

PROMOTING INTERPROFESSIONAL APPLICATION OF HEALTH LITERACY PRINCIPLES IN THE CLINICAL ENVIRONMENT



HEALTH CARE EDUCATION ASSOCIATION

Connecting Patient, Staff & Community Educators, Worldwide



Penn Medicine

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HEALTH CARE EDUCATION ASSOCIATION (HCEA)

- Mission

Interprofessional organization that advocates for evidence-based health education for patients and consumers...

- Vision

Improved quality of life for all people through excellence in health care communication, education, and engagement.



HCEA PROJECT: CONCISE PATIENT EDUCATION GUIDELINES FOR HEALTH CARE PROFESSIONALS

- Part of HCEA Strategic Plan
- Supports mission and vision
- Concise guidelines for patient education process (assessment, planning, implementation, and evaluation)



LITERATURE SEARCH

- Work group is interprofessional – Patient, RN, MD, CHES, PT, OT, RD, medical librarian
- HCEA awarded health literacy grant from the NNLM MAR for literature search
- Developed search questions/key terms through interprofessional approach
- Co-chair worked with librarians to refine search process

SEARCH QUESTION

- What techniques are best for assessing patients' learning needs, preferences and/or priorities before teaching?
- What are the elements of a teaching plan which incorporates patient- and family-centered goals, individualization and measurable outcomes?
- How do health care providers individualize patient teaching strategies to improve patient engagement and health outcomes?
- How do clinicians determine that learning has occurred?



LITERATURE SEARCH PROCESS AND RESULTS

- Iterative process
- Constant interprofessional input during the search process
- Search yielded approximately 7,000 articles
- De-duplication completed
- Reviewed titles and abstracts to eliminate literature that does not support project – 600 final articles



LITERATURE REVIEW

- Currently 17 multidisciplinary team members are reviewing articles
- Workgroup built own matrix for literature review
- Matrix includes description, key findings, level of evidence, pertinence to assessment, planning, implementation and evaluation



PROJECT PLAN

- Complete reviews
- Synthesize matrix information
- Develop concise guidelines for frontline health care professionals
- Disseminate through various options including HCEA website, professional associations, EHR best practices, national guidelines website.

SUMMARY

- Interprofessional approach is a strength
 - Considered various perspectives (patient, health care professionals, medical librarian)
 - Used the expertise of the all workgroup members
- All professions can support the dissemination of guidelines for frontline health care professionals

VASCULAR SURGERY INFORMED CONSENT

Goal

Development of educational process for vascular informed consent to meet health literacy needs of patients/families

Multidisciplinary Team

Patients, Surgeon, Resident, Transition Coordinator Nurse,
Patient Education Specialist, Librarian

BROCHURE DEVELOPMENT

- Reviewed literature on informed consent, health literacy and patient education.
- Developed 4 page brochure with interprofessional team
 - health care team members,
 - diagrams of surgical procedure
 - information on risks, benefits, alternative options, and recovery
- Ready to implement educational process in ambulatory clinic

Carotid Endarterectomy (CEA)



