Patient Education Management™

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

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IN THIS ISSUE

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Promote your institution and make the most of Health Care Education Week

Understand the purpose, set a goal, and begin making plans

Patient education managers do not have the time or funds to work on a project that has no lasting benefits. So before making a decision to observe Health Care Education Week Nov. 4-10, 2007, it is important to determine how to get the most from the effort.

Understanding its purpose is a good start.

The observation week was implemented to bring visibility to the education program within each institution. "It is a way to focus on the need for patient/staff education and to highlight outstanding leaders within the institution that exemplify the standards set by the institution and other regulatory agencies," says **Betty J. Westmoreland**, president and CEO at Pritchett & Hull Associates in Atlanta.

According to **Diane C. Moyer**, MS, RN, program manager for consumer health education at The Ohio State University Medical Center, "sharing stories about patient education programs or materials that have been developed and highlighting efforts of individuals or teams who have made a difference with patient education can raise awareness and spark interest in others to improve patient education efforts."

EXECUTIVE SUMMARY

Health Care Education Week, celebrated in November, provides an opportunity to highlight education. To help you get the most for your time and money, *Patient Education Management* has interviewed several people who have expertise on this topic. Learn from them how to decide what is right for your institution.

In addition to inspiring colleagues, bringing visibility to the various programs and resources can increase budget funds for patient education, says Westmoreland.

"It's also a good opportunity to educate staff, patients and families, and community on key concepts of health education," says **Sandra Cornett**, RN, PhD, director of the OSU/AHEC Health Literacy Initiative at The Ohio State University College of Medicine in Columbus.

"I think Health Care Education Week is very beneficial. It allows special time to be set aside to focus on patient education, and in our case, to honor and recognize those that provide above and beyond patient education. Our department uses this time as a way to market our services, to make departments aware of what we have to offer, new documents that are available and those that have been updated," says **Andrea Dotson**, a health educator in patient and family education services at the University of Washington Medical Center in Seattle.

Once it is determined that celebrating Health Care Education Week would be beneficial, planning begins. Go into planning with a goal in mind, advises **Kathy Ordelt**, RN-CPN, CRRN, patient and family education coordinator at Children's Healthcare of Atlanta.

"Determine what you are trying to accomplish and then work toward that goal with some really good planning. For the planning process, get a core group of people who really believe in the project, who are passionate about it and willing to do some work to make it happen," she says.

At Children's Healthcare of Atlanta people who do outstanding work in staff education, patient and family education, and community education are rewarded. After many years of holding the Golden Apple Awards, this pin that symbolizes outstanding education has become a coveted award.

While the ceremony and selection process has evolved over the years currently each department holds a Health Education Expo in September inviting people who have completed a project, written a journal article, presented at a conference, done research, or are outstanding educators to display their work. People within each department vote for the project that should be recognized system-wide and it advances to the final judging.

Members of the Family Centered Care Council act as judges and evaluate 30-35 entries according to a list of established criteria. They select the best of the best and those people receive the Golden Apple Award at a special breakfast held during Health Care Education Week. Awards can go to individuals or teams.

"We honor everyone who comes up to a system level, whether they win a Golden Apple or not," says Ordelt.

There is no "best" way to celebrate. Activities must be tailored to the resources available at each institution and what would be the most beneficial.

For example, **Wayne A. Neal**, MAT, BSN, professional practice specialist for Patient/Family Education at Children's National Medical Center in Washington DC, finds portable activities work best. She likes to create storyboards she can place

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on units that focus on education or decorate a cart on wheels so she can transport games with questions pertaining to education, such as Jeopardy, from unit to unit. Employees can then play for small prizes.

"Last year we did a little fair highlighting staff development and health education week combined and it was hard to get staff to the location. If we take a cart around, we engage more of the staff," explains Neal.

Activities can be focused on staff, patient/family, and community education but when starting out, choose one area in which to "get your feet wet," says Cornett.

"The week can be labor-intensive and you do not want to over-extend the services. If you choose more than one area keep the theme going throughout all of them so there is some consistency and recognition," she advises.

