

New Frontiers in Patient Education

1. Back to Basics: Utilizing Teach-Back as a Strategy to Improve Patient Retention of Education

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2. What's Taking So Long? An Original Patient Education Video to Improve the Oncology Patient Experience, Perception, and Knowledge of the Infusion Process

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3. The Role of a Chemotherapy Education Nurse in Improving Patient Satisfaction

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4. Engaging Nurses in the Development of a Patient-Centered Educational Video Series

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New Frontiers in Patient Education

Back to Basics:
Utilizing Teach-Back as a Strategy to Improve
Patient Retention of Education


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Disclosure

- I have no actual or potential conflict of interest in relation to this presentation.




Presentation Takeaways

Education of patients utilizing the Teach-Back Method can improve patient retention of health information.


Educating staff on the Teach-Back Method can provide them with valuable patient communication skills.

Is your patient education approach a passive one or an interactive one?



Teach-Back defined...

Asking patients to state in their own words what they need to know or do not know...It is a way to confirm that you have explained things in a manner your patients understand.




Background Relevance

40% to 80% of medical information patients receive is forgotten immediately - half of information retained is incorrect

Only 12% of U.S. adults have health literacy skills needed to manage the demands of the healthcare system


50% of U.S. adults cannot read at an eighth grade level

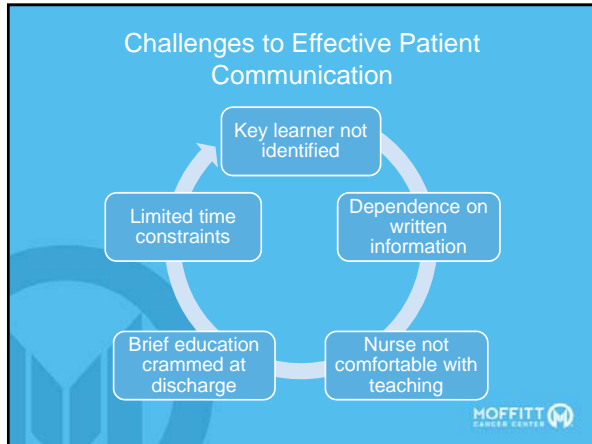
Approximately 50% of Americans read so poorly they are unable to read prescription drug labels



Identified Education Needs

- How can we educate staff on the use of the Teach-Back method in order to improve the patient's retention of information?
- How can we change staff culture from a passive teaching approach to an interactive one?
- Can we improve Press Ganey survey results by using the Teach-Back method as a means of patient education and communication?





Education Strategies

2014-2015	2016-2017
<ul style="list-style-type: none">• Nursing task force• Web-based tutorial• Teach-Back scripts• Teach-Back & the EMR• Nursing orientation• Discharge phone calls• Teach-Back committee• Staff meetings• Nursing newsletter• Press Ganey survey• October hospital rounds• Get Well Network Phase I	<ul style="list-style-type: none">• Hospital initiative• Train-the trainer classes• Monthly Teach-Back class• Teach-Back competency• Teach-Back standard• New nurse requirement• Leadership committees• Non-nursing targeted• Chemotherapy education• Get Well Network Phase II

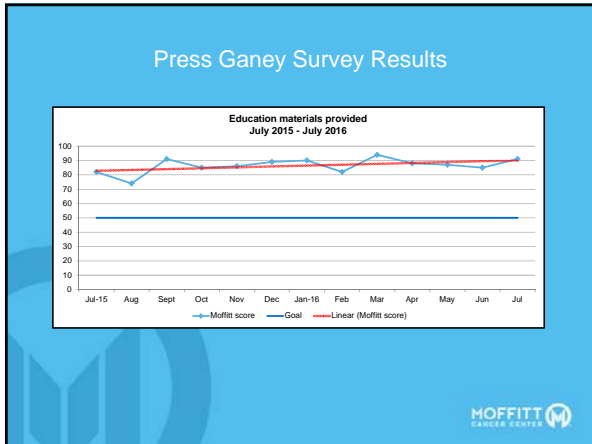
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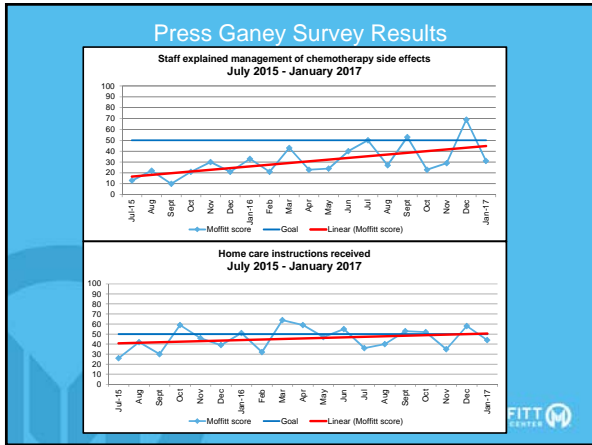
Press Ganey Survey Questions