Christine Malloy
Nurse Care Coordinator

Crystal Fera
Nurse Care Coordinator

Kelly Drozd
Admin. Assistant

Kim Wilson
Nurse Practitioner

Paul Foley
Vascular Surgeon

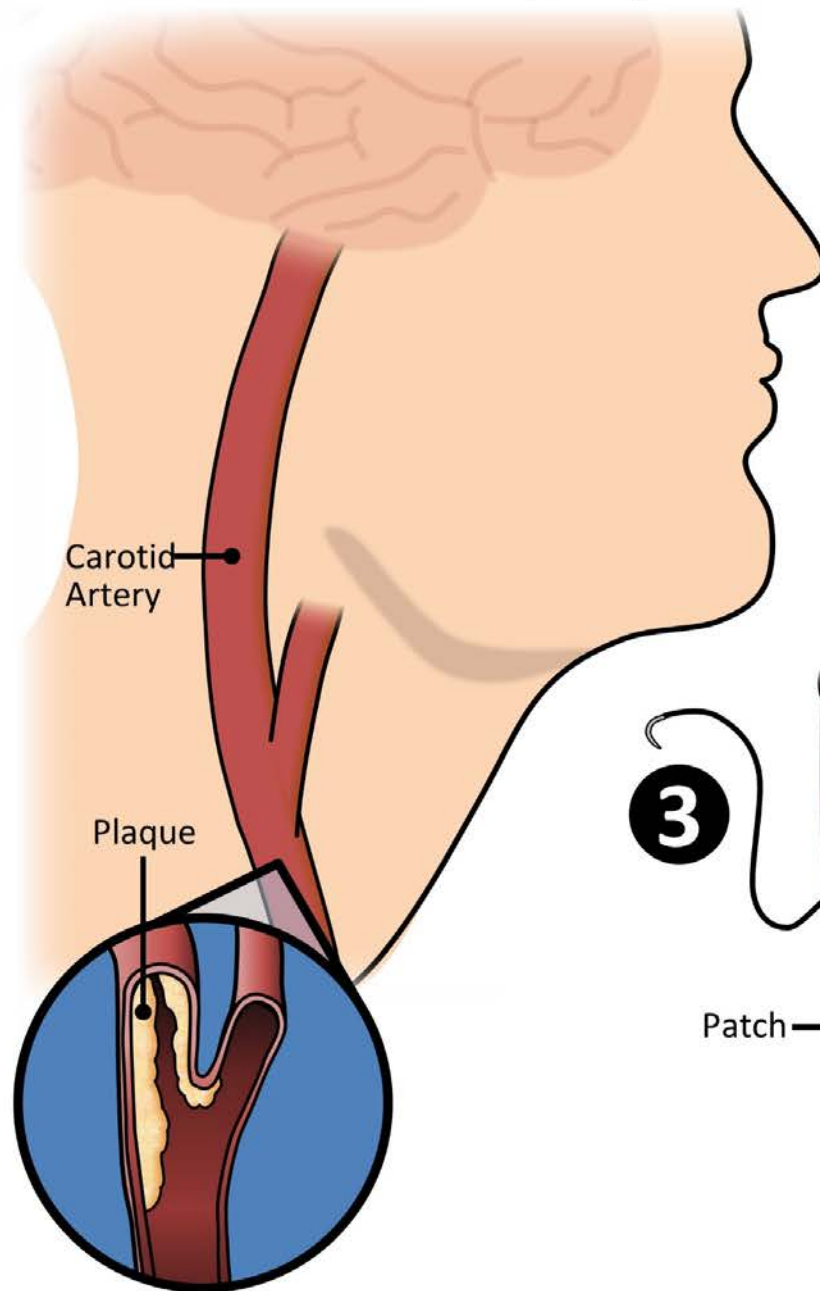
Jon Quatromoni
Vascular Surgery Resident