This year the official theme for Health Care Education Week is: "What creates a great patient/staff educator?"

Generating ideas

There are several ways to come up with ideas to celebrate Health Care Education Week.

Pritchett & Hull and the Health Care Education Association co-sponsor a packet to help patient education coordinators plan and execute activities for the observance week. Suggestions include the following:

- Use posters and pins to announce Health Care Education Week and create awareness within the organization. The packet provides these promotion tools.
- Write a feature article for your organization's newsletter or the local paper on how education helped a patient or staff member.
- Ask the administrator, governor, mayor, etc. to sign a Health Care Education Week proclamation announcing the celebratory week and all its activities. Get local press coverage about this proclamation along with a picture of your organization's administrator and the governor, mayor, etc. accepting the proclamation for your institution.
- Hold a luncheon awards ceremony to honor those outstanding winners within each category that you decide to honor. For example, staff can be honored in three categories — individual, interdisciplinary teams, and community (staff member who is instrumental in providing services for the community).
- Hold an open-house for the community to come in and be part of your institution's celebration. Have a local business person or your CEO speak on what is going on at the institution and how it benefits the community.

"There is no limit to what some very creative educators can do," says Westmoreland.

Contacting other health care facilities is another way to get ideas to celebrate the week. Cornett suggests these additional activities:

- Set up educational displays in the cafeteria and other "gathering" places. Hold a contest for the best bulletin board pertaining to the theme for the week.
- Purchase items to give away that complement the theme, such as pens, key chains, fortune cookies, magnifiers or bookmarks. A key message or contact information can be placed on the give-

SOURCES

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away for future reference.

• Develop a game that gives information important to staff, such as a crossword puzzle, and have them complete it and submit it for a prize drawing.

At the University of Washington Medical Center, "goodie bags" filled with new patient education documents created over the past year, important health initiative information, brochures about hospital services, and balloons are taken to various care areas. This is in addition to an awards ceremony, where outstanding patient educators are honored. Both staff and volunteers are eligible for these awards.

"We create a patient education awards booklet. Each recipient has their picture printed in the book along with a synopsis of why they provide outstanding patient education. All recipients along with their managers and other key stakeholders get copies of the award booklets," says Dotson.

Creating or using an existing committee to plan Health Care Education Week is another method for generating ideas for activities.

Neal uses the Education and Strategy Team at Children's National Medical Center to generate ideas. It meets once a month and consists of representatives from all areas of the health care facility.

Consider funding

It's important that the plans match the funding available. The observation at the University of Washington Medical Center costs about $2,200, but most agree Health Care Education Week can be celebrated on a budget.

To cut costs Moyer suggests printing award certificates to honor those selected as outstanding in the field of education and also printing a short article in the employee newsletter about the winners.

"If you have a larger budget to work with, providing food or incentive gifts can certainly help to attract people to the events," she adds.

No matter the amount budgeted, if team awards are given, it is best to limit the size of the team or to ask that the key players be identified to keep costs down, advises Moyer. In this way you avoid having a staff of 60-plus people being identified for a team award.

In addition to determining the budget, create a timeline to complete the work for the various activities planned.

Ordelt says planning begins at Children's Healthcare of Atlanta about six months in advance. Because administrators are invited to the awards breakfast and two vice presidents present the Golden Apple Awards, the event needs to be on their calendar well in advance. Also a room big enough for the 70-plus people who attend must be reserved and a menu plan worked out with the catering department.

Even if activities are low-key, it is important to plan ahead, says Neal. She allows herself two months to put together the game cart and order prizes. While the actual work only takes a month, she allots for extra time for the weeks when her calendar is too full to devote time to tasks for assembling the cart.

Celebrating Health Care Education Week, whether in a large or small way, is beneficial. Cornett says there is never enough recognition for good education.

"The award winners wear their pins on their uniforms and peers know this person was recognized for their excellence in patient education," she explains.