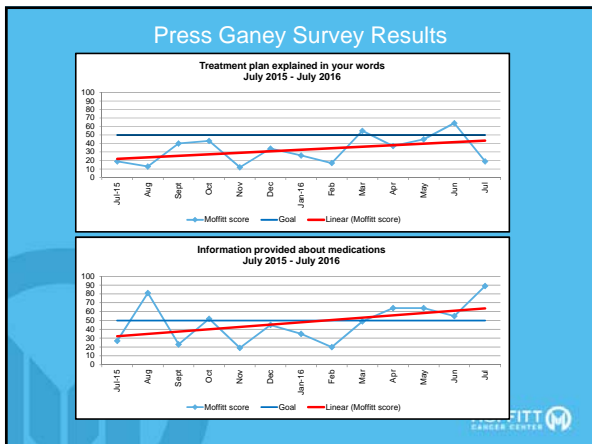
Patients receive a survey within 48 hours of discharge and every 90 days if treatment ongoing. The following patient survey questions were tracked over a period of 13 to 19 months:

- *Were you provided educational materials?*
- *Did staff explain how to manage your chemotherapy side effects?*
- *Did you receive home care instructions?*
- *Was your treatment plan explained in your own words?*
- *Was information provided about your medications?*

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How Moffitt Nurses are using Teach-Back

1. Including specific words during discussion:
 - Let's review the potential **side effects** of your medicine
 - Let's discuss your **home care instructions**
2. Being present in the patient's room during rounds and then recapping what was said by the healthcare team
3. Reviewing discharge instructions and then asking the patient, "So, can you tell me two key things we discussed?"
4. Reviewing new medications on admission, during the hospital stay, while getting ready for discharge, while waiting for the provider in clinic



Outcomes & Conclusion

- Staff education of Teach-Back, utilizing a back-to-basics approach, is now established and ongoing.
- Staff are being provided with the communication tools to deliver patient education as an interactive process.
- The patients perception of having received and understood health information has improved per Press Ganey metrics.
- There is a clear distinction between providing passive patient education vs interactive patient education using the Teach-Back method.



How will you incorporate Teach-Back into your practice?


Questions?

Acknowledgements:
Regina White, RN, MS, OCN® Patient Education Specialist
Darcy Wolf, BSN, MPA, OCN® Nursing Quality Director



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What's taking so long?
An original patient education video
to improve the oncology patient
experience, perception, and
knowledge of the infusion process

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Discosures

- Lindsey Zinck has nothing to disclose.




Penn Medicine

- Large academic health system in Philadelphia, PA
- >2500 licensed beds across 5 acute care hospitals
- > 4.7 million outpatient visits annually
- 250 specialty and subspecialty outpatient practices
- Abramson Cancer Center sees 85,000 outpatient infusion visits
- 6,000 new patients annually for infusion services




Background

- Patient Dissatisfaction
 - Wait times
 - Lack of knowledge related to infusion process and safety procedures
- Patient Expectations
 - Patient stress and anxiety
 - Outpatient appointment
- Patient Education Video
 - Goal for interprofessional team to develop video to improve patient experience
 - Improve consistency in approach by informing patients what to expect




Patient Education Video Development

- Patient Interviews
 - Conducted to gain feedback regarding infusion education
- Script Development
 - Led by Infusion Leadership detailing the entire infusion procedure
 - Engaged provider, lab, pharmacy, infusion RN team
- Patient and Family Advisory Committee
 - Multiple iterations of edits and improvements to script



Patient Education Video - Development

- Consult with Marketing Department
 - Actors and internal employees
 - Filming over 2 day period
- Editing
 - Multiple edits by key stakeholders over 3-4 weeks
 - Link to 10-minute video on Abramson Cancer Center website accessible to patients and staff