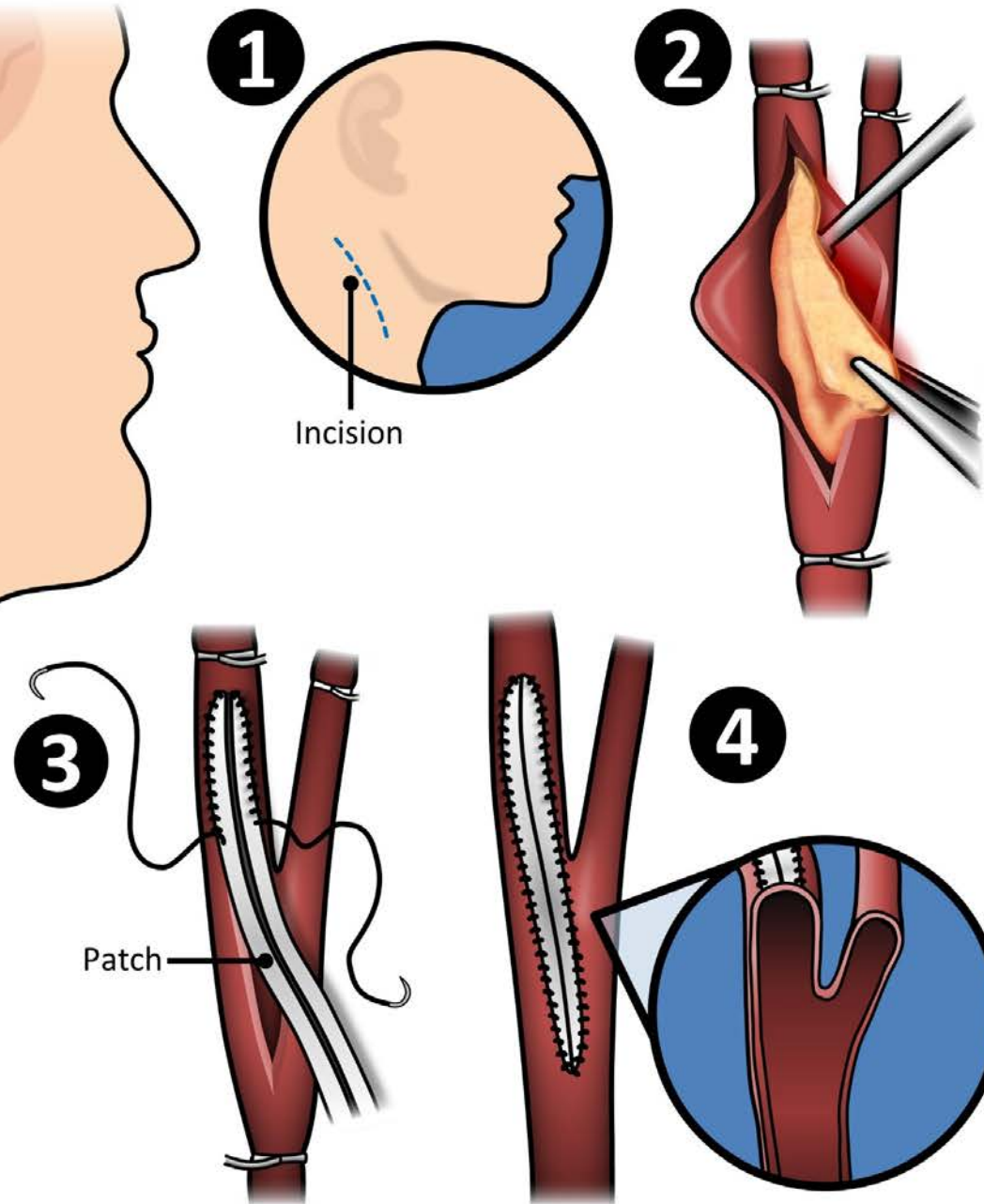
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PENN VASCULAR SURGERY

Before Surgery



Surgery



Benefits

- Lower the risk of stroke.

Risks

- Heart attack
- Stroke
- Bleeding at incision
- Infection
- Headache
- Nerve injury in neck leading to breathing problems
- Plaque can grow back
- Need for more surgery
- Death

Alternatives Care Options

Treating the Carotid Artery

- Placement of a stent across the blockage using minimally invasive surgery.

OR

- Medical therapy alone without surgery, to stop the plaque from growing

Not Treating the Carotid Artery

- You always have the choice to not have surgery.

Why we recommend carotid endarterectomy over alternatives

**For anesthesia and other general risks, see standard consent.*

What is my recovery like?

What should I expect after surgery?

- Incision pain, lasting about 1 week.
- Feeling tired, usually 1-2 weeks.
- Move around slowly due to discomfort. You may need a nurse or physical therapist at home to help get your strength back.

How long will I stay in the hospital?

- Usually 1-2 days.

When will I return to:

- My “normal self”: 1-2 weeks.
- Driving: usually 1-2 weeks.
- Work: usually 1-2 weeks.



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PROCESS AND OUTCOMES

- Surgical knowledge and health literacy assessment (short TOFHLA) prior to appointment with surgeon.
- Patients alternately assigned to standard care or new brochure for surgical informed consent.
- After discussion/education with surgeon, patient repeats surgical knowledge assessment.
- Outcome metric: surgical knowledge.



KNOWLEDGE TEST

Teach Back Process

- Surgery description
- Benefits
- Risks
- Alternative treatment
- Expected recovery



NEXT STEPS

- Measure outcome in 30 patients
- Expand to other vascular surgeons