patient education MANAGEMENT

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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Improve asthma education to reduce visits, admissions by as much as 77%

CDC: 1 in 3 patients unfamiliar with asthma action plans

Children's Medical Center in Dallas found families were making repeated visits to the emergency department seeking treatment for a child with an asthma attack. These children were being admitted to the hospital repeatedly. To address the problem, the Asthma Management Program was initiated in 2001.

"Because many of our patients are high risk and have multiple hospital and ER visits, the program saves thousands of dollars," says **Robin Brown**, RN, BSN, AE/C, the program manager.

The cost of the six-month outpatient program is around $1,500 per patient, which is less than the cost of one visit to the emergency department, says Brown. As of December 2010, there has been a 77% reduction in the number of asthma-related emergency department visits and in the number of asthma-related inpatient admissions.

EXECUTIVE SUMMARY

According to the Centers for Disease Control and Prevention (CDC), asthma prevalence increased 12.3% between 2001 and 2009, with more than 24 million Americans now diagnosed. However, nearly one in three has not been taught to respond to an asthma attack.

- An outpatient program at Children's Medical Center in Dallas resulted in a 77% reduction in asthma-related inpatient admissions, ED visits, and unscheduled visits to the primary care physician in 2010.
- Good management education there reduced missed school or day care days by 76%. The number of days a caregiver missed work due to the child's asthma was reduced 87%; and there was an increase of 21% on the Asthma Quality of Life score.
- Asthma education takes time and should include teaching on triggers, signs of good control, and the best way to use an action plan.

"Since the program began in 2001, we have reduced medical outcomes, improved overall control, and improved the quality of life for the child," says Brown.

When a child is taken to the emergency department or admitted to Children's Medical Center for treatment, education is conducted; however, parents often are tired after being up for days with a sick child. Also, these settings are not conducive to education because there is not enough time to effectively teach, says Brown.

Asthma education takes time, says **Marc Riedl**, MD, assistant professor of medicine, Division of Clinical Immunology and Allergy at Ronald Reagan UCLA Medical Center in Los Angeles. Asthma is a complex condition, and while most patients can accomplish good control, education is a process and can't be completed in a 15-minute office visit, Riedl says.

Asthma sufferers can decrease the number and severity of attacks by using their medications as prescribed and avoiding or treating triggers of asthma, such as allergies, says **Scott Phillips**, MD, an otolaryngologist and otolaryngic allergist with the Center for Ear, Nose, Throat and Allergy in Carmel, IN, and a physician with Indiana University Health in Indianapolis. The key is for them to understand their medications, for example, which of their inhalers is for immediate relief of an "attack," and which is for daily use to control their asthma over the long term. An asthma action plan, prepared specifically for each individual, will outline the proper response. *(For a good resource on asthma action plans recommended by Phillips, see resources, p. 87.)*

Write down the steps

An asthma action plan should be given to every patient who has asthma, according to the National Heart Lung and Blood Institute asthma guidelines, says Brown. *(To obtain a copy of the guidelines, see resources, p. 87.)*

It is a plan of care that helps patients select the appropriate medication based on zones. Patients who are breathing well are in the green zone. The plan indicates what medications a patient should take when problems occur, which is the yellow zone. The red zone is the danger zone, explains Brown.

Every family enrolled in the Asthma Management Program is taught that their child should take his or her routine medications when in the green zone. When the child is in the yellow zone, parents need to add the reliever inhaler every four hours, and if the child is in the red zone, he or she needs to receive immediate medical attention, says Brown. *(For more details on the six-month outpatient program, see article on p. 87.)*

The primary way to prevent asthma attacks is through the use of anti-inflammatory medications that keep the airway from becoming obstructed or blocked by asthma. The medications need to be taken on a regular basis to keep the inflammation under control and to avoid acute issues such as coughing, wheezing, and shortness of breath that send people to the emergency department or physician's office, says Riedl.

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EDITORIAL QUESTIONS

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To use an action plan well, patients must learn to recognize the early signs of an attack and respond accordingly with the correct medication. Riedl says people don't always realize the cough they have in the middle of the night is their asthma getting worse. People need to learn the symptoms of worsening asthma such as coughing, wheezing, chest tightness, or shortness of breath that can point to uncontrolled asthma, says Riedl. *(To learn areas of education in addition to the use of a self-management plan, see article on p. 88.)*

Other areas of asthma self-management include taking the medication correctly with the medication pulled deep into the lungs, says Brown. Also the medication for controlling asthma must be taken daily.

An asthma management plan not only helps people avoid the emergency department or hospitalization, but it also can prevent missed school, work, sporting events, and birthday parties. The goal is to prevent asthma from interfering with patient's daily living, says Riedl.

SOURCE/RESOURCES

For more information about creating self-management plans for people diagnosed with asthma, contact:

Marc Riedl, MD, Assistant Professor of Medicine, Division of Clinical Immunology and Allergy at UCLA Medical Center in Los Angeles. Telephone: (310) 825-6011.

For samples of an asthma action plan, visit www.asthma.com. In the toolbox, select "asthma action plan." An asthma control test available at http://www.asthma.com/resources/asthma-control-test.html.