Patient Education Video - Implementation

- Stakeholder Engagement
 - Providers are encouraging patients to view the video at the time of an office visit when treatment plans are being established
 - A “smart phrase” was developed for providers to give the patient a link to the video with their after visit summary
 - RNs assess whether patients have viewed the video at their first infusion appointment
- Viewing Video
 - Patient handout materials were developed to promote the video
 - Patients who view video as part of their first infusion treatment use newly purchased tablets



Evaluation

- Effectiveness of the infusion video is being measured through post-viewing patient surveys and Press Ganey scores measuring wait time and education
- The Press Ganey score for “educational materials provided,” is being closely followed
- This score had a mean baseline of for 2016 of 75.3 and indicates an area of opportunity that the infusion education video could positively impact
- After three months of video implementation “educational materials provided” increased to a mean score of 79.4



Evaluation

- Results from a small sample of the first 20 patients who viewed the video:
 - 100% of the patients who viewed it stated that the tool was “a good use of time”
 - 100% of patients who viewed the video stated that the video decreased their anxiety levels prior to beginning cancer treatment
 - 100% of patients reported an increase in their level of understanding after viewing the video
- Using a 0-10 scale to rate understanding, the mean level of understanding prior to watching the video was 5/10
- Mean level of understanding after watching the video was 9/10



Discussion

- Infusion nurse is able to assess and build upon the patient’s knowledge of the infusion process after viewing
- In addition to improving the patient experience, this video may also have a positive impact on nursing practice in the infusion suite:
 - Increased consistency and efficiency in the patient education process
 - Enhanced teamwork and care coordination between clinic and infusion



Next Steps

- Continue evaluation of patient satisfaction data
- Consider alternate methods of capturing patients prior to first infusion treatment
- Optimize technology and EMR solutions for patient education in infusion

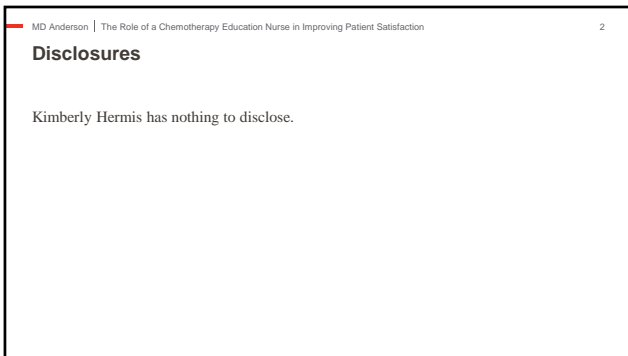


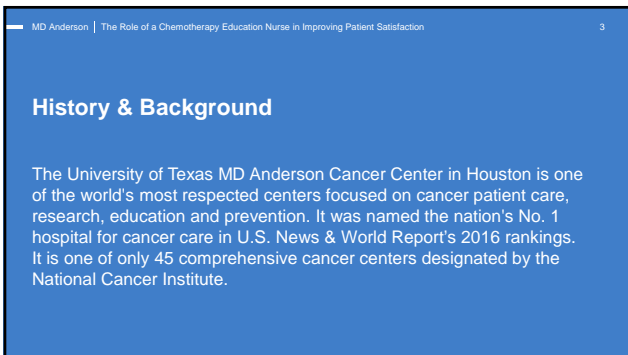
Key Takeaways

- High quality patient education is a critical component in supporting patients undergoing infusion treatment
- Evidence supports the benefit of providing patient education using a variety of teaching methods
- Most patients do not arrive to their infusion appointment with the appropriate expectations
- The development of an original video as a tool for educating patients about the infusion process is an innovative solution for ensuring that patients receive relevant comprehensive education









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MD Anderson Houston Area Location (HAL) in Katy

Service Lines

- Radiation Oncology
- Medical Oncology
- Surgical Oncology →H&N, Thoracic, Neuro, Gyn, Breast, GU, Plastics
- Specialty Clinics →Dermatology, Pain, GU medonc
- Ambulatory Treatment Center
- Other Services →PT/OT, lab, tobacco treatment program, genetics



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Patient Satisfaction Committee in Katy

- Monthly multidisciplinary meeting
- Committee goal of improving overall patient satisfaction
- Reviewed Press Ganey Data and found two items to improve
 - *Explanation of what to expect during chemotherapy*
 - *Explanation of managing chemotherapy side effects*
- Reviewed current practices and patient comments
- Committee recommendation to create a new pilot role without hiring additional FTEs

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Project Implementation

Chemotherapy Education Nurse
Pilot Role

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Chemotherapy Education Nurse (CEN) Role

