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Setting

- Infusion Services:
 - Outpatient department of a midwestern hospital
 - Infusion therapies to acute and chronically ill patients referred by clinicians specializing in their management
 - Approximately 60 patients per day
 - Welcomes approximately 100 new patients per month

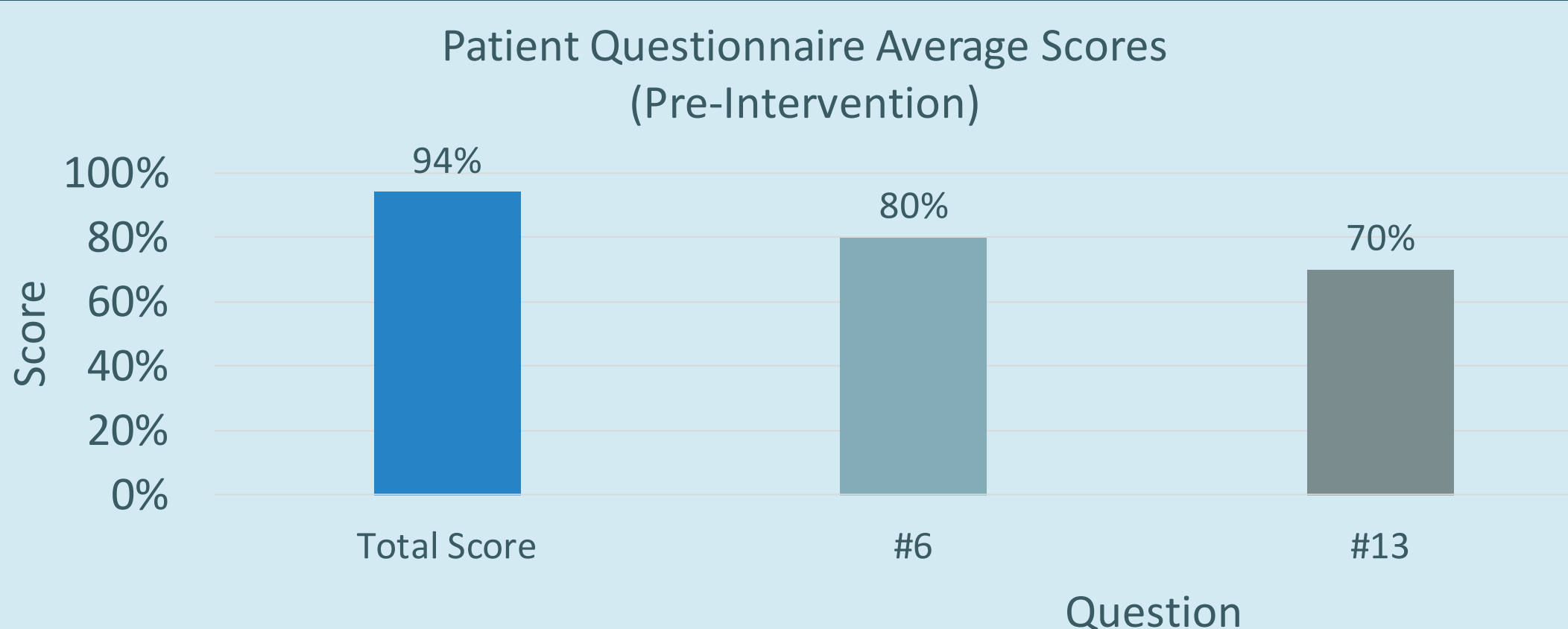
Background Information

- Patient education:
 - Is an important nursing responsibility
 - Provides the patient with the understanding of their disease and treatment plan^{7,8}
 - Is a basic right of the patient and their family to receive
 - Promotes the delivery of patient-centered care⁸
 - When adequately delivered, maximizes effectiveness of therapy, increases patient knowledge, engagement, and satisfaction of care⁹
 - Standardization can improve both patient and staff satisfaction¹
- Without a standardized process, Registered Nurse (RN) staff perceived inconsistent educational content delivery, differing teaching methods, and a lack of patient knowledge and understanding about their treatment plan

