

Patient Education Management™

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

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For win-win community partnerships, start with good evaluation criteria

To best use tight funds, set achievable goals and analyze project effectiveness

Until recently, staff at OhioHealth Cancer Services in Columbus never said “no.” When someone from the state department of health, a church group, or any other organization asked them to participate in a health fair, they would automatically agree to set up a display of literature and promotional items. They entered into other partnerships for community outreach, such as health screenings, blindly as well.

“That’s not a bad thing to do if you have the resources, the time, and a department that can support that kind of work,” says **Mary Szczepanik**, MS, BSN, RN, manager of cancer education, support, and outreach.

Most not-for-profit health care facilities, however, don’t have the staff or funds to operate in such a manner, and that includes OhioHealth, she says.

To make better use of tight funds, a five-year strategic cancer plan was developed by gathering data and analyzing statistics. “We looked at the incidences of different cancers across the state and what health care is

EXECUTIVE SUMMARY

Keeping funding for patient education in a tight market as well as making the best use of the funds that are in the budget is a top priority of many readers of *Patient Education Management*. Therefore, with this issue we begin a series of articles that focuses on budgetary concerns. Selecting outreach projects that produce the best bang for your buck is the topic of the first article. In the coming months, we will look at ways to stretch funds, such as soliciting grant money. We also will look at ways to keep patient education budgets from being slashed.

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available in certain geographical locations," says Szczepanik. A target population was selected based on the demographics, the incidence of cancer, and the health services available in those areas.

Staff must check with Szczepanik if they get a call requesting support for an outreach project from any place other than the target areas or about any disease other than the six selected cancers (breast cancer, prostate cancer, colon cancer, lung cancer, brain cancer, and GYN cancer). "It helps us use our resources in the areas we have defined as being our target population for prevention, early detection, diagnosis of cancer, treatment of cancer, and follow-up," she explains.

OhioHealth Cancer Services' goal is to look at all six of the cancer diagnoses, determine where the gaps are across the continuum of care, and provide services staff determine that the target population needs in the areas of prevention, early detection, diagnosis, treatment, or follow-up.

When people call to request that OhioHealth Cancer Services partner with them in a community outreach effort, a program request form is completed by asking the caller certain questions over the telephone. In this way, Szczepanik will know if it meets the criteria. **(See list of questions asked on p. 52.)**

There was a process in place for analyzing requests in the past, and a form was completed but the answers to the questions really weren't useful because there was no strategic focus that determined how decisions for participation would be made, says Szczepanik.

Partnerships with community organizations are a great resource, says **Mary Paeth, MBA, RD**, patient & community health education coordinator at Southwest Washington Medical Center in Vancouver. However, to form appropriate partnerships, good criteria for selection are a must.

The following are the criteria used to select partners at the medical center:

1. Does their mission correspond with our strategic initiatives?
2. Do their ethics meet our expectation with regard to reputation, treatment of their customers, interaction with the community, the way they conduct business, meet regulatory codes, support habits and choices that promote and enhance a healthy and fit lifestyle?
3. Do they serve the geographical location that fits our market?
4. Do we already have a contractual agreement with them for some other purpose?

Reaping many benefits

When carefully selected, community partnerships can be beneficial financially and in many other ways. OhioHealth Cancer Services had a goal to screen a certain number of women for cervical cancer by the end of the year. Because they had not done cervical cancer screenings as a community outreach for a long time, Szczepanik asked her staff to find out if a community agency, church group, health advocacy group, or other organization was doing them so that they might form a partnership. In this way, they did not have to spend time in the planning phase. **(To learn**

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Editorial Questions

For questions or comments, call **Susan Cort Johnson** at (530) 256-2749.

how OhioHealth Cancer Services uses program-planning guidelines to make the best use of their resources and time in every partnership, see article on p. 53.)

Their partner, Columbus Cancer Clinic, which is within their health care system, has been doing cervical cancer screenings for a long time, so the costs involved are clearly known. This made it possible for Szczepanik to find out how much money OhioHealth Cancer Services would need to donate to make the screenings free for women. In that way they could reach an underserved population, which fits their strategic plan. This population would be women who have poor access to health, are uninsured, or have not had a Pap smear in five years.

To make sure that they are meeting the goals of their strategic plan, scripts are developed for taking reservations for free screenings to ensure that the target audience is being reached. For example, for prostate screening, men cannot have a regular physician because the screenings are for underserved populations.

Not having to reinvent the wheel is a good reason for partnerships, says Paeth. Currently, Southwest Washington Medical Center is partnering with the Oregon Arthritis Foundation to offer the Arthritis Self-Help Course, a six-part class series. The foundation provides trained instructors and curriculum while the medical center provides the class space and any other resources needed. The series is sponsored by the rehabilitation department at the medical center.