In addition, interdisciplinary teams begin to take into consideration behaviors that would make them an award winner.

The information about patient education highlighted during the event is useful long after the event. One year Cornett used a diversity theme and instituted several documents about teaching patients in specific age groups with special learning needs such as low literacy, vision, hearing, or cognitive problems. The information is still used to educate staff and is on the Intranet.

Neal says even small activities, such as the use of storyboards, are beneficial. "If you impact one family or one nurse, that is important," she explains. ■

Communication strategies to promote education

Determine what to do and who will do it

It isn't enough to create resources for patient education. The materials, programs, classes, Internet sites, and educational venues must be continuously promoted or they won't be consistently used.

At the University of Texas MD Anderson

SOURCE

For more information about creating communication plans to promote resources available to patients, contact:

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Cancer Center in Houston, communication plans are developed that establish a system for promotion.

According to **Louise Villejo**, MPH, CHES, executive director of the patient education office, there is an institution communication plan and then a plan is developed for every initiative.

"Our institution is very large and we have a lot of new patients coming through, as well as new staff, so we are continuously trying to promote our efforts," said Villejo.

Each plan follows a format that includes an objective and goals for communication as well as concrete methods of fulfilling them. Tactics cover face-to-face communication, electronic communication, publications and print, and external communication.

One of the initiatives over the past two years has been to promote MD Anderson's psychosocial resources to patients and family members such as chaplaincy and social work services. A communication plan was developed to provide an example of how the process works.

The communication plan for psychosocial council begins with an objective that states: "Strategy 1.4 of the Strategic Vision states that, 'We will continue to enhance the patient experience by providing counseling, compassion, and hope in a supportive environment.' The objective of the psychosocial communication plan is to promote to patient, family members, and staff what psychosocial resources are available and reinforce that managing patient and caregiver psychosocial issues is vital to the care to the patient from the first point of contact throughout their continuum of care. Each staff person that comes in contact with the patient has a role in enhancing the patient experience."

The plan also has four goals for psychosocial communication that include the following:

• Develop messages and collateral materials to promote psychosocial resources at MD Anderson, including psychosocial web site, and print and electronic materials.

• Promote message that managing patient and caregiver psychosocial issues is vital to the care to the patient.

• Educate patients/caregivers about what psychosocial resources are available and how to access them.

• Educate employees about what psychosocial resources are available and how to refer appropriately.

Determine communication tactics

To accomplish the goals, communication tactics are established as part of the plan. For example, to spread the word in face-to-face encounters to staff members, presentations and 30-second announcements will be scheduled to highlight psychosocial initiatives at managers' forums. Also, time at clinical staff meetings will be scheduled to provide an overview of psychosocial resources.

To reach patients, new patient orientation class content will highlight psychosocial resources and the role of each discipline. The class is held three times a week and is coordinated by the patient education office. Classes held at the "Place of Wellness" will also cover psychosocial resources.

Tactics for electronic communication include incorporating psychosocial messages into all appropriate web sites, in addition to developing a dedicated psychosocial Web site. Information also will be inserted into on-line newsletters. For example "Nursing News and Information," an electronic publication for nurses distributed weekly via e-mail, will have stories about psychosocial topics.

To reach patients electronically, the channel available to all patients on their TV set will have a series of psychosocial education messages.

Several print publications will carry psychosocial news as well. These include "Employee Notes," a weekly publication for MD Anderson employees; "Faculty Notes," a monthly publication for MD Anderson faculty members; and "FYI," a weekly patient/caregiver newsletter.

Externally, psychosocial resources will be highlighted on the Internet site.

To make sure the strategy is carried out, a timeline is created. In the fall of 2007, messages about psychosocial services and resources will be inserted into all employee and patient print newsletters. Oversight of this project is assigned to an education subcommittee of the psychosocial council and to internal communications.

Also during the fall of 2007, the psychosocial council education subcommittee will explain the council's initiatives at clinical staff meetings. During a manager's forum they will explain what managers should know about psychosocial resources and what they should do with the information.