"Guidelines for the Diagnosis and Management of Asthma" used at Children's Medical Center in Dallas can be obtained at http://www.nhlbi.nih.gov. Under "Health Professionals," click on "Clinical Practice Guidelines." Under "Current Guidelines and Reports," select "Asthma, Expert Panel Report 3." ■

Covering the basics of asthma education

Know triggers, symptoms, signs of good control

A patient should be educated with several topics when diagnosed with asthma, says **Marc Riedl**, MD, assistant professor of medicine, Division of Clinical Immunology and Allergy at Ronald Reagan UCLA Medical Center in Los Angeles. They include the following:

• Patients should have an understanding that asthma is an inflammatory condition and should know what causes symptoms that include coughing, wheezing, and chest tightness.

There can be many factors that trigger asthma. People can be allergic to certain airborne substances or pollutants such as cigarette smoke or vehicle exhaust. Dramatic temperature changes can trigger asthma attacks as well, says Riedl.

Often asthma triggers are obvious. For example, a person might experience tightness in their chest from exhaust after standing at a bus stop for 15 minutes or start wheezing when exposed to cigarette smoke. To determine subtle triggers, allergy testing might be needed, says Riedl.

Allergy tests might show that a person is allergic to house dust mites, which they are exposed to nightly in their bed or pillow. "There are definitely more subtle triggers that need to be worked out over time or through observation or testing,' says Riedl.

When a person is aware of his or her asthma triggers, such as cigarette smoke, these irritants can be avoided. Often infections, such as a cold, can worsen asthma, so good hygiene such as hand washing can help control asthma, he adds.

• Another area of education is knowledge of what good asthma control looks like.

This information is covered with families enrolled in the Asthma Management Program at the Children's Medical Center in Dallas.

"Many times people feel like their child's asthma is in good control when it is not," says **Robin Brown**, RN, BSN, AE/C, program manager.

Asthma is not in good control if a patient has daily symptoms more than two times a week and night symptoms more than twice a month, or if the patient needs to refill their quick reliever inhaler two times or more a year, explains Brown.

• The proper use of anti-inflammatory medicines to keep the airway from becoming obstructed or blocked by asthma is the primary way to prevent asthma attacks and must be included in education.

"Medications have to be taken on a regular basis to keep the inflammation under control," says Riedl.

People with asthma need to be educated about their medications, how they are used, and why they are used in that manner, says Riedl. Asthma patients are prescribed long term controller medicines and also short term acute or rescue medi-

cines. Spend time with patients helping them to know the difference in medications and the correct way to administer them.

Brown says families enrolled in the Asthma Management Program often are confused about their medications and are using the controller medication as the reliever and vise versa. Also they frequently are not administering the medications correctly. To help remedy this problem, a holding chamber is given to the family. This is a tube that is placed on the inhaler to keep the medication from squirting directly into the mouth. The medicine needs to be trapped in the holding chamber, and with deep breaths, pulled into the lungs, says Brown.

• An asthma management plan is also a key piece of education.

Referred to as an asthma action plan, this document provides instructions on how to best monitor asthma symptoms on a daily basis and provides information on what actions to take when an asthma attack occurs. *(For details on the asthma action plan, see article below.)*

The asthma action plan is a living document and might change based on new medications available, a patient's response to medicines, and whether the condition becomes more severe, says Riedl.

Program reduces asthma visits, admits

The Asthma Management Program at Children's Medical Center in Dallas is a good example of a best practice in education. It received certification from The Joint Commission in 2003 for disease-specific care for pediatric asthma.

Outcome measurements show that the program is working well. As of December 2010, there has been a 77% reduction in the number of asthma-related inpatient admissions, emergency department visits, and unscheduled visits to the primary care physician. Missed school or day care days have been reduced by 76%; the number of days a caregiver missed work due to the child's asthma has been reduced 87%; and there has been an increase of 21% on the Asthma Quality of Life score.

To meet The Joint Commission's requirements for certification, the six-month, outpatient program launched in 2001 follows the education guidelines of the National Heart Lung Blood Institute. *("Guidelines for the Diagnosis and Management of Asthma" used at Children's Medical Center in Dallas can be obtained at www.nhlbi.nih.gov. See resources, p. 87.)*

"We help parents and caregivers do a better job of managing their child's asthma by focusing on asthma education and self-management skills," says **Robin Brown**, RN, BSN, AE/C, program manager.

The bilingual program (English and Spanish) covers common issues associated with the way to manage asthma that includes learning about good asthma control, common triggers and how to mitigate against them, proper use of medications, and signs of an asthma attack and how to respond.

Education takes place bimonthly during telephone conversations with a certified asthma educator and during two home visits by an asthma specialist. At a home visit, the educator is able to observe the child administering the medications and, if the technique is poor, teach the proper way to administer the medicine.

Also while in the home, the educator looks for possible asthma triggers and teaches families how to eliminate them. If a child is allergic to a pet and is symptomatic when around it, the educator suggests the pet is removed from the home, says Brown. If a family cannot part with the pet, the educator recommends it remain outdoors or at least out of the child's bedroom.

