedure and literature evaluation worksheet, inserted in this issue.)**

At The Ohio State University Medical Center in Columbus, a separate review process is in place for handouts created in-house and commercial materials. The author of any new materials must first discuss the project with his or her immediate supervisor. With supervisory approval, the author submits a request to develop material to the departmental patient education committee chair. If the committee approves the development of the material, the author may write the material, explains **Sandra Cornett**, RN, PhD, program manager for consumer health education at the medical center.

A checklist describing the criteria for each pamphlet is available to aid authors in developing new materials or to assist people submitting commercial materials. **(See copy of review criteria, inserted in this issue.)** The author of new material must submit it to the appropriate disciplines for review before giving it to the patient education committee for approval. "The review

Avoid potential legal woes with review process

Create policy with interdisciplinary oversight

Patient education materials could be cause for legal action if a patient were to be harmed by following the information in a booklet. That's why it is important to have a sound review and distribution process in place, says **Penny Daubney**, RN, BSN, CPHQ, senior risk management consultant for Optima Healthcare Insurance Services in Rancho Santa Margarita, CA.

Daubney advises patient education managers to create a checklist that can be used to evaluate booklets to determine if they are appropriate. Also, it is a good idea to have an interdisciplinary team develop the tool.

The Joint Commission on Accreditation of Healthcare Organizations in Oakbrook Terrace, IL, has created patient education standards that require an interdisciplinary approach. Therefore, if this approach is not followed, the plaintiff's attorney could determine that the standards were breached, explains Daubney.

Breach of a standard — and damages as a result of the breach — are grounds for a lawsuit, says Daubney. Therefore, if nursing began circulating a booklet about an orthopedic procedure without the appropriate interdisciplinary approval, the attorney might point to the Joint Commission standard as a basis for the suit, she says.

The material in booklets needs to be kept up to date as well. It is important to have a tracking system in place so materials can be reviewed on a regular basis and out-of-date material is not distributed, says Daubney.

For example, at the University of Utah Hospitals and Clinics in Salt Lake City, all material is entered into a computer database and a policy for reviewing materials every three years is in place. "We can generate reports from our catalog, such as the documents from an area that is three years old," explains **Jackie A. Smith**, PhD, patient education coordinator at the health care facility. The list of booklets that need to be reviewed is sent to the appropriate unit, such as cardiac or pulmonary.

It's a good idea to have some sort of patient booklet evaluation in place to make sure the materials are understood and effective, says Daubney. This could be a survey given to the patient after he or she has read the booklet. **(For more details on having patients evaluate booklets before distribution, see article, p. 151.)** The surveys used to evaluate the booklets should be kept on file.

No matter the method of evaluation or distribution, booklets should never be given to patients without a health care professional first going over the information. It's important to document that the education did indeed take place and that the patient understood the information. "The education must be documented and the booklet never substituted for the education," says Daubney. ■

process must always include a physician who cares for that patient population," says Cornett. **(See interdisciplinary content review form, inserted in this issue.)**

The committee submits the handout to Cornett along with the signed content review form. She analyzes the reading level and distributes the handout to two health education advisory committee members along with a material review form.

"Usually, I choose one who has expertise in the topic and one who does not, to get somewhat of a lay perspective. Sometimes I send it to several additional people in the institution for review if the handout needs a wide perspective," explains Cornett. Lengthy handouts are pilot-tested with the patient group they were written to educate.

If the department in which the material is created does not have a patient education committee, the material is sent to Cornett. It is reviewed by the consumer health education department's health education advisory committee.

Approval of commercial materials requires fewer steps. Two copies of the handout with a request to review and a content review form are submitted to the department's patient education committee chair. If approved, the materials are submitted to Cornett for inventory. When a cost is attached to a handout, it is sent to the department manager for final approval and funding before it is inventoried.

Several steps also are in place for the approval of patient education materials at the University of Utah Hospitals and Clinics in Salt Lake City. Authors of new materials are asked to use a booklet called *An Author's Guide* while writing the draft. **(For information on this publication, see editor's note at end of article.)**

Once the handout is completed, the authors use a checklist to review the material that covers such criteria as definition of technical terms and appropriate language level, explains **Jackie A. Smith**, PhD, patient education coordinator at the health care facility. Authors also are asked to have eight to 10 patients review the material using a survey form. The survey asks patients to rate the material on a scale of one to five in the following categories:

- The title reflects the contents.
- The information is clearly presented.
- The medical words are explained.
- The sentences are short and simple.
- The print is large enough to read.
- The information is useful.
- The diagrams and drawings are easy to understand.