The timeline for communication tactics is scheduled from April 2007 through April 2008.

Sometimes methods for communicating are evaluated in a limited pilot study before implementing institution-wide, says Villejo. For example, a poster was developed with photos of chaplaincy and social work representatives interacting with patients so people could see what services were offered, rather than reading a laundry list of services. The poster was hung in every exam room within the breast and internal medicine clinics.

Villejo said it helped remind staff what services were available and patients could view the poster while waiting for their physician.

Communication plans are developed when word on anything must go out, whether a program, class, or initiative. Also, all communication channels that are available are routinely used, from staff meetings to electronic newsletters to new patient orientation classes. ■

Mentoring management style fosters teamwork

Teach employees what is expected, allow mistakes

As director of educational services at Sacred Heart Medical Center in Spokane, WA, **Dorothy Ruzicki**, PhD, RN, oversees a staff of 17 employees. Most are nurse educators who handle nursing and general orientation and work with staff on unit-specific education.

For example, the nurse educators are working to develop staff resource nurses for diabetes education. They would identify available resources for teaching patients and help staff follow protocols to teach how to control blood glucose levels. It is one example of how staff in educational services interface with patient education.

Other positions within the Educational Services Department include people who run the staff library, which is accessible to patients, a person who oversees television production and audio visual support, a respiratory clinical educator, a receptionist, and an office manager.

While the educational services department mainly focuses on staff development, the scope of work is varied. Sometimes department staff assists with educational design and they develop television programs and video clips for electronic learning. The department also manages the on-demand TV system for patient education programming.

Ruzicki has been in her management position since 1989 and reports to the vice president of human resources at Sacred Heart Medical Center, which is a 625-bed tertiary care facility. It is part of a large health care system called Providence Health and Services.

She was hired by the hospital in 1980 as a nurse educator in the obstetrics area and began the first formal patient education program at the health care facility in 1982. She received her PhD in 1983 and wrote her dissertation on patient compliance and patient participation and care in diabetes.

"In the 1980s I published a lot on patient education in journals," said Ruzicki. She also conducted numerous workshops on teaching the need to know information to patients so they could be safely discharged and then arranging for them to return for additional education. This focus was important because the length of time people remained in the hospital for treatment was becoming shorter and shorter, she says.

Ruzicki graduated from a nursing baccalaureate program in 1968 and worked as a staff nurse and nursing educator in clinical settings until 1980.

In a recent interview, Ruzicki , who also sits on the editorial board for *Patient Education Management*, discussed her job, her philosophy on education, the challenges she has met, strategies on management, and the skills she has developed that help her to do her job well. Following are the answers to the questions posed:

Q: What is your best success story?

A: "Something I will treasure forever as a manager is helping my staff learn and grow, giving them responsibility and seeing them take it and move with it. Right now I have a department

SOURCE

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where there is a lot of teamwork.

"For nine years before I became the director, I worked closely with the director of the department who had a staff-focused management style and I learned so much from her. I think I have been able to follow in her footsteps.

"To be this type of manager, you have to be a mentor to your staff and be available. They must feel comfortable coming to your office to ask questions and talk over their situations. My staff share their problems with me and I help them think them through. I set parameters in which they function but I trust them. If they make mistakes we look at it as a learning experience."

Q: What is your area of strength?

A: "One of the things I learned in doing my doctorate was to think critically and analytically and that is how I help my staff look at a situation and think about alternative ways of handling it. I really push them to think outside the box and not to be afraid to try new things. I am a big-picture thinker and look at how we can align ourselves with the goals of the organization.

"Another strength I have is my honesty. I am very straightforward and I don't hold things back; if there is something to be taken care of I discuss it with staff in a respectful way. I am not afraid to deal with conflicts."

Q: What is your weakest link or greatest challenge?

A: "Getting staff to think in terms of outcomes and measurement when educating staff or patients. In order to justify what we do, we have to show outcomes and performance improvement so I really think that continues to be our weakest link even though I constantly focus on evidence-based practice.