The family is provided with asthma management tools including an asthma action plan, a peak flow meter, a holding chamber, a medication bag to keep all the child's medicines in one place, a pillow encasement to control for dust mites, and various asthma education materials. *(Asthma education materials can be accessed via the Internet. See resource box, p. 89.)* The action plan helps families take the correct steps in preventing asthma attacks by routinely using controller medications, adding the use of the reliever inhaler when symptoms occur, and seeking medical attention at the appropriate time. A peak flow meter helps families determine a child's lung function and identify a change in symptoms or worsening of symptoms. The holding chamber is a tube in which the inhaler is placed to administer medications correctly.

The bimonthly phone calls from educators are made Monday through Friday during daytime hours, so when families are enrolled they are asked their preference on the time of day to call. The first home visit is done within the first month of the program and can be scheduled in the evenings or on weekends.

The education is geared for a partnership of

care, therefore educators will speak with the school nurse, a teacher, a coach, and other caregivers for the child, says Brown.

It is strictly an education program and does not provide any medical management. Assessing and monitoring asthma severity and control is done by the primary healthcare provider. Most patients are referred by a physician, as they are considered high risk because they have had multiple hospitalizations and visits to the emergency department.

RESOURCE

The educational materials used in the **Asthma Management Program** can be accessed at www.childrens.com. Select "Specialties" and then "Asthma Management Program." The link to the materials is imbedded within a short description of the program within the paragraph on home visits. The educational materials are in English and Spanish and cover such topics as "what is asthma," "asthma medications," and "asthma triggers." ■

Collect tools for every learning style

Written handouts not appropriate for everyone

At the University of Washington Medical Center (UWMC) in Seattle, educators ask inpatients how they prefer to learn and document that information on the electronic medical record, when there is no protocol for accommodating the patients' preferences. These actions are futile, members of the Patient and Family Education Committee complain.

The same verbal process of education is used with almost every patient, backed up with written information about the condition or self-care instructions, explains **Linda Golley**, MA, a committee member and manager of Interpreter Services at UWMC. Often patients say it is difficult to read materials when they are not feeling well, Golley adds. The idea of creating a library of patient education tools, in addition to the printed word, to convey information evolved.

"Our aim is to encourage care team members to acquire teaching aids for their patients who prefer non-reading methods of learning," says Golley.

The patient education committee is researching the tools and plans to create a list that nurse managers and department supervisors can purchase to aid staff with patient education. Information about each item will include the name of the tool, where to get it, what it can be used for, how much it costs, and comments from users. *(A copy of the current list is on p. 90.)*

In addition to a list from which departments can shop, a display case at the patient learning center in the main lobby of the medical center will feature some of the tools. The idea is to provoke staff to think about what they can use in their care area to enhance teaching, says Golley. The list and display case will also help to make staff aware of tools they can access at their facility, such as a medication direction sheet that uses symbols to help patients with low literacy skills take their medications correctly. The sheet was developed in the Interpreter Services Department of the UWMC. *[A copy of "Medication Directions Using Symbols" is included with the online issue of* Patient Education Management *available to subscribers at http://www.ahcmedia.com. On the right side of the page, select "Access your newsletters." You will need your subscriber number from your mailing label. For assistance, contact customer service at (800) 688-2421 or customerservice@ahcmedia.com.]*

The list also will be posted on the UWMC web site on the Patient and Family Education Services page. (Web: http://depts.washington.edu/pfes.) The link to the "Library of Non-Traditional Patient Education Tools" will appear on the left navigation bar in the section titled "For Clinicians."

The items Golley and her colleagues are searching for include 3D anatomical models, posters, laminated picture cards, interactive kits for patients to practice skills, games, pictorial med sheets, and DVDs that explain medical conditions or self-care concepts. They also are searching for representational models of concepts such as the risk a genetic counseling patient has for carrying a certain disease.

They are undertaking this project because

EXECUTIVE SUMMARY

Although it is common during the assessment prior to teaching to ask how a patient best learns, often there are no tools available to adapt the teaching to the patient's style.

- The University of Washington Medical Center in Seattle is developing a library of tools, for every learning style, to share with all institutions.
- Teaching tools include 3D anatomical models, posters, laminated picture cards, interactive kits for patients to practice skills, games, pictorial med sheets, and DVDs

nationally nurses are expected to ask patients how they prefer to learn, Golley says. Patients indicate they prefer one of the following learning methods: reading, hearing, seeing/hearing, or practicing new material to assimilate it. Yet often the care team does nothing to align the way it teaches particular patients even after hearing from the patients that they prefer non-reading methods of learning.

Golley says she is putting the resource listings on an Excel spreadsheet, and the list is growing as she receives leads for non-traditional patient education tools. "Our aim is to encourage care team members to acquire teaching aids for those of their patients who prefer non-reading methods of learning," she explains.

SOURCE

For more information on the non-traditional teaching tool library or to provide tools for the list, contact:

• **Linda Golley**, MA, Manager, Interpreter services, University of Washington Medical Center, Seattle. Telephone: (206) 598-4663. E-mail: lgolley@u.washington.edu. ■

System tracks tools for varied learning styles

Proper tools make teaching more effective

The Library of Non-Traditional Patient Education Tools is an ongoing project hosted by Patient and Family Education Services at the University of Washington Medical Center in Seattle. It is an ongoing tracking system of educational tools to teach patients of various learning styles such as hearing, seeing, and hands-on.