"It is a perfect partnership and the type that I look for as the community education coordinator. It promotes our services and provides local interest groups with connections that have a solid expertise," says Paeth.

Another good partnership took place between the rehabilitation unit at Southwest Washington Medical Center, the local chapter of the Alzheimer's Association, and the local Agency on Aging. The project was a caregiver conference in which the outside groups provided a mailing list of contacts as well as opportunities to participate in a support group following the conference. The medical center provided knowledgeable speakers and space.

The partnership allowed the professionals at the medical center to work with others in the continuum of care to provide a well-rounded program, Paeth explains.

"These connections help us to make contacts with those who will be working with our patients in the future. The continuum of care has a different set of needs at each stage and working with

others outside our particular segment makes sure we are meeting the long-term needs of our patients," she explains.

Partnerships with local organizations provide patients with needed services and support that a medical facility does not have to duplicate. For example, the local branch of the Leukemia & Lymphoma Society and a faith-based patient centered peer volunteer program provide educational programs, material and unique and individualized patient support, reports **Donna Armstrong, RN, OCN**, oncology nurse coordinator at the Cancer Center of Southwest Washington Medical Center in Vancouver.

Patients often reap benefits from the close connections medical facilities maintain with organizations. The Cancer Center referred a genetic testing patient to the National Institute of Health's clinical studies where the testing, counseling, and all costs are covered. "The patient met the testing criteria and had been denied testing coverage by the State Health Plan," says Armstrong.

Evaluate effectiveness

The benefits from partnerships are not always long-term; therefore, the relationships should be evaluated on a regular basis, says Szczepanik. For several years, OhioHealth Cancer Services worked with other health care facilities to host a cancer survivor celebration. However, as attendance trended downward, costs went up, and the number of actual cancer survivors attending declined. Szczepanik decided not to participate in the event because it no longer reached the target audience.

"We went through an organized approach this last year in trying to decide whether to do that event again and decided not to. It's important that we determine if we are using limited resources to the best result either for the community or for individual groups of patients," says Szczepanik.

Whether OhioHealth Cancer Services continues to support a project or let it go depends on what it is trying to accomplish. To evaluate the effectiveness of the school cancer education program, Szczepanik relies on pre- and post-tests distributed to the students.

The goal of the program is to teach kids certain facts about cancer. For example, the curriculum covers the link between marijuana and lung cancer, also the relationship between a high-fat diet and colon cancer. Although it is hoped that the education influences the students' lifestyle,

SOURCES

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resulting behavior choices are difficult to evaluate. Therefore, at this point, knowing that students learned certain facts about cancer is enough.

"We can say with confidence that it isn't just that we taught 4,000 kids last year, but they learned certain information, and we will continue to offer the program," says Szczepanik.

Evolving objections

Some events, such as health fairs, rarely are entered into any longer because they simply do not fit the strategic objectives of OhioHealth Cancer Services. "What we have learned is that it isn't a good way to educate anyone," says Szczepanik. People pick up information, but there is no way to follow up to determine if they read the materials or changed their health behaviors. For example, women may watch a video on self-breast exams, but that may not prompt them to start the practice. It is quite an outlay of resources without much of a return, she says.

When a partnership works, the event or program is included in the budget for OhioHealth Cancer Services the following year, says Szczepanik. Cancer services pools its resources with the community relations department that budgets for outreach efforts as well.

Whenever she is told by administration to cut money from her budget, she never eliminates one of the partnerships completely because of a funding shortfall. "If I have 10 programs planned with the community, I take some money out of each one," says Szczepanik. ■

Before a partnership, look at responsibility and cost

To stay on budget, map out duties in advance

Mary Szczepanik, MS, BSN, RN, manager of cancer education, support, and outreach at OhioHealth Cancer Services in Columbus, provides services to a large geographical area. Therefore, as a manager, she must decide how her staff of six can best use their time.

That's why when working on a community outreach project, staff use a program-planning guide. It takes staff through the various steps of determining how the department might participate in a project in partnership with other organizations and remain within the budget.

Early in the partnership, OhioHealth Cancer Services puts in writing what it will be responsible for in labor, materials, and funding so its responsibility in the partnership is clear. The guide first establishes a budget by taking planners through lined items the department will be responsible for such as minor equipment, office supplies, printing and binding, patient education materials, parking, travel and mileage, catered meals, and other purchased services.

It also takes planners through areas of funding such as cancer administration, cancer education, general oncology fund, other foundation funds, community relations, corporate development, and drug company donations.