"For example, when someone teaches a class, the objectives for the class must be identified as well as the outcomes. Instructors must ask what staff were able to do after they attended the class, what they implemented in practice. Did staff use correct body mechanics when lifting equipment to decrease back injuries?

"Once diabetes resource nurses were taught were they able to use the diabetes resources more than they did before? Did the patients get the consultations they needed to have and leave the hospital knowing how to take care of themselves?"

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

A: "We have to treat patients as partners and provide incentives for them to take care of themselves, particularly with chronic illness. We have to help them take an active interest in caring for themselves. It is helping them determine what they will be able to do to take care of themselves and commit to that. Patient education is so much more than giving patients a program and telling them what to do. It is really getting inside their mind and helping them figure out how they can do it or even if they want to."

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

A: "If we were going to create a new form or program I would go to the literature, like *Patient Education Management*, and see what was there. I would also survey hospitals asking people what they are doing in this area." ■

Chronic pain: Is it a human rights issue?

States, nations addressing research, access to care

Chronic pain has gathered increasing international attention as a human rights issue, and a bipartisan bill introduced in Congress in July seeks to mandate the right of chronic pain sufferers to education, treatment, and research into the condition.

"Medicine is at an inflection point, at which a coherent international consensus is emerging: The unreasonable failure to treat pain is poor medicine, unethical practice, and is an abrogation of a fundamental right," according to **Frank Brennan,** MBBS, DCH, a palliative care specialist in Sydney, Australia.[1] Brennan and colleagues write in the July issue of *Anesthesia & Analgesia* on the medical,

legal, and ethical reasons for declaring access to pain management a global human right.

The National Pain Care Policy Act of 2007, introduced by U.S. Rep. Mike Rogers (R-MI) and Rep. Lois Capps (D-CA), addresses chronic pain issues on a national level by proposing research, grants for education and training, and public awareness.

"Pain is the leading cause of disability in the United States, and is straining our health care system," says Capps, a registered nurse. "This legislation takes several important steps to improve the assessment, understanding, and treatment of pain. Hopefully, this will provide much needed relief for many people suffering from pain."

The bill would authorize the Institute of Medicine to conduct a special conference on pain care; establish permanent authorization for a pain consortium at the National Institutes of Health; set up a grant program for pain care education and training; and direct the Department of Health and Human Services to develop and implement a pain management public awareness pain.

"For many cancer patients, fear of cancer pain is worse than fear of death itself," according to **Daniel E. Smith,** president of the American Cancer Society Cancer Action Network. "The good news is that nearly all cancer pain can be relieved if treated adequately."

Pain carries 'massive costs'

Brennan and his colleagues assert that inadequate pain treatment is an entrenched problem around the world, related to cultural, societal, religious, and political factors — including the acceptance of torture. Poorly controlled pain has potentially serious adverse effects, both physical and psychological, as well as "massive social and economic costs to society." Cancer pain, Brennan states, is a special concern, with up to 70% of cancer patients experiencing severe pain caused by their disease or its treatment.

Ignorance and fear — specifically, "opiophobia" and "opioignorance" — contribute to the inadequacy of pain management, Brennan writes, because physicians are untrained and uncertain when it comes to effective use of opioids. He suggests that lack of training in proper use of morphine and other opioids is compounded by the occasional, highly publicized prosecution of physicians for opioid prescribing.

Some nations and states — including Australia and California — have passed laws defining a right to adequate pain management, protecting medical practitioners who treat pain in terminally ill patients, or introducing requirements for pain management and education.

For the second year, the American Cancer Society, the Lance Armstrong Foundation, and Susan G. Komen for the Cure released a "report card" on states' pain management policies. The report was issued in July and is available at www.painpolicy.wisc.edu/Achieving_Balance/PRC2007.pdf.