The current list includes the following:

• **Anatomical models:** including breast self-exam, care of amputee stump, various injection techniques, care of tracheostomy, baby care, testicular self-exam, and use of female condom. The injection kits are useful when teaching patients with allergies or diabetes, and breast and testicular self-exam models are useful in family practice and urology. Baby care models can be used in family practice, pediatric, and prenatal teaching. Site has cost ranges available from less than $50 to above $1,000. To order, contact Anatomy Warehouse in Skokie, IL, at www.anatomywarehouse.com or telephone (312) 281-9925.

• **3D anatomical models:** includes anatomical models of body parts including disease simulations, such as an eye with a cataract. They can be used to reinforce teaching messages at clinics and inpatient specialty units. The cost is between $40 and $100 for most, with the more complex models up to $600. To order, contact Anatomical Chart Company at www.anatomical.com or www.lippincottcatalog.com. Telephone: (800) 621-7500.

• **3D anatomical models:** includes anatomical models of body parts, including disease simulations. Models can be used to explain teaching issues such as the need to lower fat in the arteries. The cost for most models is between $40 and $85, with all under $200. To order, contact School Health Corp. in Hanover Park, IL, at http://www.schoolhealth.com. Select "Educational Aids," then "Anatomical Models." Telephone: (866) 323-5465.

• **Bar charts:** page-sized laminated, anatomical charts available by specialty or overall body. They can be used in clinic exam rooms or inpatient hospital rooms for clear explanations of body parts under discussion. They can be wiped clean and ordered by specialty topic. The cost is $3.95 to $7.95 per chart. Contact the company in Boca Raton, FL, at www.barcharts.com or (800) 226-7799 Ext. 3091.

• **Graphic posters:** anatomical and relating to specific health topics, such as the common cold. They are available in paper, laminated, or raised relief. In addition to English, some posters are available in Spanish. Select "Spanish" under categories. There are many different topics with color. Some have words in the diagrams, but many do not. There are posters on the dangers of alcohol and dangers of smoking in Spanish. Most cost about $11. To order, contact Anatomical Chart Company at www.anatomical.com or www.lippincottcatalog.com. Telephone (800) 621-7500.

• **Injection teaching kit:** model A26200 is a flesh-colored practice pad to teach patient how to give injections. It does not show punctures and includes a carrying case and cleaner. It is useful for diabetic teaching. The cost is $99. It is available from Anatomical Chart Company at www.anatomical.com/default.asp also www.lippincottcatalog.com or telephone (800) 621-7500.

• **Poster size charts:** includes body systems and disease conditions. Many are less than $10 with majority below $100. Available from Anatomy Warehouse at www. anatomywarehouse.com or telephone (312) 281-9925. ■

Documentation prompts for learning assessment

Staff review status of teaching

EXECUTIVE SUMMARY

Categories for documentation of understanding of teaching can simplify the process.

- Educators can note quickly after teaching whether the patient is able to apply the knowledge, exhibits no evidence of learning; refused the teaching offered, can perform a skill independently; can perform a skill with supervision, requires reinforcement, and voiced or demonstrated understanding.
- Favorite methods of evaluation include teach back, asking open-ended questions, and return demonstration.

Most patient education managers would agree that a system for documenting understanding of the teaching that takes place is important. Yet there is not a cookie-cutter method that institutions follow.

At DCH Regional Medical Center in Tuscaloosa, AL, educators can choose one of eight responses to document their evaluation of learning on an electronic interdisciplinary patient education record, says **Susan Dashner**, RN, MSN, patient education coordinator. These include applied knowledge; difficulty listening, restless; no evidence of learning; offered and refused teaching; performed independently; performed with supervision; requires reinforcement; and stated essential concepts. Evaluation of learning is a required field in documentation of patient education and they can't exit documentation without documenting the evaluation of learning, says Dashner.

At WellSpan Health in York, PA, an electronic system for documenting patient education is used in all areas except maternity, neonatal intensive care unit, and labor and delivery, which use paper forms to chart. When the electronic record was developed, the paper form was thorough and included target areas from The Joint Commission such as barriers to learning, preferred methods of learning, and evaluation of understanding, says **Christine Hess**, MEd, patient and family education coordinator.

The electronic form now has a field with checkboxes that address the evaluation of the learning for the patient and/or family. The choices are voiced understanding, demonstrates understanding, needs review, no evidence-learning, and by use of teach-back.

All staff members are able to view the ongoing documentation in the electronic record so they will see the current status of patient education when they are in the topic, says Hess. If there are areas needing to be addressed, they will receive the cue to fill them out, because some are mandatory.

The best method for assessing understanding is the teach-back method, Dashner says. Recently she put flyers on the units issuing a "teach-back" challenge. She asked staff to e-mail stories about how the teach-back method worked. Dashner promised a gift card for the best stories, which would be published in the nursing newsletter.