SOURCES

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The finished product is submitted to the office of patient education along with the appropriate forms. It is then reviewed by a member of the patient education clearinghouse committee and two content experts. If approved, it is cataloged and put on-line.

The existence of written criteria gives staff ready access to the information necessary for following the process, says Cornett. At The Ohio State University Medical Center, the criteria are available in the Patient Health Education Resource Manual and are covered during orientation. **(For information on legal implications of having material distributed without medical overview, see article, p. 152.)**

Gray, who uses a lot of commercially printed materials, went straight to the source rather than to staff. She spoke to the company representatives who distribute free materials and asked that all material be routed to patient education for approval first. In areas where she does not meet with company representatives, she speaks with the appropriate department head, such as pharmacy. "I will review the material to see whether or not it is appropriate or if it needs to have additional review before it is distributed," says Gray.

(Editor's note: In the November 1998 issue of Patient Education Management, *information was published on how to obtain a copy of* An Author's Guide *from the University of Utah Hospitals and Clinics. The piece did not mention that* Health Facts for You: An Author's Guide, *created at the University of Wisconsin Hospital and Clinics in Madison, provided the framework for this booklet. The editor apologizes for this oversight.)* ■

Eliminate written words if patients lack literacy

In-house production, video duplication control costs

It's difficult to know if patients have trouble reading and comprehending written materials because signs of illiteracy can be subtle. Yet, flexibility is an important element of education, and teaching needs to be tailored to take into account a patient's literacy skills, according to the Joint Commission on Accreditation of Healthcare Organizations in Oakbrook Terrace, IL.

There are ways for educators to assess a patient's literacy skills, says **Carol Maller**, MS, RN, CHES, patient education coordinator at the Veterans Affairs (VA) Medical Center in Albuquerque, NM. Ask patients if they enjoy reading or what kind of reading they do, she suggests.

People who are readers usually will be able to discuss the magazines and newspapers they regularly read while people who are not strong readers won't readily list their favorite publications. "It is sort of indirect questioning," she explains.

Also, health educators can keep a medication bottle handy to assess a person's ability to read and comprehend directions. Simply hand patients the bottle and ask them when they would take the pills, says Maller.

People who have low literacy skills often have learned to compensate in other ways, and it is difficult to assess a patient's skill level. To deal with this issue in a positive way, offer a variety of learning methods, advises **Zeena Engelke**, RN, MS, clinical nurse specialist at the University of Wisconsin Hospital and Clinics in Madison. Teaching methods might include video, graphics, or a demonstration with the use of a model.

Engelke finds video a well-rounded educational tool. Not only can it be used to communicate effectively with people who have low literacy skills; it can deliver certain information to all patients more effectively. In a video, you don't have to explain as much as you do in a pamphlet because people can derive information visually and aurally. For example, you don't have to tell people they will be taken to surgery on a cart. You can simply show the patient traveling to surgery on a cart.

"By giving people more sensory information, you can help them better understand the experience and therefore decrease the anxiety related with whatever treatment they are having," says Engelke.

Patients at the University of Wisconsin Hospital and Clinics can check out patient education videos that have been produced in-house. These include general videos on preparing for surgery, such as outpatient surgery; instructional videos, such as how to take care of drains after breast surgery; and general preparation videos, such as preparing children for the hospital.

Maller instituted a take-home video program at the Albuquerque VA Medical Center as well. "We have found that video is a great way to reach people who have limited reading skills," she says. The videos are produced in-house, so there are no copyright restrictions.

Videos are given to patients just as pamphlets are handed out, and returned on an honor system. Video drop boxes have been installed for patients' convenience. Although the videos are not always returned, that is not a problem. Videos cost about $2.50 to duplicate, and some pamphlets that are given away cost twice as much, explains Maller.

At the University of Wisconsin Hospital and Clinics, patients often watch the videos that were produced in-house at the learning center. However, patients have the option to take the videos home to watch. A sticker on the video asks people to bring it back at their convenience.

It costs Engelke about $1,500 to produce a nine- to 12-minute video, not counting the time of staff involved in making the video. She uses a studio available at the university's school of nursing. However, many local colleges and high schools have studios and equipment patient education managers can take advantage of, says Engelke. ■

SOURCES

For more information on using videos as an educational tool to reach low-literacy patients, contact:

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COMING IN FUTURE MONTHS

- Assessing the literacy of your patient population
- Addressing the educational needs of seniors
- What to look for in culturally diverse videos
- Using e-mail as a patient education communication tool
- Good? Bad? Adequate? Evaluating program effectiveness

NEWS BRIEFS

Coordinate education across continuum

To help coordinate patient education across the continuum of care, representatives from the patient education and cardiac departments at Grant/Riverside Methodist Hospitals in Columbus, OH, have begun to meet with representatives from the cardiology practices that perform surgery at the hospitals.