Other items on the guide list the tasks required to meet the obligations of the agreement, including:

- **Food:** Select, order, pick-up, and delivery, etc.
- **Site:** Room request, setup request, access to site confirmed, signage
- **Speakers:** Select, confirm, travel arrangements, lodging, communication
- **Transportation:** Pick-up of participants, pre- and post-event confirmed
- **Vendors/displays:** Select, confirm, provide guidelines for size, electrical outlets, audiovisual requirements, fees
- **Marketing:** Meet with corporate development, marketing budget and plan confirmed, select and purchase promotional materials
- **Registration:** Setup, supplies, adequate staffing
- **Audiovisual:** Determine needs of registration, speakers, meals, displays, confirm with media services department

Deciding to participate: How to make the choice

Form guides decisions on community outreach

Before a partnership for a community outreach project is formed between OhioHealth Cancer Services in Columbus and another organization, staff complete a program request form while talking to the contact on the phone. These data allow the department to determine if the outreach fits its strategic plan, says **Mary Szczepanik**, MS, BSN, RN, manager, cancer education, support, and outreach at OhioHealth Cancer Services.

The program request form has space for contact information and the basic what, when, and where information. In addition, the following facts are recorded in the event information category:

- who made the request for the event, with selections including administration, a health professional, the general public, or other group;
- type of event, such as screening, health fair, professional education, or public/community education;
- whether the event is cancer- or disease-specific; and if so, what type of cancer or disease;
- who the target audience is: the general public, African-American, another minority, or a population in a lower socioeconomic status; age and gender of the population;
- the city and county in which the event is located;
- whether the event will provide an opportunity for physician involvement;
- the names of the other event sponsors;
- what is being requested whether materials, a speaker, a staffed display, financial help, or volunteers;
- whether the event is new and if not whether cancer services participated in the past;
- the number of people expected to attend.

A second section of the form has questions that help to identify the benefits of the event to OhioHealth Cancer Services. They include:

- marketing value, such as media exposure and market share increase;
- whether the medical center will be recognized in any way for its donation and if so by what means. For example, will it be verbally recognized during the event or included in pre-event publicity and in printed materials?
- whether the medical center receives a financial benefit;
- whether the event is a fundraising effort; and if so, how will the funds be used;
- amount of sponsorship requested and what those funds will be used for;
- the education, support and outreach value of the event. Questions in this category include:
 - Community outreach event? Yes/No
 - Continuing education credit available? Yes/No
 - Does this event focus on our goals? Yes/No
 - Do we have influence over attendance? Yes/No

The final section of the form is completed after the event to help determine the value of the event. It covers:

- the number of staff involved in the event and the total staff hours required during the event and in the preparation;
- the number of volunteers at the event and the total volunteer hours at the event and during its preparation;
- the cost of the event including food, travel, the facility, literature, giveaways, shipping, and sponsorship;
- whether there was a speaker fee received;
- the actual number of literature and giveaways used and whether any unused literature or giveaways were returned;
- the number of people in attendance and whether the event reached the populations intended;
- whether the goals for the event were accomplished.

The final question asks if the event should be participated in again. There is additional space for comments on why cancer services should no longer participate in the event. All the information gathered from the form is entered into a database for future reference, says Szczepanik. ■

• **Program materials:** Select, purchase, prepare for delivery to site, track cost

“What we have learned by working with a lot of community groups is that they are extremely

well intentioned and very dedicated, but they don't have experience in planning.

“They usually appreciate the partner coming in to them from a hospital perspective having that

ability," says Szczepanik.

The first time she meets with a group, she simply exchanges ideas with them. At the second meeting, she brings pencil and paper to take notes and analyze whether a partnership is feasible or not.

In spite of the planning guide, the first year partnering with another organization takes a lot of work because you are doing lots of coaching, and there is a lot of guesswork involved in the planning. The second year is better because all the glitches have been corrected. Every year, the relationship gets better, she says.

The relationship OhioHealth Cancer Services has with the African-American cancer support group has grown slowly over the years and is a good example of building relationships, says Szczepanik. It began with OhioHealth providing resources for them. They recently were able to host a bone marrow drive together where the support group helped publicize the event to the target audience. The Red Cross joined them along with a community center where the drive was held.

It's good to build on partnerships, Szczepanik says. "You want to start small with something the group is already doing. Sometimes you just give them money," she says. ■

Side effects make therapy education tougher

Difference between side effects and infection

Health care now has a new treatment in the fight against cancer that many may not be aware of. Biological therapy, or immunotherapy, is used to stimulate or restore the ability of the immune system to fight infection and disease. According to the National Cancer Institute based in Bethesda, MD, "Biological therapies use the body's immune system, either directly or indirectly, to fight cancer or to lessen the side effects that may be caused by some cancer treatments."

Patients can experience difficulty with this form of therapy because of the side effects experienced, says **Marilyn Rhodes**, RN, BSN, OCN, oncology resource nurse at City of Hope National Medical Center in Duarte, CA.