Documentation prompts assessment

While methods to assess understanding of teaching vary, the fact that it must be documented helps ensure it will be done.

Mary Szczepanik, RN, BSN, MS, a breast health specialist at OhioHealth Breast Health Institute in Columbus, says, "I think if a nurse has to document learning outcome, she is more inclined to assess it."

Szczepanik says there are many ways to assess understanding. These include asking probing or open-ended questions that require more than a yes or no answer, return demonstration, and describing scenarios that might occur and asking the learner 'what would you do if?' Another way to assess is to measure the ability to repeat back key information in their own words, such as reportable symptoms. Another way it so assess the patient's level of anxiety while teaching is taking place. All help the nurse decide whether teaching needs to be reinforced. Sometimes the reinforcement of teaching must be done with a follow-up phone call or, in more complicated cases, a home health nurse visit, says Szczepanik.

To make documentation of understanding simple OhioHealth has forms with three simple categories. These include: patient/family able to verbalize or demonstrate understanding; patient needs reinforcement; and not teachable at this time, which requires a note in the comments/plan section.

A combination of paper and electronic documentation is used at OhioHealth depending on the location. *[A copy of a patient education documentation tool used at OhioHealth is included with the online issue of* Patient Education Management

available to subscribers at http://www.ahcmedia.com. On the right side of the page, select "Access your newsletters." You will need your subscriber number from your mailing label. For assistance, contact customer service at (800) 688-2421 or customerservice@ahcmedia.com.]

SOURCE

For more information about the documentation of the evaluation of teaching, contact:

• **Susan Dashner**, RN, MSN, Patient Education Coordinator, DCH Regional Medical Center, 809 University Blvd., Tuscaloosa, AL 35401. Telephone: (205) 759 7154. E-mail: SDashner@dchsystem.com.

• **Christine Hess**, MEd, Patient and Family Education Coordinator, WellSpan Health, 1135 S. Edgar St., Suite 101, York, PA 17403. Telephone: office: (717) 851-5859. E-mail: chess@wellspan.org.

• **Mary Szczepanik**, RN, BSN, MS, Breast Health Specialist, OhioHealth Breast Health Institute, 376 Blenheim Road, Columbus OH 43214. Telephone: (614) 268-3547. E-mail: mary.szczepanik@gmail.com. ■

Resources for boosting patient communication

Effective communication is critical to the successful delivery of healthcare services. The Joint Commission supports a number of efforts to improve communication between healthcare professionals and patients.

It's been estimated that there are more than 300 languages spoken in the United States and more than 90 million Americans have low health literacy, meaning they don't have the capacity to adequately understand and use health information. The Joint Commission recommends an approach to communicating health information that encompasses language needs, individual understanding, and cultural and other barriers. The Joint Commission's efforts to promote effective communication include:

• **Joint Commission accreditation standards.**

The Joint Commission standards set performance expectations for activities that affect the safety and quality of patient care. These standards include several requirements that promote effective communication between patients and their caregivers, cultural competence, and patient-centered communication. As reflected in The Joint Commission standards, these issues should be addressed at the organizational-level and embedded within all of the functions of the organization. The patient-centered communication standards for hospitals are published in the *Comprehensive Accreditation Manual for Hospitals (CAMH): The Official Handbook*. The standards address issues such as qualifications for language interpreters and translators, identifying and addressing patient communication needs, collecting patient race and ethnicity data, patient access to a support individual, and non-discrimination in care.

• **"Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals."**

Published in August 2010, this monograph was developed to inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations. The "Roadmap for Hospitals" (http://www.jointcommission.org/Advancing_Effective_Communication) provides recommendations to help hospitals address unique patient needs, meet the patient-centered communication standards for hospitals, and comply with existing Joint Commission requirements. Example practices, information on laws and regulations, and links to supplemental information, model policies, and educational tools are also included.

• **R3 Report.**

Published for Joint Commission-accredited organizations and interested healthcare professionals, "R3 Report" provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also provide a rationale, the rationale provided in "R3 Report" goes into more depth. The references provide the evidence that supports the requirement. Issue 1 (http://www.jointcommission.org/R3_issue1) of the "R3 Report," published in February 2011, is focused on the patient-centered communication standards.

• **Improving Patient-Provider Communication: Joint Commission Standards and Federal Laws.**

With this video (http://www.jointcommission.org/Advancing_Effective_Communication), The Joint Commission and the U.S. Department of Health & Human Services (HHS) Office for Civil Rights have worked together to support language access in healthcare organizations. The video highlights what is required by Joint Commission standards as well as federal civil rights laws with respect to patients who are deaf/hard of hearing or limited English proficient. Accompanying the video is a list of resources and tools that healthcare

organizations can use to build effective language access programs.