PURPOSE	ROLE/TASKS
<ul style="list-style-type: none">• Standardize chemo education for all patients receiving chemo• Special focus on CID1 patients• Improving the understanding & expectations of the chemo process	<ul style="list-style-type: none">• Used Medical Oncology clinic nurse• Ask every patient the same questions• Document information on a spreadsheet• Visit/educate patients one on one, while in the infusion suite

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Chemotherapy Education Nurse (CEN) Checklist

<input type="checkbox"/> Medical Record Number	<input type="checkbox"/> Printed PRN med info given
<input type="checkbox"/> Date	<input type="checkbox"/> RCC process and scheduling explained
<input type="checkbox"/> "Side Effect" Video	<input type="checkbox"/> Explained what to expect during chemo
<input type="checkbox"/> "What to Expect during Chemo" video	<input type="checkbox"/> Explained management of chemo side effects
<input type="checkbox"/> Printed drug information given	<input type="checkbox"/> Made note of any comments
<input type="checkbox"/> Chemo Book given	

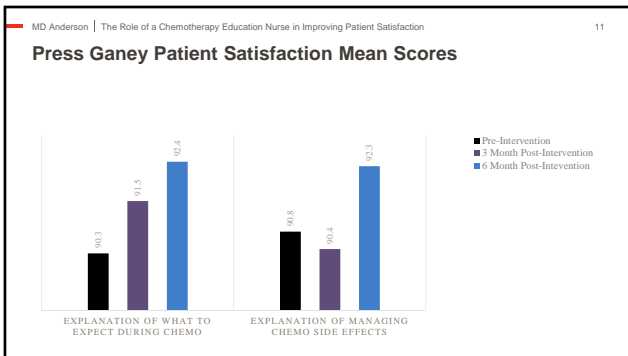
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A patient-centered approach is key for success!

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Patient Education Huddle-Speaking Points

- Patients expressed dissatisfaction with chemo teaching regarding their regimens
- Reflected on patient satisfaction scores
- Required documentation needed
- Patient videos (side effects & what to expect during chemo)
- Printed drug cards and PRN medications
- Chemo book
- Explain clinic processes and scheduling



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By implementing the CEN role, patient chemotherapy education was standardized and improved patient satisfaction. This role can easily be replicated in various clinical areas to allow for a more patient centric educational experience.

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Thank you

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Contact

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Engaging nurses in the development of a patient-centered educational video series

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Robin LaRecco, RN, BMT Program Manager
Winship Cancer Institute
Oncology Nursing Society 41st Congress
May 5th, 2017

NATIONAL MARROW DONOR PROGRAM® BE THE MATCH

1

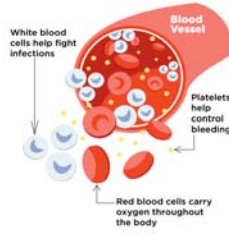
Conflicts of Interest: None.

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Hematopoietic Cell Transplant

- Also known as blood and marrow transplant (BMT)
- A complex, potentially curative therapy for blood cancers and other disorders
- Replace diseased blood-forming cells with healthy cells



White blood cells help fight infections

Platelets help control bleeding

Red blood cells carry oxygen throughout the body

Blood Vessel

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3

Patient Education Need Identified

- Overwhelming amount of information, often in clinical language, for patients and caregivers to learn before transplant.¹
- Environmental scan revealed few video resources available online. Those available were age or center specific.



4

Purpose

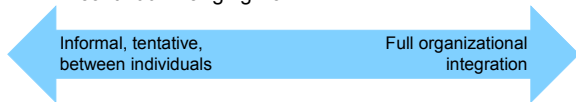
- To collaborate with BMT nurses to plan, develop, implement and evaluate 10 easy-to-understand patient education videos that facilitate informed treatment decision-making.



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Partnerships

- “Achieve synergistic outcomes that amount to more than can be achieved by individual partners working on their own.”²
- A strategy to increase engagement & collaboration
- A continuum ranging from³:



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Partners

1. NMDP /Be The Match
2. Patient Education Advisory Group (PEAG)
3. Winship Cancer Institute



NMDP /Be The Match Patient Support Center

Offers free programs and resources to support patients, caregivers and families before, during and after transplant.