Several of the biological response modifiers may cause flulike symptoms including fever,

EXECUTIVE SUMMARY

In the April issue of *Patient Education Management*, we began an article series on the education that is required for various cancer treatments. The first piece in our series was chemotherapy, a treatment with which many people are familiar. The second article in our series covers the education surrounding biological therapy and is a relatively new addition to cancer treatments, according to the Bethesda, MD-based National Cancer Institute.

chills, and muscle aches and pains. "We teach them what to expect and how to take care of the symptoms at home," says Rhodes.

Tylenol usually is recommended for the low-grade fevers, chills, and muscle aches. Also, patients are told to inject themselves with the drug at night so they sleep through the initial phase of side effects, she says. If the side effects are extremely bad, the dosage sometimes can be adjusted.

Although the symptoms never completely subside, they do get better once the body becomes use to the drug, says Rhodes. Yet because the side effects could be masking an infection in patients with compromised immune systems, they are instructed to call a member of their health care team any time day or night if needed.

"We try to teach our patients that this is a team, and they are the most important part of the team. We don't care if they call six times a day. We don't call it complaining; we call it reporting," Rhodes says.

Tracking symptoms

To help the health care team make wise evaluations, patients are instructed to keep records of fevers and other symptoms experienced following an injection. The logs help physicians make modifications on the dosage when patients come for their checkup.

The logs also help members of the health care team determine whether patients need to be seen by a physician when they call. They need to provide specific information when they call, explaining their symptoms and knowing their temperature. "They can't just call and say they have a fever," says Rhodes.

Anyone undergoing biotherapy who develops

SOURCE

For more information about biological therapy, contact:

- **Marilyn Rhodes**, RN, BSN, OCN, Oncology Resource Nurse, Patient and Family Community Education, City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010-0269. E-mail: mrhodes@coh.org.

a fever above 101° F must be seen by his or her physician, she says.

Patients encouraged to try

Biological therapy can greatly impact the lifestyle of cancer patients. Active people who enjoy such sports as skiing or running usually must stop during treatment, says Rhodes. Though the reality of side effects can't be minimized during education about biotherapy, patients usually agree to try the therapy knowing that if it gets really bad they can stop.

Most patients have a caregiver to help monitor their symptoms during treatment and contact the medical team if the patient is too ill to call. "The difficult patients are the ones who live alone, but usually we refer them to social services and have them try to identify someone that could be called in case of an emergency," Rhodes explains.

A buddy system often is worked out where someone calls daily. It might even be the pastor of the patient's church. While an out-of-town relative is OK, there needs to be a person who can drive to the patient's house and check on him or her if something is wrong.

Because the drugs used in biological therapy usually are injected, a good part of the education is teaching the patient and caregiver how to inject the drug. Similar to the instruction for diabetes patients who must inject insulin, those on biotherapy sit around a table with vials and syringes and practice drawing the medication and injecting oranges until they are comfortable with the technique.

Once comfortable, patients try to give their own injection with the nurse watching, says Rhodes. Depending on the drug used, injections could be daily or every two weeks. Those who don't have to be injected frequently do have the option of going to a clinic for the injection.

Amgen, a drug company based in Thousand Oaks, CA, has a diagrammatic instruction sheet and a training video on self-injection that is in both English and Spanish. The video covers

everything a patient needs to know about self-injection, including choosing the site for the injection and preparing the skin.

"Education on biotherapy takes time," says Rhodes. ■

Focus on special needs helps older patients heal

Elderly recover in setting designed for them

In an inpatient setting, there are many barriers to educating elderly patients. One is delirium, which can be caused by many things, including a change in environment, multiple medications, sleep deprivation, pneumonia, pain, or an infection, according to **Barry Gallison**, MS, APRN-BC, a geriatric nurse practitioner at New York-Presbyterian Hospital and Weill Medical College in New York City.

A new 19-bed geriatric unit at the health care facility will help avoid delirium and overcome other barriers to education of the elderly that can prevent them from returning to independent living. The unit is designed to help patients 75 years and older regain their level of function prior to their illness through the therapies offered on the floor.

"The goal of the unit is to offer therapies to help the patient remain independent or live at home with assistance," says Gallison.

The unit is patterned after the Hospital Elder Life Program model, he says.

Although not all features have yet to be implemented, when completed the program will benefit patients in the following ways:

- **Help prevent delirium**

Each bed has an orientation board where pertinent information pertaining to the patient is posted. Patients will know the date and what to expect each day, such as any tests for which they are scheduled. Also, each bed has its own clock.

- **Regular ambulation scheduled**

Physical therapy will work with specially trained volunteers who will ambulate the patients three times a day.

- **Sleep hygiene program**

To help patients sleep well at night, a sleep hygiene program is planned where patients might be given a warm beverage and gentle back massage before bedtime. The overhead speaker system will not be heard in patient's rooms at

SOURCE

For more information about making units geriatric patient-friendly, contact:

- **Barry Gallison**, MS, APRN-BC, Geriatric Nurse Practitioner, New York-Presbyterian Hospital and Weill Medical College, New York City. Telephone: (212) 746-1383. E-mail: bgalliso@nyp.org.

night, either. "We don't like to use sleeping aids with this population because it leads to falls," says Gallison.