• **Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: Meeting the Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) Patients and Families.**

Lesbian, gay, bisexual, and transgender people (LGBT) and their families reside in every county in the United States and include members of every racial, ethnic, religious, mental and physical ability/disability, age, and socioeconomic group. The 8.8 million lesbian, gay, and bisexual people now estimated to be living in the United States experience disparities not only in the prevalence of certain physical and mental health conditions, but also in healthcare due to lack of awareness and insensitivity to their unique needs. These issues include the denial of visitation access, restrictions on medical decision making for LGBT family members, a distrust of the healthcare system and hesitation to disclose their sexual orientation or gender identity to medical professionals. With funding from The California Endowment, the Joint Commission convened a panel of stakeholders on Sept. 13, 2010, to identify practices and articulate implementation processes to help promote effective communication and patient- and family-centered care for LGBT patients and families. For more information, please contact lgbt@jointcommission.org.

• **"One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations."**

Published in April 2008, this report (http://www.jointcommission.org/Advancing_Effective_Communication) urges healthcare organizations to assess their capacity to meet patients' unique cultural and language needs. Based on successful practices being used in hospitals, the report underscores the need to move away from a "one-size-fits-all" approach that negatively affects the quality and safety of care for diverse patients. The report includes a self-assessment tool that can help healthcare organizations tailor their initiatives to meet the needs of diverse populations. The report is the result of a multi-year research study, "Hospitals, Language, and Culture: A Snapshot of the Nation," supported by funding from The California Endowment.

• **"Exploring Cultural and Linguistic Services in the Nation's Hospitals: A Report of Finding."**

Issued in March 2007, this report (http://www.jointcommission.org/Advancing_Effective_Communication) recommends targeted strategies for addressing language and cultural issues that increasingly pose challenges to hospitals seeking to deliver safe, effective care to diverse American populations. The recommendations in the report are the result of the "Hospitals, Language, and Culture: A Snapshot of the Nation" study, which explored how 60 hospitals across the country are providing health care to culturally and linguistically diverse patient populations. Few studies have systematically explored the provision of culturally and linguistically appropriate health care in a large number of hospitals. With funding from The California Endowment, this project is closing the gap.

• **"What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety."**

Published in February 2007, this white paper (http://www.jointcommission.org/Advancing_Effective_Communication) is the result of the Health Literacy and Patient Safety Roundtable, part of The Joint Commission's Public Policy Initiative. This roundtable met in May and September 2005 and was charged with framing the issues related to low health literacy and its impact on patient safety. The white paper describes interventions to improve the ability of patients to understand complex medication information and provides recommendations for a broad range of healthcare stakeholders and policymakers to mitigate the risks to patients with low health literacy or low English proficiency.

• **Speak Up™ program.**

In March 2002, The Joint Commission launched a national campaign to urge patients to take a role in preventing healthcare errors by becoming active, involved, and informed participants on the healthcare team. The program features brochures and posters on a variety of patient safety topics. All brochures are available in an easy-to-read format and in Spanish. Speak Up™ is intended to involve the public in their health care, raise their knowledge about healthcare issues, and enable them to make good decisions about their health. A Speak Up™ coloring book is also available for children.

In March 2011, The Joint Commission released the first in a series of animated Speak Up™ videos. These entertaining 60-second videos are intended as public service announcements and air on The Joint Commission's YouTube channel (http://www.youtube.com/user/TheJointCommission), on The Joint Commission web site (http://www.jointcommission.org/multimedia/default.aspx), and in other venues. The cast of characters in the videos encounter everyday situations where they have to

read instructions, inspect labels, and "speak up" and ask their doctors and caregivers questions.

Free downloadable files of all Speak Up™ brochures, posters and videos (including Spanish language versions) (http://www.jointcommission.org/speakup.aspx) are available on The Joint Commission web site. Transcripts of the videos are also available.

•"You: The Smart Patient: An Insider's Handbook For Getting The Best Treatment."

Published in 2006 by Free Press, a division of Simon and Schuster, and sold at bookstores nationwide, this book uses humor and illustrations to provide concrete guidance to patients in navigating the healthcare system. It also urges patients to get involved in their healthcare and showcases the importance of Joint Commission accreditation. The book was written by best-selling authors Michael F. Roizen, MD, and Mehmet C. Oz, MD, in collaboration with Joint Commission Resources, The Joint Commission's not-for-profit affiliate.

Trained peers provide education to refugees

Access to breast cancer treatment improved

At Barnes-Jewish Hospital's Center for Diversity and Cultural Competence, St. Louis, MO, the Daylight program trains volunteers — recognized and influential women from local refugee and immigrant communities — to provide to their peers culturally sensitive information about breast health and breast cancer, including early detection methods. The program has been profiled by the Agency for Healthcare Research and Quality (AHRQ).

Known as "wisewomen," these volunteers also work with paid program staff to help women overcome any cultural, financial, and logistical barriers they might face in accessing screening, treatment, and follow-up services. The program has increased awareness of the benefits of early detection and enhanced access to counseling, screening, and treatment for newly arrived refugees. Anecdotal evidence suggests that it might be leading to earlier detection and better outcomes.

The evidence consists of post-implementation data on the number of program participants receiving counseling, mammograms, and treatment, along with anecdotal reports and case examples of women diagnosed as a result of the program.

St. Louis serves as home to many refugees. An estimated 100,000 refugees live in the city. In 2009, Barnes-Jewish Hospital served 12,000 new refugee patients who spoke over 81 languages.