Baseline Data

Patient Questionnaire

- From 11/1-11/29/22, of the 94 new infusion patients, 44% were identified by staff as new and were administered a 13-item Likert scale questionnaire that focused on specific education components a new patient should receive
 - Patients could also provide feedback as desired
- The average total score for each 13-item questionnaire was 94%
- Two questions regarding education on Adverse Drug Reactions (ADR) (#6, 80%) and the Late/No Show Policy (#13, 70%) scored the lowest of all questions



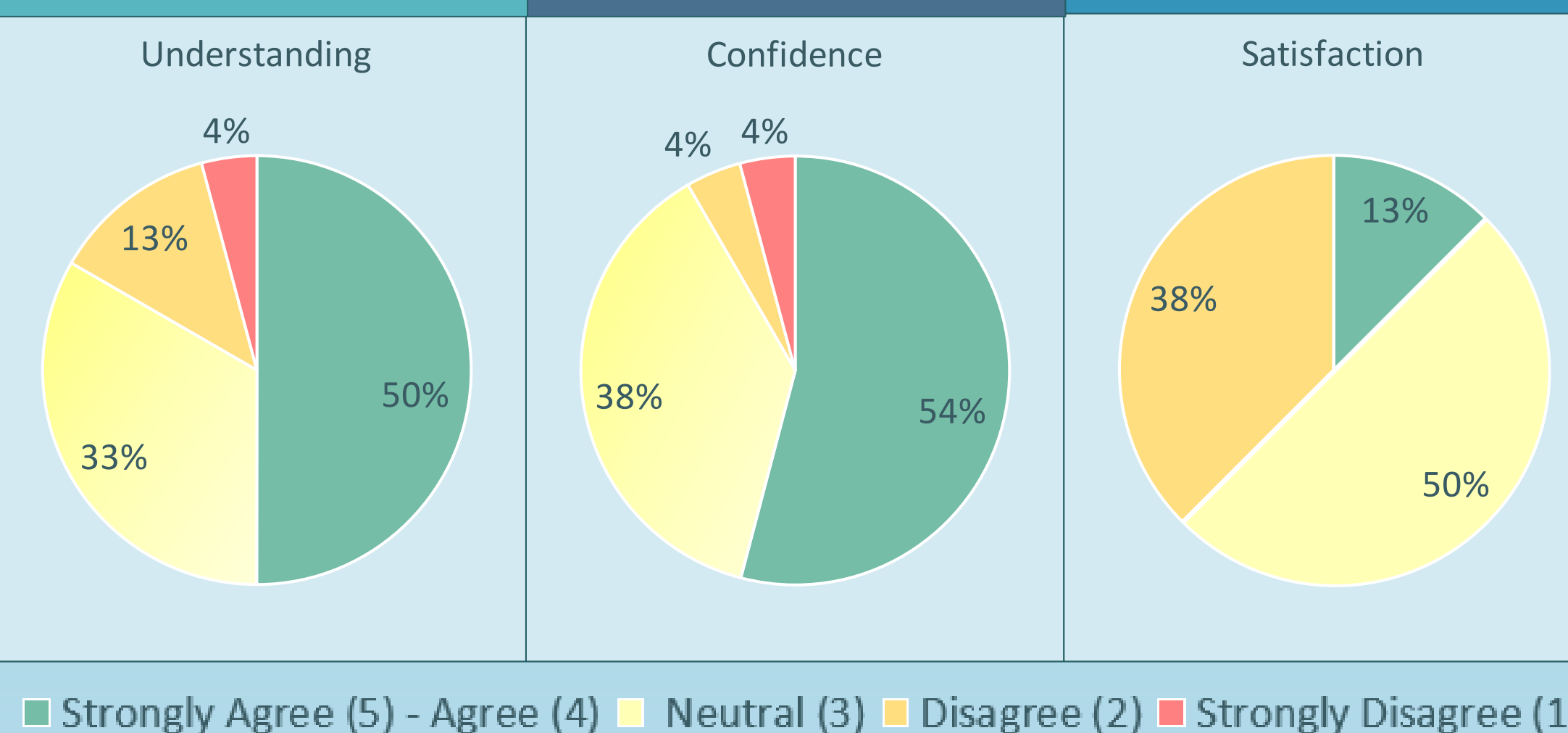
RN Questionnaire

- RNs were queried using a Likert scale questionnaire regarding their **understanding, confidence, and satisfaction** with the process utilized to educate new patients
- Strongly agree and agree (4-5) were combined as ideal state

