

Educate. Engage. Empower: A Standardized Approach to Customized Patient and Family Learning

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Purpose: Optimized patient-centered care calls for patients and their families to be integral, active, and well-informed participants in their care. Patients and families who are thrust unexpectedly into a sphere of critical injury/ illness encounter high levels of stress and crisis that impairs their learning capacity and weakens their learning retention; thus endangering essential contributions to their health journey, and jeopardizing self-care. Healthcare staff can mitigate these barriers through consistent, high-quality patient and family education, communication at individualized health-literacy levels, and robust patient advocacy. High-quality health education assures patients and families make informed decisions, and effective communication positively affects several experience-of-care dimensions in the acute care setting. Use of a standardized template for customized patient and family education can strengthen communication patterns, support patient and family understanding, and enhance self-advocacy.

Resources: Resources needed to complete this project included: •Sustainable funding for project printing/production •Staff time to research and compile project contents •Patient-family focus group to evaluate and critique project contents •Health literacy expert •Accessible storage space

Description: An urban trauma hospital's Patient and Family Centered Care Council (PFCC) identified gaps in available resources for consistent, universal support of customized patient and family learning and retention. These gaps included inconsistent means by which patients and families organize, store and reference shared educational information, disparity in addressing varied learning style preferences, and inconsistencies in teaching style, timing of when health teaching started, and reading ease of printed educational materials. Also recognized was an opportunity to promote patient and family self-care through education. The coordinator for the hospital's Trauma Survivors Network led the development of a project to minimize these resource gaps. Participants of the survivor program were invited to take part in focus groups to review potential materials and resources, and determine necessary and useful learning content. Qualitative data obtained through focus group sessions included themes of: understanding injuries, organization and retention of educational materials, and clarity of staff and provider specialties. A health literacy expert reviewed the suggested content and the PFCC approved the resource. The finalized resource is a 3-ring binder with tabbed sections that provides a standardized method to educate, empower and engage patients and families at individualized health literacy levels. Patients and families are oriented to this user-driven tool on admission, and are encouraged to use it throughout all phases of injury/illness and recovery. The binder is customizable and expandable, and includes options to record interdisciplinary teaching, basic anatomic images, open space for active reflection and self-care, organizational tools, space for written questions and notes, general hospital information, and a pen. Interdisciplinary staff members were educated utilizing clinical education days, physician staff meetings and 1:1 teaching sessions. Six-month utilization and usefulness data captured by PFCC members will drive first round content modifications.

Effectiveness: Following project roll-out, HCAHPS top box data trends increased in six education or communication sensitive domains: overall hospital rating (from 66% to 69%), communication with nurses (from 77% to 82%), communication with doctors (from 80% to 84%), communication about medicines (from 62% to 66%), care transitions (from 55% to 59%) and discharge information (from 88% to 90%).

Lessons Learned: Lessons learned while developing and implementing this project include:

- Significant cost variability exists between competing print/production vendors. Extensive cost comparative research is imperative when combining high production quantity (5000+/year) with the obligation to be fiscally prudent.
- Surface space in a patient room is often limited, which creates a challenge when trying to keep the binder visible and accessible to patients/families.
- Other patient care departments are very interested in using this tool as a template for their division specific patient education materials.
- Optimum utilization and integration of this new tool requires on-going staff education.

Benefit to Others: Use of this tool provides patients and families with an enhanced sense of clarity and control in what can easily feel like an otherwise uncontrollable situation. Hospital systems choosing to implement a standardized approach to personalized patient and family learning can optimize future patient and family experiences, enhance meaningful information sharing, and grow a community of resilient, supported, engaged and informed patients and families.