- **Good nutrition promoted**

A dietitian is part of the care team to ensure that each patient is getting the proper nutrition. Specially trained volunteers help patients with their meals, opening packages and feeding patients if needed.

- **Restraint-free policy**

Rather than using restraints, which can make a patient more delirious, whenever possible a nurse's aide is placed in a room to monitor the behavior of one to two patients and make sure

that they don't get out of bed. The aide helps the patients to the bathroom when necessary and provides constant supervision.

- **Geriatric-friendly environment**

There are plans for remodeling the unit which include installing a synthetic material that is much like a rug only it is an inch thick so it will help to prevent patients from breaking bones when they fall. In addition, beds will sit closer to the floor so that patients won't have so far to fall.

A communal dining area will make it possible for patients to come out of their room at mealtime and socialize. "Patients won't be isolated in their rooms eating alone," explains Gallison.

A wander guard system will be put into place so patients won't have to be restrained if they are wanderers. An alarm would sound if they leave the unit.

- **A team approach**

There is a multidisciplinary approach to care on the geriatric unit that includes a social worker, nurse practitioner, nurses, physical therapist, dietary, and medicine, says Gallison. The patient assessment is a team effort, he says. ■

For education questions, whom should you call?

Colleagues help solve problems, offer good advice

Networking in the area of patient education is important for many reasons. It's a good way to learn about new trends and what is working and what is not, says **Nancy Goldstein**, MPH, patient education program manager at Fairview-University Medical Center in Minneapolis.

"What is of particular help to me is to use the information I have learned from other organizations to build a case for doing something similar in our hospital. It always helps to be able to say that an innovation you are proposing for your hospital has been very successful in another organization and has helped them achieve a positive outcome for their patients and families," she says.

Goldstein often cites information she has learned from other organizations in proposals she is writing for programs at Fairview-University Medical Center. Also, networking is a way to pick up good tips on products, resources, and videotapes that others have used successfully, she says.

Health care practices change rapidly, and therefore the list of responsibilities for patient

education coordinators seems to grow daily, says **Linda Kocent**, RN, MSN, coordinator for patient and family education at The Children's Hospital of Philadelphia. Networking is important to stay current, to learn about resources, and to learn better ways of doing things, she says.

"It also provides peer support. The role of the coordinator of patient family education often stands alone in an institution. No one else has a job similar to yours, so you need outside colleagues to advise and support you," says Kocent.

Whenever she has a question or need to embark on some huge new project, she can start by asking colleagues questions such as:

- Do you have experience with this?
- What can you share with me?
- Do you know of anyone who is doing this?

She can then go straight to the source(s) instead of making a lot of random phone calls hoping that someone has the answer, she says.

Often she e-mails the Patednet listserv (patednet@hsc.utah.edu) to learn about who has worked on a project similar to the one she is planning. "I may then e-mail or call that person directly to have a more in-depth conversation," says Kocent.

It always helps to talk with others who have already been there, says **Cynthia Latty**, RN, BSN, patient education coordinator of pediatrics at

SOURCES

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Riley Children's Hospital, Clarian Health Partners in Indianapolis.

Latty became a patient education coordinator 2½ years ago after working as a staff nurse for 17 years. Having much to learn, she turned to others in her field and received a lot of excellent, helpful information and advice from others.

"Networking with others in the field was extremely important in developing resources, strategies and processes," she says.

Because Latty shares her position with another nurse, they are able to bounce ideas off each other as well as validate thoughts and opinions, which is helpful.

Colleagues help when you need answers to questions and don't know where to turn. They also can help to validate what you are doing, says Latty.

Often, it's whom you know

Networking is one more way to keep abreast of what's happening in the field of patient education, says **Kathy Ordelt**, RN, patient and family education coordinator at Children's Healthcare of Atlanta.

"It has often pointed me in a new direction, given me some great problem-solving ideas, or helped me avoid going down a road that others have tried and found unsuccessful, she says.

When Fairview-University Medical Center established a program for oncology patients, staff

visited or contacted other centers in the community to learn from their successes, says Goldstein.

Currently, Riley Children's Hospital is moving to an on-line documentation system that includes a knowledge-driven care component. "We have sought information from others who have worked with the company we are using and asked, in general, for information regarding what would be helpful to know from their experiences," says Latty.

Also, the health care institution is in the process of building a family education center. Before plans are completed, staff will visit other centers. "What we learn from them will certainly assist us in our endeavors," says Latty.

Patient education coordinators have networked with colleagues successfully in several ways. They attend conferences, stay active in their professional organizations, and participate in a listserv. "Our hospital is one of the National Cancer Institute [based in Bethesda, MD] designated centers, which means I can participate in the listserv for patient educators from those institutions. I have learned so much from that opportunity," says Goldstein.