Understanding: Only 50% of RNs reported perceived understanding of the process used to educate new patients

Confidence: Only 54% of RNs reported feeling confident to educate new patients

Satisfaction: Only 13% of RNs reported feeling satisfied with the current process used to educate new patients



Problem Statement

- There is a lack of a standardized process or knowledge of available resources for Infusion RNs to utilize when educating new patients
- Patients have limited understanding of their treatment, symptom management or how to effectively navigate the healthcare system
- A standardized process for Infusion nurses and patients is desired for ensuring quality care and patient, as well as nurse, satisfaction

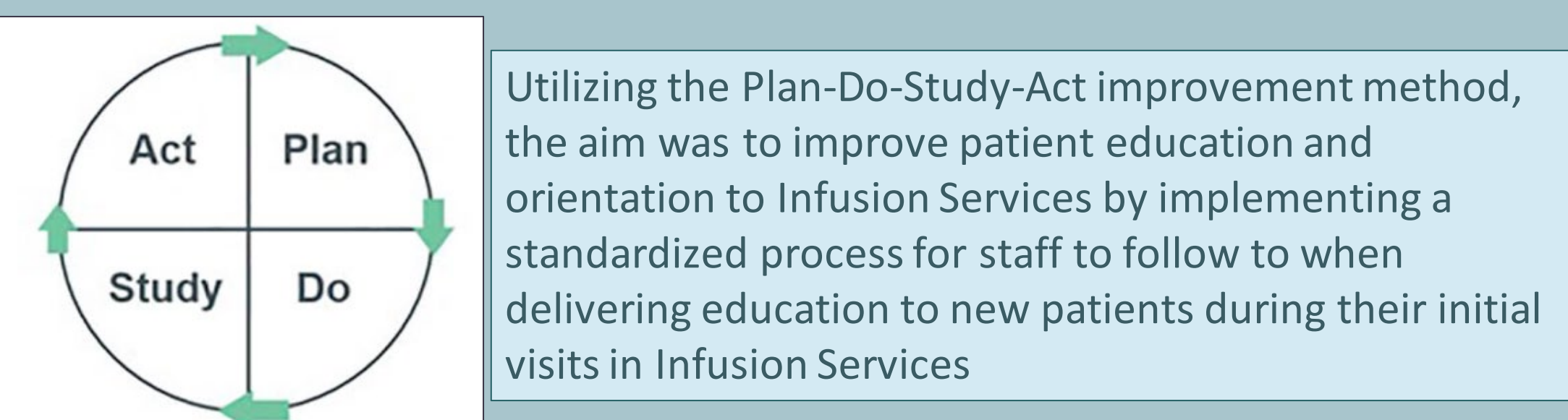
Review of the Literature

- Without appropriate education, patients can experience poor symptom management, anxiety, and lack of ability to cope with their illness or disease⁴
- Variation in practice can result in waste, inefficiencies, and decreased quality of care²
- Effective teaching during a new diagnosis or treatment has shown to decrease anxiety, improve decision making, diminish treatment side effects, and improve quality of life⁵
- Standardizing education processes increases efficiency and quality and contributes to enriched patient understanding and satisfaction, as well as increases patient and staff satisfaction^{1,2,5}
- Checklists provide consistency, ensure completeness, and can boost nurse's confidence in delivering patient education⁶

Improvement Team

- A Quality Improvement (QI) team was created within Infusion Services and led by the Clinical Nurse Leader (CNL) student including the Clinical Manager (CM), Professional Development Nurse (PDN), Quality Improvement RN (QIRN), and other department Staff