Constance (right), transplant recipient, with her parents and sister



Patient Education Advisory Group

- Multidisciplinary BMT health professionals coordinated by NMDP /Be The Match staff
 - In 2015, members represented 16 U.S. transplant centers and 11 members (69%) were nurses
- Purpose:
 - To inform development of NMDP /Be The Match patient education programs and resources to ensure accuracy and usefulness.



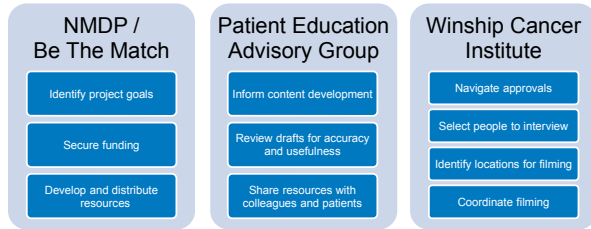
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Winship Cancer Institute

- Performed first autologous and allogeneic transplants in 1979
- One of the 10 highest volume adult BMT centers
- Performed 5,000th BMT in June 2016
- Patient access to more than 200 clinical trials
- National Cancer Institute designated center
- Core site for the Bone and Marrow Transplant Clinical Trials Network (BMT CTN)
- NMDP network transplant center



Partnership Roles



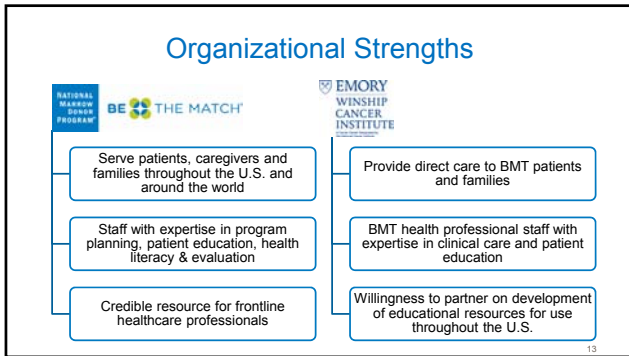
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Nurse Roles and Leadership

- Increased demand for health care leaders who work with "others as full partners in a context of mutual respect and collaboration"⁴
- In this project, nurses served as collaborative leaders in many different roles



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Basics of Blood and Marrow Transplant

- Free Video Series for Patients, Caregivers and Families
 - 10 videos, 2-6 minutes long
 - Topics include HLA matching, life after transplant and GVHD
 - Interviews with patients, caregivers and transplant clinicians
 - Available in Spanish and on DVD
 - BeTheMatch.org/LearnTheBasics

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Program Evaluation

- Outreach:
 - 39,687 views on YouTube, as of Feb 2017
 - 1,683 DVDs distributed, as of Jan 2017
- Impact:
 - Evaluation planned for 2017 / 2018
 - Measures will include: 1) Overall satisfaction and 2) Degree to which viewers feel informed about the transplant process and life after transplant

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Partnership Satisfaction

- Online PEAG annual membership survey
 - 11 members participated (65% response rate)
 - 100% of respondents agreed that by working together we are developing optimal educational resources for BMT patients and caregivers



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Keys to Successful Partnerships

- Clearly define project goals
- Gather input from nurses who represent a variety of roles and settings
- Identify 1 point person at each partnership organization to coordinate communication
- Share agreement to provide feedback along the way; address issues as they arise



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Conclusions

- Nurses are essential team members to create innovative resources to support patient-centered education.
- Partnerships between health professionals and patient advocacy organizations result in high quality resources for patients.



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Acknowledgements

NMDP /Be The Match

- Lensa Idossa, MPH
- Meghan Manchon, BA
- Heather Moore, MPH, CHES
- Elizabeth Murphy, EdD, RN
- Janelle Roghair, BA
- Caitlin Sipe, BA
- Stacy Stickney Ferguson, MSW, LICSW

Winship Cancer Institute

- The BMT recipients and families who shared their stories
- Amelia Langston, MD
- Alice Mullins, LCSW
- Renee Spinks, MSN, RN, ACNS
- Rachel Veldman, BSN, RN, OCN
- Edmund Waller, MD, PhD



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Generic patient education programs and materials to support all patients. Defined patient assistance structure (reimbursement, support). Reactive engagement mode; little or no contact after initial engagement unless patient enrolls in support program. Interact with patients through limited channels. Tailored (Segmented) Patient Marketing: (frequently deployed in Oncology, MS and other specialty disease areas). Integrate patient segmentation methodology (behavioral, geographic, demographic, social, etc.); customized patient materials for each segment. More flexible patient assistance structure

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