Knowledge also can be shared through publications and books, says Ordelt. Of course, the telephone and e-mail are quick ways to get answers to questions.

"If I need an answer about something right away, I usually phone or e-mail individuals I've met and networked with through the years," she says. ■

Committee links help in managing patient ed

Veteran educator shares tricks of the trade

As program director of patient and family education at New York-Presbyterian Hospital, the role of **Virginia Forbes**, MSN, RN, includes the planning, direction and evaluation of patient education activities throughout this 2,300-bed academic medical center in New York City. To manage this, she chairs an interdisciplinary advisory committee to oversee the patient education program. She also works with multiple subcommittees and task forces to achieve goals.

The committee structure is vital in managing the patient education program in such a large

EXECUTIVE SUMMARY

Many readers appreciate the contact information for sources that is printed at the end of each article in *Patient Education Management*. It provides an opportunity for further contact and it often is a good addition to a *PEM*'s networking database.

Recently, an editorial board member suggested that we go one step further and feature a patient education coordinator from time to time. "Most patient educators have limited peers within their institutions and it might offer networking opportunities that you typically get by going to conferences. As funding is decreased for travel, those opportunities are less and less," she wrote.

facility, says Forbes. "The successes are always the result of a tremendous team effort rather than the result of an individual's work," she says.

This team effort also must be backed with strong administrative support and active expert participation to ensure those standards of practice and the requirements from accrediting, and regulatory agencies are met.

Some of the other duties in her position include:

- establishing and oversee the process for the review and approval of resources;
- facilitating the development of interdisciplinary patient education documentation forms and teaching protocols;
- designing and participating in patient education research projects;
- providing consultation guidance and direction in the development, implementation, and evaluation of materials and programs;
- providing direction and guidance to departments and persons writing grant proposals for patient education.

Although Forbes works with interdisciplinary and intradisciplinary teams to achieve goals she reports to the chief nursing officer, vice president of patient care services. She has been in her position for six years; however, she has been involved with patient education activities and programs in other hospital settings during the past 15 years.

Her nursing background also has included a variety of clinical, education, and administrative roles, including director of education and assistant vice president of nursing in other organizations. She has a BSN and MSN in nursing administration.

Over the years, she has been certified as a

clinical specialist and also has held certifications in nursing administration, staff development, medical surgical nursing, and intravenous therapy. Forbes has been an adjunct professor in nursing and has presented in various forums nationally on mentoring in nursing, patient education, and staff development. She is a member of Sigma Theta Tau International Honor Society, Health Care Education Association, The New York Coalition for Health Information Access, and is on the advisory board for Healthtv.

Sharing lessons learned

In a recent interview with *Patient Education Management*, Forbes provided information about the lessons she has learned working in the field of patient education. Following is the information that she shared:

Question: What is your best success story?

Answer: Creating an intranet-based central repository of patient education standards, practice guidelines, and approved resources for this organization with the collaboration of an interdisciplinary advisory committee with multisite representation.

One of the big difficulties in an organization this size is to communicate effectively. Having an intranet-based patient education web site where staff can go to for guidelines, forms, processes, and approved resources is helpful.

Some of the information is also in paper format via a Patient and Family Education Handbook, which is kept on every clinical unit. There also is a 54-page catalog describing current education programs and support groups that are available. Making information available to staff in different formats helps to promote access and communication.

Question: What is your area of strength?

Answer: To be effective in this role, team-building skills and effective communication are essential. I constantly aim to further increase my ability in these areas. It is an ongoing process and essential to success.

It is important that team members realize how integral they are to the success of a project, she says. I am really a facilitator for the experts. They are the ones that truly make things happen.

My strength is helping others identify needs and determine, who, what, when, and where someone needs to be involved in a process and then give them the support they need to get the job done.

Question: What lesson did you learn the hard way?

Answer: Over the years I've found it important to make sure expectations are clear and processes realistic, inclusive, and collaborative. Outcomes can only be enhanced when goals are defined and the team has the right participants working together toward a common goal.

Question: What is your weakest link?

Answer: In this organization, the links are only as weak as the communication mechanisms that bring them together. Since it is hard to communicate effectively in such a large organization, I am constantly striving to improve that. I approach the task by using multiple means to get the word out. To do this, I:

— use the hospital intranet as a cornerstone and home base for patient education guidelines, resources, articles, news, and links to other approved resources. Keeps the site changing and updated in order to maintain interest and use.

— maintain and disseminate updates to the Patient Education Handbook and Catalog in paper format for users who prefer that mode of access.

— use meetings, minutes, reports, global e-mail, bulletins, memos, flyers, inservice, and surveys to increase awareness and knowledge.

Question: What is your vision for patient education for the future?