Global Aim



Specific Aims

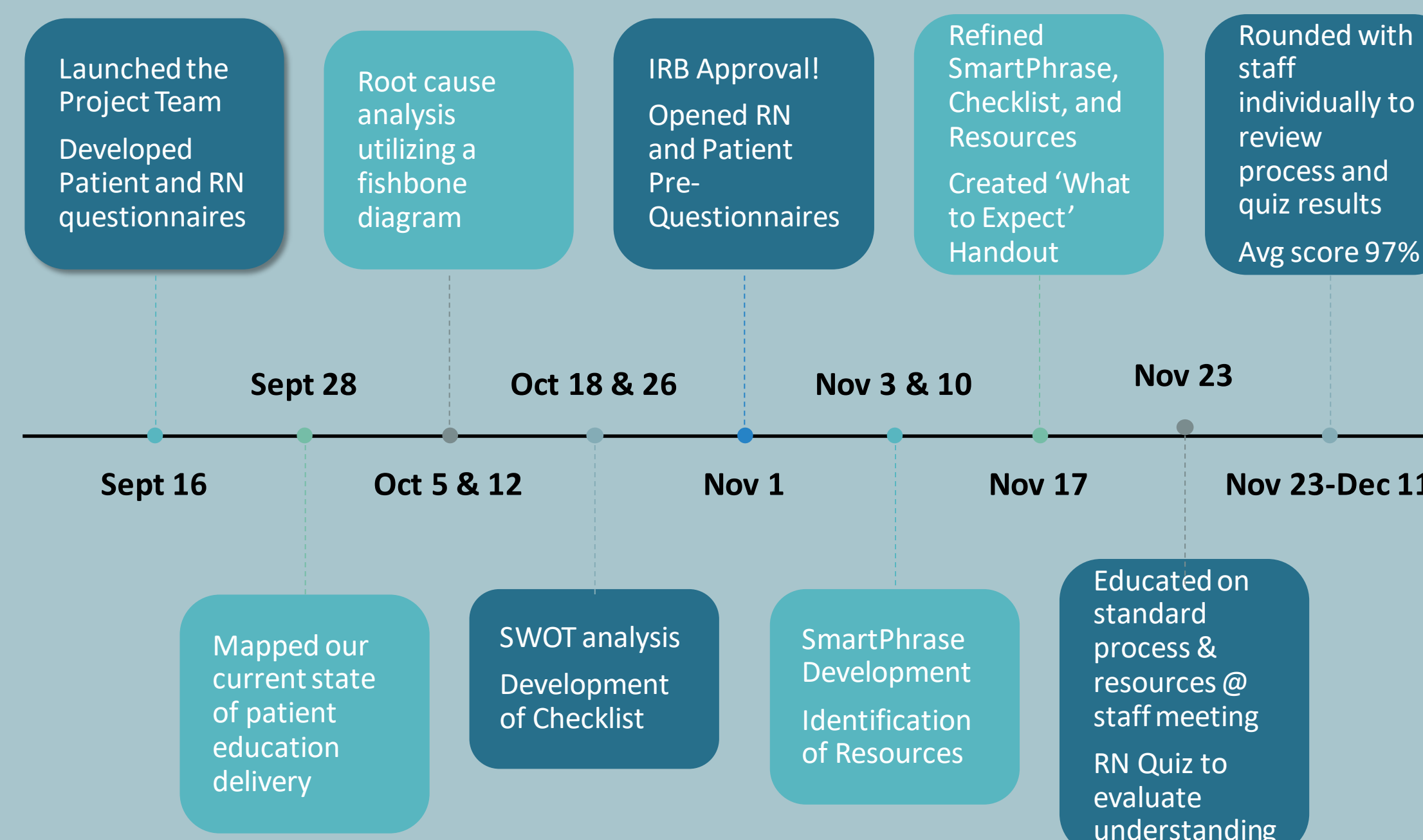
Patient Questionnaire

- Total Score:** Maintain an average total score for the patient questionnaire of $\geq 90\%$ by February 26, 2023
- ADR Edu:** Maintain the average score for patient questionnaire item #6 ('I know what to expect if I have an adverse drug reaction.') of $\geq 80\%$ by February 26, 2023
- Late/No Show Edu:** Increase the average score for patient questionnaire item #13 ('I understand the policy if I am late or do not show for my infusion appointment.') to $\geq 80\%$ by February 26, 2023