In 2001, Barnes-Jewish staff recognized that a significant number of newly arrived immigrant women presented with end-stage breast cancer that could have been more effectively treated if detected earlier. Several hospital departments, including the Center for Diversity and Cultural Competence, the Refugee Health Department, and Interpreter Services, collaborated to launch this program, with the goal of increasing access to culturally and linguistically appropriate health care to these women.

The program evolved over time. The initiative launched as the "Wisewomen" program. The name was changed to "Daylight" to emphasize the need to bring breast cancer discussion "out into the daylight." The patient population includes female immigrants who are non-English speaking and limited English proficiency. They are uninsured.

Key program elements include the following:

• Identification and recruitment of "wisewomen" volunteers.

Working with area resettlement agencies, employers of large numbers of refugees, and places of worship, program developers identify women who are perceived by their communities as authorities in other areas, such as getting a job, finding childcare, or teaching English. Program staff contact these women and explain the program. Women who wish to participate are trained to become "wisewomen," kitchen-table experts who take advantage of teachable moments in everyday life to let their friends and family members know about breast health and the importance of early detection.

• Ongoing training and support.

The wise women receive a full-day of formal training from a registered nurse in breast health, how to perform breast self-examination, and how to link women to the healthcare system, including clinical breast examination and free mammograms at Barnes-Jewish provided through the Komen Foundation. The volunteers also receive information on the different stages of breast cancer, warning signs, and the importance of early detection for long-term survival.

The training is presented in English, but interpreters provide translation services as well as written materials in various languages for the wisewomen who do not speak English proficiently. Refresher classes are offered every so often or when new standards are released for breast cancer prevention or early detection. Since the program's start, program staff have trained 27 wisewomen. At the training session, each volunteer receives an educational toolkit that includes a supply of cards that describe, in the wisewomen's native language, how to conduct a breast self-examination, and two models for demonstrating the technique to peers. Staff also provide one-on-one training and mentoring for the wisewomen, especially before their first teaching experience.

• Community education by trained volunteers during everyday activities.

The trained wisewomen look for opportunities during everyday interactions with their peers to have conversations about breast health and the importance of breast self-examination and early detection. These conversations can take place virtually anywhere, such as at a breadmaking party before a wedding, a class in English as a second language, at the playground while watching children, or over tea. Many refugees come from cultures with a strong oral tradition of information sharing, so this method melds well with their customs.

These conversations, aided by use of the educational toolkit, generally cover the following areas:

— Why breast health is important. Wisewomen speak to their peers about the central role that women play in the success of refugee families in America and how women need to protect themselves and their health to play that role effectively. They also talk about the value of early detection and prevention of breast cancer.

— How to conduct a breast self-examination. Using the model and cards in the toolkit, the wisewomen explain how breast cancer can be treated when discovered early and how to conduct breast self-examination. The wisewomen often come up with their own ways of communicating the technique. For example, a Somali wisewoman compares breast self-examination to going to a grocery store without a list, emphasizing the need to go up and down the aisles and to scan high and low for needed items. This description presents the examination in a positive light and relates it to everyday life, thus making the technique easier to remember. The goal is to present breast self-examination in such a way that it empowers women and motivates them to seek services.

— Importance of regular mammograms. Along with information on self-examinations, the wisewomen emphasize the importance of receiving regular mammograms. They also inform women without insurance (roughly 80% of those served) about the availability of free mammograms

COMING IN FUTURE MONTHS

- Making teach-back second nature
- Keeping materials up-to-date
- Improve prep education for better test results
- Avoid time constraints with online classes

CNE INSTRUCTIONS/ OBJECTIVES

To earn credit for this activity, please follow these instructions.

1. Read and study the activity, using the provided references for further research.
2. Log on to **www.cmecity.com** to take a post-test; tests can be taken after each issue or collectively at the end of the semester. *First-time users will have to register on the site using the 8-digit subscriber number printed on their mailing label, invoice or renewal notice.*
3. Pass the online tests with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the last test of the semester, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be e-mailed to you instantly.

Upon completion of this educational activity, participants should be able to:

- identify the management, clinical, educational and financial issues relevant to patient education
- explain the impact of the management, clinical, educational and financial issues relevant to patient education on health care educators and patients
- describe practical solutions to problems health care educators commonly encounter in their daily activities
- develop patient education programs based on existing programs.

through the Komen Foundation.

The program has increased awareness of the benefits of early detection and improved access to counseling, screening, and treatment for newly arrived refugees. Early, anecdotal evidence suggest that it might be leading to earlier detection and better outcomes.

Women in the targeted communities seem more willing to discuss breast cancer, create survivor groups, and seek annual mammography and clinical breast exams since introduction of the program. The number of women inquiring about mammography has increased each year since introduction of the program. Several Spanish-speaking survivors have formed a new support group that meets regularly.

The wisewomen have counseled more than 3,600 women in breast health, breast self-examination, and the importance of early detection. ■

CNE QUESTIONS

5. An asthma action plan can help people with the chronic condition do which of the following?
   A. Select the proper medications daily.
   B. Know when to seek medical attention.
   C. Improve control of their asthma.
   D. All of the above.