Answer: In a perfect world, I envision that providers will have every means at their disposal for providing concise, accurate, and clear information in multidimensional modes, which include a variety of teaching methods, styles, and resources, in multiple languages.

Second, I hope that all patients or their family members are able to become strong personal advocates partnering with their providers in the management of their health care.

Third, I envision that more local and national groups and organizations will be able to merge into consortiums that can share resources, plan programs, conduct research, evaluate the effectiveness of patient teaching, promote health

SOURCE

For more information on committee links, contact:

- **Virginia Forbes**, MSN, RN, Program Director of Patient and Family Education, New York-Presbyterian Hospital, 525 E. 68th St., New York, NY 10021. Telephone: (212) 746-4094. E-mail: vforbes@nyp.org.

literacy, and create bridges for consumers to access information and support with their communities. The collaboration might include health care and academic institutions, departments of health, libraries, national organizations, individual providers, and consumers.

Question: What have you done differently since your last Joint Commission on Accreditation of Healthcare Organizations visit?

Answer: New York-Presbyterian Hospital did well overall when surveyed in the fall of 2002. Therefore, significant changes have not been made since the last survey. However, the visits make you look very hard at what you are doing. Not surprisingly, as you prepare, you find many strengths and weaknesses in systems, structures, support mechanisms, and outcomes. It is always a valuable learning experience, she says.

We recognize that to truly be successful, we must not be survey outcomes-driven, but rather internally driven to achieve excellent patient outcomes.

Question: When trying to create and implement a new form, patient education material, or program, where do you go to get information/ideas from which to work?

Answer: I've always found that health educators, librarians, and clinicians are very willing to share ideas, successes, problems, forms, and outcomes. Therefore, colleagues have been a tremendous source of information and guidance over the years.

I also use a variety of resources for materials and programs, including internal and external experts, overall hospital goals, review of research, journal articles, current public health issues, specific patient survey outcomes, patient satisfaction surveys, focus groups, quality improvement

COMING IN FUTURE MONTHS

■ Providing appropriate education for elderly patients

■ Developing relationships with home care nursing services for continuum of education

■ Managing a diverse group of employees

■ Providing education for a culturally diverse population

■ Uncovering grant money to stretch the budget

CE Questions

17. When forming partnerships with community organizations, it helps to have criteria to determine when these alliances are beneficial and when to avoid them.
- A. True
B. False
18. Education for cancer patients undergoing biological therapy usually includes:
- A. Side effects
B. Self-injections
C. Criteria on when to call physician
D. All of the above
19. Networking in the field of patient education is important because it provides the opportunity to duplicate the work done at other health care facilities without any changes and thus save time.
- A. True
B. False
20. Education for parents about the tracheostomy care for their child includes:
- A. Appropriate outdoor playtime
B. Teaching neighbors how to baby-sit their child
C. Changing the tracheostomy tube
D. Taking the child out to dinner

Answers: 17. A; 18. D; 19. B; 20. C.

studies, and significant events research.

We also have the opportunity to use excellent libraries on site, which are the Weill Cornell Medical Library and the Columbia Health Sciences Library. ■

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CE objectives

After reading *Patient Education Management*, health professionals will be able to:

- identify management, clinical, educational, and financial issues relevant to patient education;
- explain how those issues impact health care educators and patients;
- describe practical ways to solve problems that care providers commonly encounter in their daily activities;
- develop or adapt patient education programs based on existing programs from other facilities. ■

Focus on Pediatrics

PATIENT EDUCATION MANAGEMENT'S MONTHLY SUPPLEMENT

Trach care requires intensive education

Checklist ensures that topics are covered

A year ago, Phoenix Children's Hospital implemented an educational program to teach parents of children with new tracheostomies about trach care because many insurance companies in the state limited the length of stay for children undergoing this procedure, and families were not always comfortable with the requirements of home care. Also, there are not a lot of support services available for these families, reports **Penny Morgan Overgaard**, RN, coordinator of the trach airway program.

"You have parents that are going home doing nursing care that even nurses are a little unsure of because it is such a low-frequency, high-risk procedure," says Morgan Overgaard.

Prior to surgery, parents learn what the trach is, why the child is getting one, and what kind of care will be needed in the home environment. Parents are given a trach to examine and they are also given materials to read that covers some of the parenting challenges. The hospital's web site has photos of children with tracheostomies of all different ages so that they can see what their child might look like following surgery.

Pre-surgery education used to be left to the surgeon, nurses, and respiratory therapists, but the surgeons usually were rushed and inpatient staff did not know how to teach to the home environment, says Morgan Overgaard.

"We also talk to the parents about our expectations for what they will need to do in order to be able to take their child home with a trach or a trach and a ventilator," she says.