RN Questionnaire

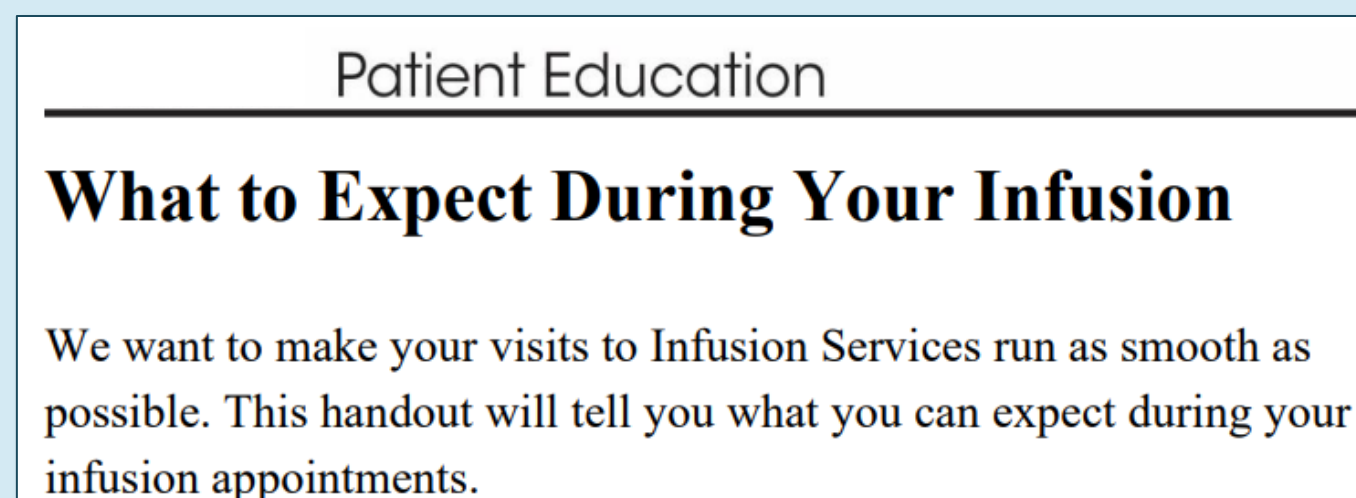
- RN Understanding:** 75% of RNs will rate their **understanding** of the standard process used to educate new patients as 4-5 out of 5 by February 26, 2023
- RN Confidence:** 80% of RNs will rate their **confidence** in educating new patients as 4-5 out of 5 by February 26, 2023
- RN Satisfaction:** 75% of RNs will rate their **satisfaction** with the standard process for educating new patients as 4-5 out of 5 by February 26, 2023

Plan



Do

- Implemented new standard process: 12/12/2022 – 2/26/2023
- Patients were identified as new by all staff (Schedulers, MAs, LPNs, RNs)
- RN reviewed checklist, provided education from identified resources (Lexicomp®, Elsevier Patient Education Direct®, EPIC Clinical References®), as well as a new handout with information specific to Infusion Services ('What to Expect During Your Infusion')