The 2007 report card shows that California and Wisconsin had the greatest grade improvement. Other states whose grades improved from last year were Arizona, Colorado, Connecticut, Kansas, Massachusetts, and New Hampshire. Improvements were most often in removing legal restrictions that challenged pain management, or implementing state medical board pain management policy statements. Kansas, Wisconsin, Michigan, and Virginia are deemed to have the most balanced pain policies in the nation.

Reference

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Unsatisfactory stay sparks Planetree care model

Nurturing environment valued

One woman's vision of a new type of hospital — sparked after the lack of personalized care she experienced during treatment for a serious illness — resulted in the creation of the Planetree organization, which has become became a leader in pioneering patient-centered care.

Named for the tree that Hippocrates sat under as he taught students in ancient Greece, the organization stresses the value of providing a nurturing environment, in addition to medical expertise and technology, and of listening to what the patient has to say about his or her condition.

The woman behind Planetree — **Angelica Thieriot** — began her efforts in that direction after concluding that the hospital at which she was treated provided good medical care, but didn't address any of her other needs as a human being, explains **Gillian Cappiello,** CHAM, a con-

sultation services specialist for Planetree, which is based in Derby, CT.

Caregivers would talk over her, take her to have tests without telling her what they were doing, and come in and out of her room without familiarizing themselves with her or her chart, Cappiello says. The hospitalizations of Thieriot's father-in-law and son allowed her to experience these communication and education issues from a family member's perspective, she adds.

In the Planetree model that Thieriot's vision helped create, every employee is considered a caregiver — not just the nurse or the therapist, but also the housekeeper and the person talking to the patient about the bill, Cappiello points out.

Much of the focus is on creating a healing environment for patients, families, and visitors — and also for employees, she says. "A lot of what we talk about is care for the caregiver."

There are many applications for access services professionals, notes Cappiello, who previously served as senior director of access services and chief privacy officer at Swedish Covenant Hospital in Chicago.

"From the access side, it's focusing on how you can make your environment more welcoming for the patient," she says. "The human interaction piece is huge, and the physical environment comes into that as well."

Warm colors, comfortable furniture, and soft lighting contribute to a soothing environment, Cappiello points out, as do features that are reminiscent of nature, such as aquariums. She recommends having furniture arranged in conversational groups rather than a row of chairs, she advises.

Removing clutter and reducing noise levels also helps provide a more pleasant experience for patients, Cappiello adds.

Waiting and reception areas should be barrier-free, she says. "If there's a desk, it should be low, so it doesn't create a barrier between [employee and patient]. Always have somebody there smiling.

"Communication is key," Cappiello says. "Keep patients informed if there are delays." If there is wait time, she suggests, use conveniences such as roaming pagers to give patients more flexibility.

Making wait time more enjoyable

During the wait, she adds, "offer something other than two-year-old magazines." Provide choices for the patient, she adds: "'Do I want to wait here? Do I want to get a cup of coffee?' Have those things easily accessible."

Make the hospital stay more like a hotel stay, Cappiello says, by determining some of the patient's preferences: What newspaper do they want delivered? What is their preference for food service?

Instead of serving meals when it's convenient for hospital staff, she advises, do it when the patient is ready to eat.

CarePages, a program in place at Swedish Covenant Hospital and at several hundred other hospitals throughout the country, is a perfect example of the kind of customer service initiative that Planetree endorses, Cappiello notes.

The program allows patients or family members to send updates on the patient's condition over the Internet and receive messages in return, she says. "Families can post photos or write that Uncle Joe had surgery today and is doing fine. It provides a virtual gathering place, a secure web page that is managed by the patient or a family member or friend."

Another way to make the hospital experience easier, says Cappiello, is to provide — starting with preadmission testing — a binder for collecting information regarding the entire process, from testing to follow-up care.

"Have sections for diagnosis, medications, diet, physical exercise or physical limitations, and cards for physicians," she adds. "It's very applicable for people who have a disease that requires [ongoing treatment]."

Having a resource center in a place — possibly in the preadmission area — where it is convenient for patients to go to get information is another way to help them be partners in their own care, Cappiello says.