Education about tracheostomy care begins once the surgery is complete. Parents are given

a checklist of 25 things they must learn. The educational team includes trach airway program staff, nursing staff, respiratory therapy, a dietitian, speech pathologist, occupational therapist, pharmacist, case management, and child life.

Following is an example of some of the educational categories and the team that teaches the particular topic:

- Basic information about the tracheostomy and how it will change a family's life — trach airway program staff
- What families need to do to plan for going home — trach airway program staff
- A demonstration of all types of suctioning with education on what it is, why it is done, and how it is done — respiratory therapist
- Education on why and how to change the tracheostomy tube with education on why and how it is done — nurse
- Key meal-planning points — dietitian
- How to help the child speak — speech pathologist
- Special needs for dressing the child — occupational therapist
- Education on prescribed medications — nurse and pharmacist
- Equipment vendor will deliver to the family's home and how to operate and clean the equipment — case management
- Things that need to be done to help get the child back to school or day care — child life

Lots of hands-on learning

A lot of the basic education is completed in seven days; in that way, when the physician changes the trach for the first time, parents can watch and begin practicing changing the trach shortly thereafter. Also, Morgan Overgaard has nurses demonstrate the suctioning and changing of the trach while standing shoulder to shoulder with the parent. She has found this to be more effective than having the parent stand across from the nurse to watch the procedure.

"It is a fairly complicated skill, so the nurse needs to have the parents on the same side of the bed so they can translate it to their own hand," she says.

The education begins with verbal instruction followed by demonstration. Then the parents begin to practice what they have learned under the watchful eye of the health care team. The last step in the education process is to have the parents stay in a room with their child at the hospital to see if they are ready to care for the child at

SOURCE

For more information about teaching parents about trach care, contact:

- **Penny Morgan Overgaard**, RN, Trach Airway Program Coordinator, Phoenix Children's Hospital, 1919 E. Thomas Road-OP#317, Phoenix, AZ 85015. Telephone: (602) 546-0910. E-mail: povergaard@phoenixchildrens.com. Web site: www.phoenixchildrenshospital.com.

home. This practice is called nesting.

"They stay in a room for a couple days, basically doing all the home care using their equipment but with a nurse nearby. In this way, they really start thinking about the issues that might come up when we send them home," says Morgan Overgaard. ■

To prevent pregnancy, teach teens the 3 Rs

Rights, respect, and responsibility make the grade

As with any informed decision, teens need all the facts to determine when to become sexually active.

"You can't make an informed decision if you don't have the information you need. Unfortunately, in today's world, if kids don't get good sex education, they rely on the media, their friends, and stories as their frame of reference or their source of information — and it is inaccurate lots of times," says **Barbara Huberman**, director of education and outreach for Advocates for Youth in Washington, DC.

It's important to give young people the skills and information they need to make a good, healthy, responsible choice, which could include delaying the initiation of sex until a later age; or for some, waiting for marriage. Teens also need access to contraception and protection. There only are two ways to prevent teen pregnancy: either abstaining from sex or using contraception, she says.

Advocates for Youth teaches that a good strategy for teen pregnancy prevention is based on the 3 Rs — rights, respect, and responsibility. The strategy comes from lessons learned in Europe, where many countries have reduced teen pregnancies, births, abortions, and sexually transmitted disease. According to Advocates for Youth, the United States has the highest teen pregnancy rate

in the world, and 50% of all new HIV infections are in young adults between 15 and 24 years old.

A society wants sexually healthy young people who do not make decisions based on fear, shame, and guilt but with self-confidence, self-esteem, self-respect, and self-responsibility, she says.

When young people ask how they will know when it is right for them to have sex, Huberman tells them that when they have talked to their partner at least three times about the decision, have gotten birth control to prevent pregnancy and condoms to protect themselves from disease, and are proud of the decision, they are ready. They need to be able to tell someone they love and respect about the decision, otherwise they shouldn't have sex, she says.

Far too often, the focus of education is on the negative aspects of having sex such as sexually transmitted disease and unwanted pregnancy. Yet young people should be taught that sexuality is a normal, healthy, positive part of who they are as individuals. The focus of education should be on respect in relationships.

Teen pregnancy prevention is a complex issue, says Huberman. Therefore, health care facilities can help address the problem in a variety of ways. Advocates for Youth suggests the following:

- Promote after-school programs in the community that help young people develop a positive image and self-esteem.
- Train and support peer educators, who are positive role models in the community, to provide information and access to services for at-risk youth.
- Provide workshops for parents and other adults on how to teach human sexuality and decision-making skills to youth.
- Develop adolescent health clinics in community locations to provide specialized health education and services.

Mentoring programs for at-risk youth also are helpful, says Huberman. They provide a positive role model that exhibit behaviors of success and responsibility.

(Editor's note: May is National Teen Pregnancy Prevention Month.) ■

SOURCES

For more information about teen pregnancy prevention, contact:

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