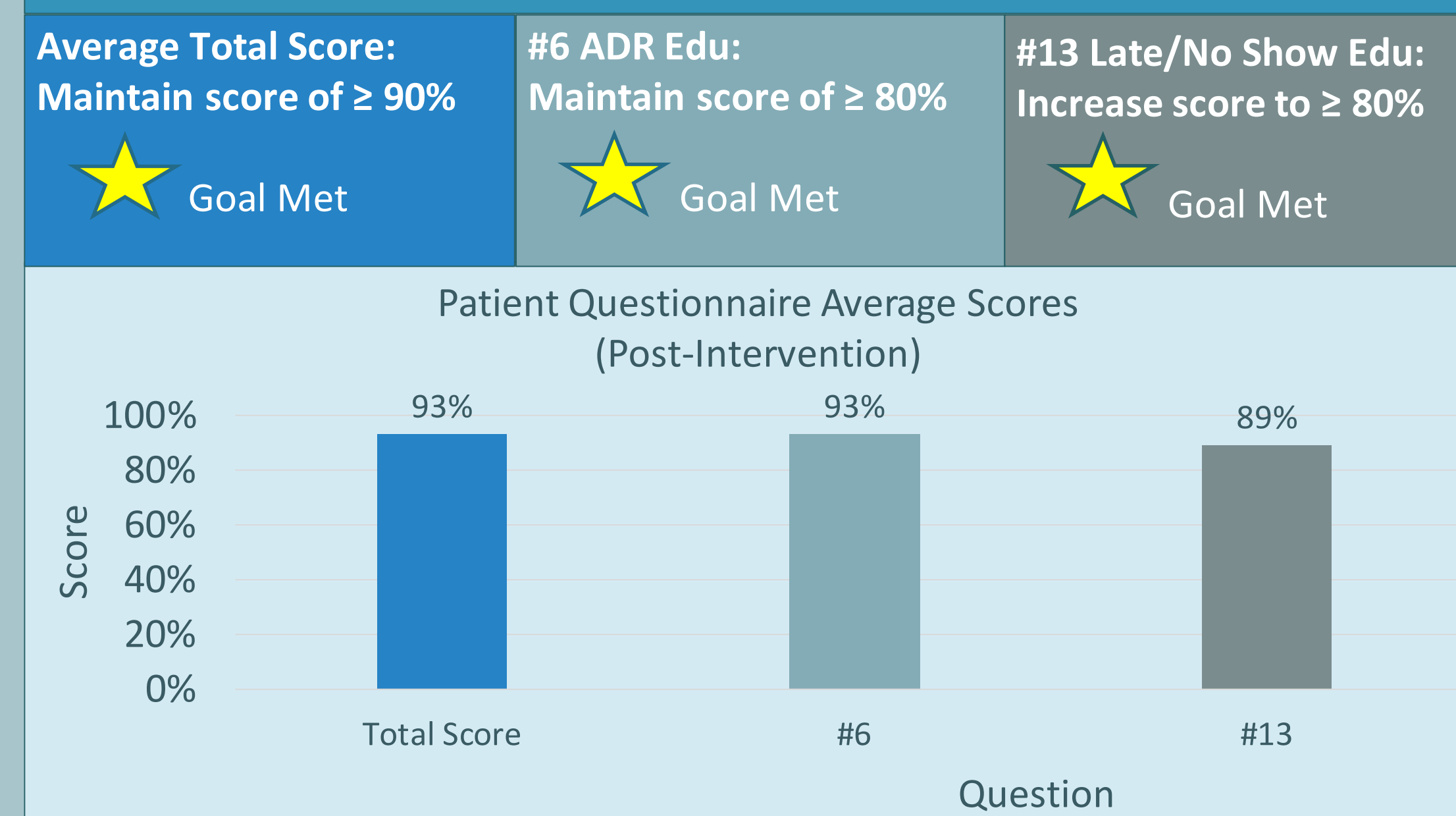


Education to provide:	Completed?
Hospitality/General orientation to the department	<input type="checkbox"/>
Provide What to Expect Handout	<input type="checkbox"/>
Determine patient's readiness to learn. Review learning needs assessment. <ul style="list-style-type: none"> Do they have a support person present/available that also needs to hear education? 	<input type="checkbox"/>
Discuss the Timeline for the day & write on whiteboard	<input type="checkbox"/>
Vascular Access Device Education	<input type="checkbox"/>
Disease specific information, if requested: Use resources listed on the back of checklist	<input type="checkbox"/>
Infusion specific education: Use resources listed on the back of checklist	<input type="checkbox"/>

- RNs utilized checklist for 65% of new patients seen during 'Do' phase
- Patient Questionnaire was administered to new patients as they finished their first visit
- QIRN ran report to obtain "SmartPhrase" utilization for new patients.
 - RNs utilized "SmartPhrase" to document new patient education for 49% of new patients seen during 'Do' Phase
- Staff updated on progress bi-weekly via email as well as via data wall on unit