6. Medications do not play an important role in the prevention of asthma attacks.
   A. True
   B. False

7. A list of teaching tools is being assembled at the University of Washington Medical Center to help all educators tailor lessons to a patient's learning style.
   A. True
   B. False

8. There are many ways to assess understanding of teaching. These might include:
   A. Teach-back.
   B. Asking open-ended questions.
   C. Ask learner, "What would you do if?"
   D. All of the above.

Medication Directions Using Symbols

Patient Name_____

UWMC Patient ID _____

Name of the Medicine	What It's For	What It Looks Like	Morning	Noon	Evening	Bedtime

UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW Medicine
Interpreter Services
Box 356167
1959 N.E. Pacific St. Seattle, WA 98195
206-598-4425

Instructions for Care Provider

- If available, tape one pill in the "What It Looks Like" column. **Instruct patient to keep this sheet out of reach of children and pets.**
- In the "time of day" box, draw a pill for each tablet or capsule the patient is to take at that time:
- If the dose is half a tablet, draw a half-pill:

SOURCE: University of Washington Medical Center, Seattle, WA.
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Patient Education Documentation Tool: Cancer

	Date/Initials	Teaching Materials (in OhioHealth Planner unless otherwise indicated) **Cancer Planner Insert*	Patient Learning Outcome	Patient or other	Respoonse	Reinforcement					
						Date	Initials	Response	Date	Initials	Response
Cancer: General		❒ Cancer Planner ❒ Cancer Call ❒ Resources: _____ ❒ Resources: _____	Describes use of Cancer Planner. States cancer resources and types of services.								
		Type of Cancer (NCI booklet): _____	States name of cancer and overview of treatment.								
Diagnostic Testing		❒ Dx Test: _____	Describes purpose, preparation, and post-procedure restrictions.								
		❒ Dx Test: _____									
		❒ Dx Test: _____									
		❒ Dx Test: _____									
		❒ Dx Test: _____									
		❒ Dx Test: _____									
		❒ Dx Test: _____									
Pain		❒ Describing Your Pain* ❒ Your Pain Medication* ❒ Pain Control Diary* ❒ Other: ❒ Other:	Describes 0-10 pain scale.								
			States name of analgesics, schedule, prevention and management of potential side-effects								
			Describes non-pharmacological interventions for pain management. ❒ _____ ❒ _____								
Symtom Management		❒ Lab results chart*	States normal values, use of chart.								
		❒ Low Blood Counts*	States signs of infection, precautions. States signs of bleeding, precautions. States signs of anemia, interventions.								
		❒ Transfusions*	Describes purpose, risks, alternatives and administration of blood product.								
		❒ How to take your Temperature*	Correctly takes own oral temperature States reportable fever >100.4.								

Riverside Methodist Hospital
OhioHealth

SOURCE: Riverside Methodist Hospital, OhioHealth, Columbus, OH.

Patient Education Documentation Tool: Cancer

	Date/Initials	Teaching Materials (in OhioHealth Planner unless otherwise indicated) **Cancer Planner Insert*	Patient Learning Outcome	Patient or other	Respoonse	Reinforcement					
						Date	Initials	Response	Date	Initials	Response
System Management		❒ Fatigue*	Describes causes, prevention, interventions to manage, reportable concerns, resources.								
		❒ Constipation									
		❒ Diarrhea									
		❒ Poor appetite									
		❒ Mouth Care									
		❒ Alopecia									
		❒ Other									
Treatment		❒ Radiation and You (NCI Pamphlet) ❒ Skin Care* ❒ Site-specific side effect* _____ ❒ Other _____	Describes simulation, schedule, skin care, site specific side-effects, reportable concerns.								
		❒ Surgical Procedure: _____	Names procedure and purpose. Describes post-operative course and reportable concerns.								
		❒ Other									
Chemo Therapy		❒ Chemotherapy and You (NCI Pamphlet)	States purpose, regime, schedule of chemotherapy.								
		❒ Safehandling precautions*	States safehandling precautions.								
		❒ Reproductive Issues (see drug sheet)	Describes reproductive side effects, sperm banking, contraception as appropriate.								
		❒ Extravasation (see each drug sheet)	States risk, signs and symptoms, reportable concerns.								
Medications		❒ Drug:	Describes side effects, reportable concerns for each drug.								
		❒ Drug:									
		❒ Drug:									
		❒ Drug:									
		❒ Drug:									
Ports		❒ Implanted Port*	States purpose, uses, insertion, schedule for irrigation, reportable concerns.								
Vascular Access		❒ Groshong* ❒ PICC* ❒ Other: _____	States potential complications, reportable concerns.								
			Demonstrates cap change								
			Demonstrates dressing change								
			Demonstrates irrigation								
			States process for obtaining supplies								

_____

_____

_____

_____

_____

Response codes: 1 = Patient/family able to verbalize or demonstrate understanding 2 = Patient needs reinforcement
3 = Not teachable at this time (requires note in comments/plan section)

Initials	Signature and Title	Initials	Signature and Title	Initials	Signature and Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SOURCE: Riverside Methodist Hospital, OhioHealth, Columbus, OH.

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