During the first round of meetings, the hospital's patient education manager, cardiac rehab staff, outcome managers, and cardiac educators meet with one physician and nurse from each practice individually, says **BJ Hansen**, BSN, patient education coordinator at Grant/Riverside.

"We meet to see how we can improve; for example, what teaching needs to be reinforced or how we can streamline the process by making only one phone call rather than have the physician office and cardiac rehab call the patient after discharge," explains Hansen.

Once the meetings with the individual practices are complete, hospital staff and representatives from each practice plan to meet biannually in a large group.

For more information, contact: BJ Hansen, BSN, Patient Education Coordinator, Grant/Riverside Methodist Hospitals, 111 South Grant Ave., Columbus, OH 43215. Telephone: (614) 566-5613. Fax: (614) 566-8067. E-mail: bhansen@ohiohealth.com. ▼

Dedicated teaching area can improve learning

Some health care facilities have dedicated learning centers where patients and family members go to learn medical skills. Yet most institutions don't have the extra space.

That was the case at the University of Utah Hospitals and Clinics in Salt Lake City. Therefore, staff in the bone marrow transplant program use the conference room as a teaching area. In this room, they demonstrate the use of medical equipment and have the family caregiver demonstrate back.

"The home care nurse spends a lot of time with the caregiver. We have practice equipment set up in the conference room so they work there, and then we have them work the equipment with the patient. We want to make sure they are maintaining sterile techniques and understand how to work the pump and different lines," says **Robin Phillips**, MSN, RNC, nurse manager for the bone marrow transplant program at the health care facility.

For more information contact: Robin Phillips, MSN, RNC, Nurse Manager, Bone Marrow Transplant Program, University of Utah Hospitals and Clinics, 50 North Medical Drive, Salt Lake City, UT 84132. Telephone: (801) 581-2780. Fax: (801) 585-2098. E-mail: robin.phillips@hsc.utah.edu. ▼

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Editorial Questions

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Handbooks help manage chronic conditions

Channing L. Bete Company has developed handbooks to promote patient involvement in the management of chronic diseases and conditions. Topics covered by the booklets include:

- helping your child manage asthma;
- learning to live with heart failure;
- living well with diabetes;
- hope and help for depression;
- learning to live with COPD;
- stress management.

Handbooks cost $2.50 each with discounts available for multiple orders. Shipping and handling begins at $5.75.

For more information on the handbooks or to order, contact: Channing L. Bete Co., 200 State Road, South Deerfield, MA 01373-0200. Telephone: (800) 628-7733. Fax: (413) 665-2671. Web site: www.channing.bete.com. ▼

Keep library Web list at nursing stations

The patient library Web site list at USC/Kenneth Norris Jr. Cancer Hospital is about to become part of the directory of patient education materials planned for each unit.

"For each nursing station, we are assembling a small notebook with resources available for patient education. At each nursing station where there is a computer, we'll include the Web site list. We find that nurses are currently going onto the Web and getting National Cancer Institute information and printing it at the station for patients," says **Ellen Sitton**, MSN, OCN, advanced practice nurse in ambulatory care at the Los Angeles hospital and co-chair of the patient education committee.

The 23-page list has the names of health care-related Internet site addresses. The list briefly explains how to access a Web site on the Internet. Its purpose is to make computer access easier for people who come to the library to research a condition. The list also provides direction so people can find the information quickly, explains Sitton.

For more information, contact: Ellen Sitton, MSN, OCN, USC/ Kenneth Norris Jr. Cancer Hospital, 1441 Eastlake Ave., Los Angeles, CA 90033-0804. Telephone: (213) 764-3085. Fax: (213) 764-0000. E-mail: sitton_e@mikey.hsc.usc.edu. ■

CE objectives

After reading the December issue of *Patient Education Management*, the continuing education participant will be able to do the following:

1. Name two reasons businesses will contract with health care facilities for prevention and wellness programs.
2. Describe three teaching techniques used in the Optum Disease Management telephone education procedure.
3. List two ways to ensure proper medical overview of patient education materials.
4. Explain two techniques taught to participants in a Safe Sitter Program. ■