There are now about 125 hospitals that are Planetree affiliates, Cappiello says, ranging from small rural facilities to large, complex health systems. "The program is not a cookie cutter," she adds. "Every model is going to look a little different."

The Planetree organization gleans ideas and best practices from all the hospitals with which it is affiliated, Cappiello says. "Even with new affiliates, we find things they are doing that are creative and help [other facilities] look at what they might do in a similar fashion."

There is an annual fee for being affiliated with Planetree, she says, and it covers a certain amount of consulting hours — depending on the specific contract — and other resources.

"If a hospital is interested, the chief executive

officer would come out and do a presentation for the board of directors and other decision makers," Cappiello says. "Once the facility is signed on, staff like myself would come onsite and do a presentation for all employees, talking about specifics — like a best practice presentation."

An organizational assessment is done — including focus groups with employees and patients — that helps identify the hospital's strengths and where there are opportunities to improve the experience of the patient, she adds. "One of the biggest things hospitals use is patient satisfaction scores and [measurements] of employee satisfaction and staff retention. Typically, Planetree hospitals have much less turnover than the national averages."

Other areas of interest, Cappiello says, are issues of patient safety, such as processes for handling medication errors.

In addition to acute-care hospitals, Planetree encompasses other kinds of facilities, such as long-term care homes and health resource libraries, she notes. The idea behind the libraries — which may be independent or connected with hospitals — is to give patients the opportunity to take some responsibility for their own care by finding out about their medical conditions, Cappiello adds.

Resource for 'cyberchondriacs'

This is a better alternative, she points out, than the popular practice of consulting Internet sites for medical advice and the "cyberchondriacs" that sometimes fosters. "There is so much bad information out there," Cappiello says, that it is helpful to have a librarian and staff to assist with the research.

Access departments often oversee hospital transport, she notes, which offers an opportunity to enhance the person's initial impression of the facility. Some hospitals, Cappiello adds, pipe music into the parking area and take patients to the front door in golf carts.

Ideally, she says, a hospital "ambassador" is waiting to greet them.

Wayfinding is another area in which the Planetree philosophy can be employed, Cappiello says. "If there are multiple entrances, how do you make sure that patients have the easiest and most relaxing way to get where they're going?

"Signage is horrible in most hospitals," she notes. To make finding the way easier for patients, many Planetree hospitals use visual clues, Cappiello adds. "There might be a water fountain in the corner, or a piece of artwork, and the signage is directed to those things, which transcend language."

[Editor's note: More information on the Planetree organization is available at www.planetree.org or by calling (203) 732-1369.] ■

Study to help predict costly pressure ulcers

OASIS data will help with early intervention

The cost of treating pressure ulcers is estimated at $9 billion per year and the cost for care for home health patients with pressure ulcers is 36% more than the cost of caring for home health patients without pressure ulcers.[1] One of the reasons for the increased cost is increased need for nursing visits: Patients with pressure ulcers require between one and two more nursing visits per week.[2]

"Add the cost of treating pressure ulcers in the home to the cost of re-hospitalization that many pressure ulcer patients receive, and this is definitely an issue to which home health agencies should pay attention," says **Sandra Bergquist-Beringer,** RN, PhD, CWCN, assistant professor, School of Nursing, University of Kansas who is a researcher on this topic. With re-hospitalization, a key component of Home Health Compare and a key factor in outcomes for pay for performance, it is important to address pressure ulcers before they develop or before they become too difficult to treat in the home, she says.

A collaborative study between Bergquist-Beringer and Cerner BeyondNow, a Kansas City, MO-based home care information technology company, is designed to help home health agencies predict which patients are most likely to develop pressure ulcers. "If we can more accurately identify patients at risk for pressure ulcers, we can initiate prevention strategies at the beginning of care," says Bergquist-Beringer.

A data extraction tool that relies on OASIS items commonly associated with pressure ulcer development has been developed and home health agencies are being recruited to participate in the study. "We begin data collection in the next year," says **Kim Wipf,** RN, BSN, CCRN, solution manager at Cerner BeyondNow. Two agencies participated in the pilot study and there are four agencies signed up for the more compre-

hensive study, she says. The only requirement for participation is the utilization of BeyondNow software, she adds. The goal is to collect information on 10,000 separate patients with unduplicated admissions.