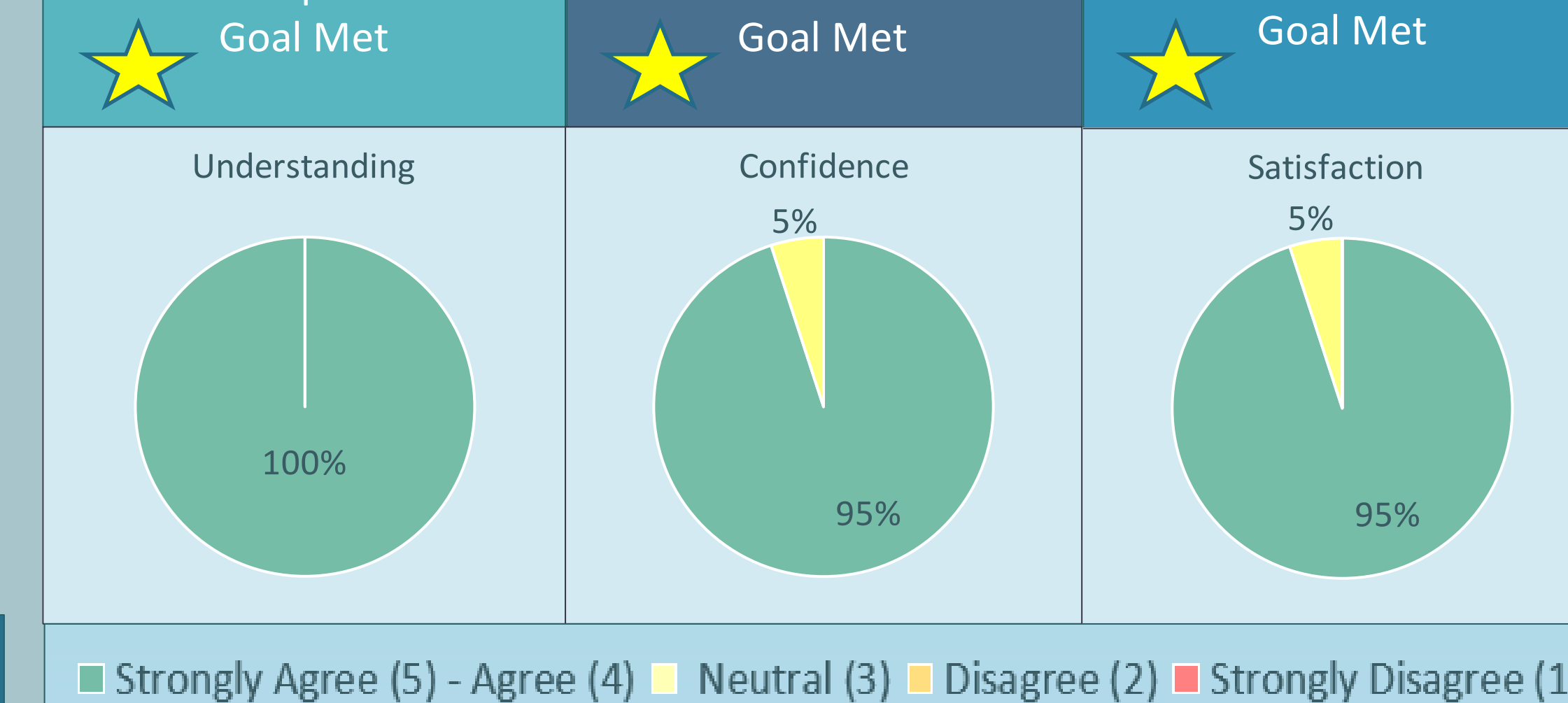
Study

Patient Questionnaire – Post Intervention



RN Questionnaire – Post Intervention

- RNs were queried using the same questionnaire
- Strongly agree and agree (4-5) were combined as ideal state



Act

- Update inclusion criteria to add patients who have not been to Infusion Services in the last 3 years
- Expand the process to the additional Infusion Services locations
- Continue to hardwire process and present at next staff meeting
 - Review data, action plan, re-layer education
- Collaborate with Referral Departments
 - Update on project and findings
 - Share "What to Expect During Your Infusion" patient education handout
 - Distribute to patients while in their specialty departments
 - Send via MyChart® to patients referred to Infusion Services
- Collaborate with Infusion Schedulers: Create key points to incorporate into scripting when scheduling patients

Learnings & Limitations

- Creating and using standard resources improve both patient knowledge and staff satisfaction
 - Positive feedback from patients after receiving standardized education:
 - "All went well. Good job to all the staff."
 - "Now I know what to expect."
 - Positive feedback from staff regarding new standardized process:
 - "It is straightforward and smooth, no concerns."
 - "I appreciate having a clear process to follow for all of our new patients."
- Process Findings
 - Not all patients completed the Patient Questionnaire
 - Staff had difficulty identifying new patients
 - Noted discrepancy between what the report identified as 'new' (not seen in last 3 years) vs. what staff considered new (no previous visits ever).
 - Report was modified 1/30/23 to exclude patients with *any* history of visits
 - 'Pended' notes may not have been seen during chart audit
 - Expectations for patient education should be clearly communicated

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References

