Improving Patient and Family Education with Vigo

Nurse Productivity: Not enough time to educate

Patient and family education is of great importance; however, the time available for nurses to deliver quality teaching is dwindling with each additional task placed on the nurse. This challenge of finding time to teach is familiar to nurses. Nurses have been plagued with too much to do, and not enough time to do it, since the inception of comprehensive medical care. Nurses can accept that reality, or they can change their perspectives, turn desperation into innovation, and figure out how to teach in the perpetually evolving healthcare arena.

Hospitals and other healthcare facilities have historically used televisions on carts with outdated videos to deliver educational programs. A newer approach is to walk around with DVD players. Both approaches are cumbersome. Outdated information is counterintuitive to the vital constituent, content, of patient education.

A nurse educator needs a way to ensure timely delivery of current educational materials. Keeping up to date with evidenced-based educational videos is a full time post. The nurse educator realizes tending to the patient comes before education, and so must be content with less than optimal patient education. Vigo changes this paradigm putting the nurse educator in control, and removing the burden of education from the nursing staff.

Educational Obligations

Education for patients and their families regarding treatment plans, conditions, and medication regimen is an obligation of the entire healthcare team, including the facility itself. Facilities or providers that do not provide appropriate education are placing their patients and themselves at risk for non-compliance, misunderstanding, malpractice and violations of JACHO regulations.

Despite increasing risk-mitigation activities and safety risk communications from JACHO and other regulatory agencies, many facilities have failed to implement a comprehensive patient-centered education system. Some key components of a patient centered education system include: patient and family education level, native language, culture, religion, and barriers to learning. Patients' knowledge of and involvement in their medication regimen can also prevent or reduce inpatient medication errors.[1]

Monitoring and Measuring Patient Education

Lack of appropriate evaluation of patient comprehension is also suspect in non-compliance issues as well as malpractice. Monitoring patient comprehension has many benefits. It serves as a documented record that the patient was educated appropriately and understood the content. It can be utilized for identification of ineffective material. Emerging patterns in pre/post-education safety or compliance can be tracked.

Company Overview

Allen Technologies' mission is to enhance the patient's journey to better health. Through Vigo, Allen provides the tools to facilitate and integrate education into everyday nursing practice and make bedside patient education meaningful and effective.

Cross-Sectional Study

A cross-sectional study of 50 adult internal medicine patients concluded "there are significant deficits in patients' knowledge of hospital medications." "These results are a call to reexamine how we educate patients regarding hospital medications." [1]

Potential Educational Issues

"Eight authors reported that knowledge presented by computer-based patient education methods resulted in improved clinical outcomes when compared with traditional patient education methods [the other 5 studies showed equal gains]." [3]

"Incomplete documentation at discharge was common, particularly for medication management. It is likely that communication gaps contributed to many of the preventable adverse events and readmissions." [1]

"Exploration of gaps and the way practitioners anticipate, detect, and bridge them is a fruitful means of pursuing robust improvements in patient safety" [2]

"Using computers to teach patients has several benefits: patients can learn at their own pace and avoid being embarrassed by having to ask to have certain information repeated." [4]

Additionally, recorded data can be archived for future evaluation or experimental research. In a retrospective review of discharge teaching, researchers discovered that there were preventable discharge communication gaps for 54% of patients studied. 2

Providing patients with all-inclusive discharge instructions, ensuring understanding, and documentation of such are obtainable goals that should be a priority for providers and facilities.

Exploring the Gaps

An evidence-based approach can help identify practices that are likely to improve patient safety. Documentation of practices that target a diverse array of safety problems, including falls, post-discharge adverse events, and nosocomial infections, could provide researchers with information to identify the gaps between communication and comprehension, and between patient education and safety. [3]

Technology

Technology, specifically computer-based patient education, can allow nurses to target patient and family education and ensure tailored education activities to meet individual patient learning needs. There are numerous reports in healthcare literature of improved clinical outcomes when computer-based programs have been used. [4] Joint Commission has identified several benefits from the use of computer-based instruction, including allowing patients to learn at their own pace and avoiding the discomfort of asking for information to be repeated. [2]

An automated system would ensure delivery, comprehension and documentation for safety and educational materials. When embedded within each video, a comprehensive / evaluation tool would prove to be valuable for improving, monitoring, researching and documenting patients' understanding of the content. Education is not effective if it is not delivered appropriately or understood. Figure 1 identifies benefits of implementing Vigo.