Data collected in this part of the study will be used to develop more accurate prediction of pressure ulcer risks and identify effective interventions, says Bergquist-Beringer. "Pressure ulcers are not only extremely painful but they lead to other conditions such as depression, osteomyelitis, cellulitus, and frequently, re-hospitalization," she adds.

Previous research has shown that urine or stool incontinence, altered levels of activity, recent discharge from an institutional setting, and functional impairment are associated with pressure ulcer development, says Bergquist-Beringer. "Although the Braden Scale is often used to predict pressure ulcers in an institutional setting, very few studies have evaluated its effectiveness in home health," she adds. Her current study will see if use of OASIS data, along with tools such as the Braden Scale, is more effective. "We hope to identify other factors that contribute to increased pressure ulcer risk as well," she adds.

"The unique aspect of this study is that it focuses only on home health," points out Wipf. Home health nurses will use their point-of-care technology to input OASIS information and the system will alert them to the patient's increased risk for pressure ulcers, she explains. "The system will also suggest appropriate interventions," she adds.

Traditional interventions for pressure ulcers include:

- risk assessment upon admission;
- pressure redistribution, including the use of support systems and regular turning of patient;
- improvement of activity and mobility;
- nutritional support;
- reduce friction;
- improved education for patient and family.

Of these traditional interventions, nutritional support is key to prevention and treatment of pressure ulcers, says Bergquist-Beringer. While all of these interventions can be effective, home health agencies did not always apply them consistently, she admits. Another item that Bergquist-Beringer will be looking at during the study is identifying best practices that can be shared with other agencies. "If some agencies are successful at improving nutritional support or achieving patient and family compliance for repositioning, descriptions of how they accomplished these successes will help everyone," she says.

Data collection for this study is scheduled to last two years, with analysis of the data following, says Wipf. This is a good time to focus on pressure ulcer treatment, she says. "In previous research, many

CNE instructions/objectives

Nurses and other patient education professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity each semester, you must complete the evaluation form provided and return it in the reply envelope provided in order to receive a credit letter. When your evaluation is received, a credit letter will be mailed to you.

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** patient education programs based on existing programs from other facilities. ■

COMING IN FUTURE MONTHS

- Making patient education part of your culture
- Revitalizing the patient education committee
- Effective pain control education
- Better medication assessment techniques
- Developing good educators

CNE Questions

9. There are many reasons for celebrating Health Care Education Week. It is valuable for which of the following reasons.
A. Raises awareness of resources.
B. Might increase funding.
C. Provides opportunities to explain health education concepts.
D. All of the above

10. Communication plans at MD Anderson Cancer Center include a written objective, goals, tactics, and a timeline.
A. True
B. False

11. **Gillian Cappiello,** CHAM, of Planetree, advises feeding patient's at convenient times, rather than when the patient is ready.
A. True
B. False

12. What are factors identified with an increased risk to develop pressure ulcers, according to **Sandra Bergquist-Beringer,** RN, PhD, CWCN, assistant professor, School of Nursing, University of Kansas in Kansas City, KS?
A. Incontinence
B. Altered level of activity
C. Functional impairment
D. All of the above

Answer Key: 9. D; 10. A; 11. B; 12. D

agencies did not have policies and procedures for thorough skin assessment, but with OBQI and pay-for-performance requirements, agencies are now developing these strategies to prevent complications such as pressure ulcers and re-hospitalizations."

References

1. American Medical Directors Association. Pressure ulcer prevalence and cost in the U.S. Population. *JAMDA* 2007; 8:B20.

2. Huang L, Rosati R, Ptaszek A. Utilization of skilled nursing visits among home health care recipients with pressure ulcers. Abstr Acad Health Serv Res Health Policy Meet 2002; 19:7. ■