Helping the Nurse Educator

Vigo provides a way for a nurse educator to auto-prescribe videos based on diagnosis, nursing unit, or other factors. For example, L&D patients can be automatically prescribed Car Seat Safety videos. Patients with elevated fall risks can be auto-prescribed Fall Prevention videos. The nurse educator can also manually prescribe videos to individual patients. Various reports are available, such as the Number of Videos prescribed, the Number Watched and Summary of Education Comprehension. Additional detail can be obtained by drilling down into these reports. Alerts can be set up so if a patient fails to comprehend a video the appropriate person is notified for a follow-up consultation.

Vigo Overview

Vigo is an interactive patient TV system, which can provide various types of patient entertainment. Examples are TV, movies-on-demand, games, books-on-line and Internet access.

Vigo also provides patient education in the form of videos (short movies or interactive tutorials), which include content-based questionnaires to ensure adequate learning of the material.

Health education videos can be auto-prescribed based on nursing unit, diagnosis (DRG, ICD, or text), or information contained in a patient's ADT record.

Health videos can be manually prescribed to a patient, or a patient can view titles of his or her choosing. Videos can also be blocked, so L&D videos cannot be viewed in Pediatrics.

Hospital staff can view reports and get alerts when a patient doesn't fully comprehend the material.

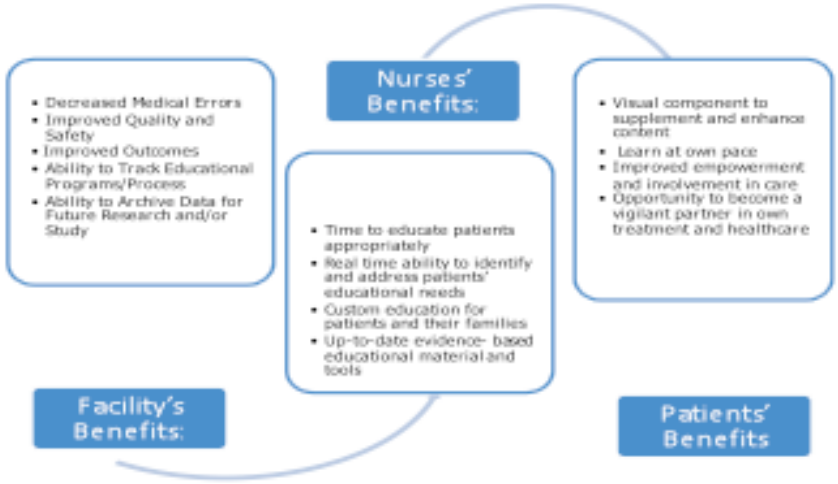

Figure 1 Benefits of Implementing Vigo for EducationRx

Conclusion

There are several strategies to streamline the development and implementation of patient and family education systems. Vigo is a flexible and feasible computer-based approach. Incorporating such strategies is necessary to manage the rapidly growing responsibilities that health care providers must navigate. Furthermore, an interactive bedside system can be used to improve quality of care and support patient involvement and empowerment.

Allen Technologies' Vigo system is an affordable, valuable alternative to historical patient education methods. Vigo systems increase patient satisfaction as they empower patients and their families to be involved in their care during their hospital stay.

Vigo supports regulatory compliance requirements through documentation and verification of understanding of patients' home-care instructions (i.e., discharge instructions and follow up care). The system is designed to give the patients the education they need, while freeing unit nurses to focus more on patient care.

About the Author

Teresa Sharkey RN, BSN, CLNC

Teresa started in healthcare as a Certified Nursing Assistant (CNA). She then earned her associates degree in nursing (RN). Two months after completing her degree she was promoted to charge nurse of a 32-bed Neurology unit. Teresa took on roles in various specialty areas like: ER, ICU, PCU, PACU, Oncology and Cardiology. She also worked in case management, medical management, served as a clinical specialist for a medical device company, Chief Nursing Officer, and Certified Legal Nurse Consultant (CLNC).

In 2008 Teresa started her own company, Healthy Allegiance LLC., where she provides consulting services to a diverse group of healthcare companies.

Teresa is pursuing her PhD in Nursing Administration / Healthcare Informatics at The University of Texas at Austin.

References

1. Cumbler, E., Wald, H., Kutner, J. (2010). Lack of patient knowledge regarding hospital medications. Journal of Hospital Medicine, 5(2): 83-86.
2. Witherington, E. M. A., Pirzada, O. M., & Avery, A. J. (2008). Communication gaps and readmissions to hospital for patients aged 75 years and older: Observational study. Quality & Safety in Health Care17, 71-77.
3. Cook, R., Render, M., & Woods, D. (2000). Gaps in the continuity of care and progress on patient safety. *BMJ,* 320, 791-794.
4. Lewis, D. (1999). Computer-based approaches to patient education a review of the literature. Journal of the American Medical Informatics Association 6(4): 272-82.
5. The Joint Commission Guide to Patient and Family Education. (2006). Joint Commission Resources, p. 23.