

Winter 12-12-2014

ENT Educational Patient Bedside Tool

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Recommended Citation

Toma, Alina M., "ENT Educational Patient Bedside Tool" (2014). *Master's Projects and Capstones*. 76.
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ENT Patient Educational Bedside Tool

Alina Toma, RN

Master in Science of Nursing – Clinical Nurse Leader

Background

The medical institution is a 619-bed acute-care teaching hospital. The microsystem is a 28-bed medical surgical unit that specializes in pre and post operative ENT cancers, with a focus on tracheostomies and laryngectomies. DKA, COPD, and hypertensive crisis patients are also frequent occurrences on this unit.

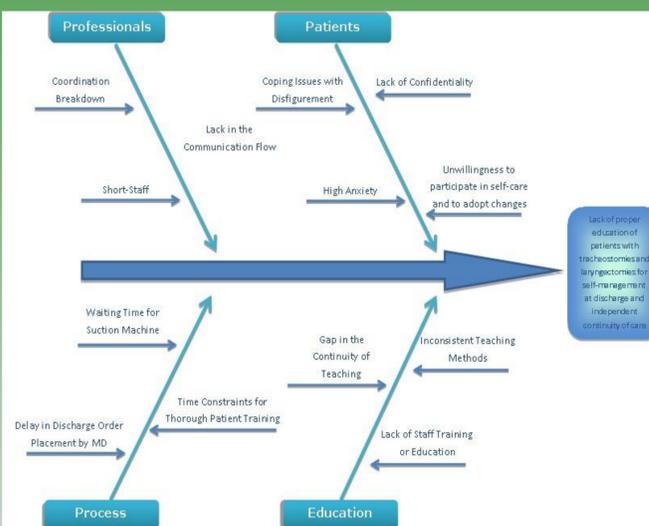
Specific Aim

Improve the education of patients with tracheostomies and laryngectomies, and their family members, by the end of December 2014, along with streamlining staff communication/coordination in the ear, nose, and throat (ENT) unit, by creating and implementing the ENT bedside educational tool.

Problem

Inconsistent coordination and communication within the care team that leads to insufficient patient education at discharge for tracheostomy and laryngectomy patients.

After identifying the elements of prevention for high-risk events, a Failure Mode Effects Analysis (FMEA) was performed to evaluate the process and to assess the impact of various possible failures in the design.



Methods

In order to be able to determine if the educational bedside tool reached its goal, it was necessary to depict and analyze the interactions between these characteristics. As shown in Figure 1, patients' perceptions, staff involvement, the educational information and the resources used are the main characteristics that can be evaluated for continuous improvement.

Evaluation

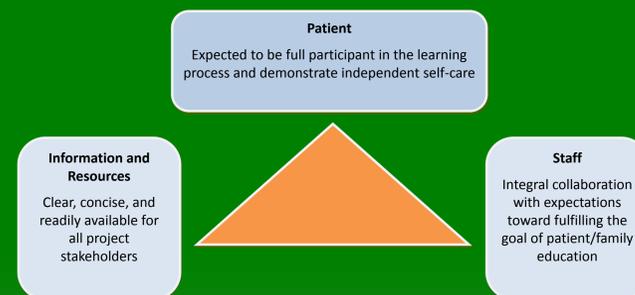


Figure 1

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Process Flow



SWOT Analysis

SWOT analysis was performed to help identify process barriers and facilitators

<p>S Strengths</p> <ul style="list-style-type: none"> • Proper education of patients with tracheostomies and laryngectomies with independent continuity of care and self-management at discharge • Improved patient safety and satisfaction • Improved communication and coordination of the interdisciplinary team members • Cost savings for the institution 	<p>W Weaknesses</p> <ul style="list-style-type: none"> • Some staff reluctant to change • Staff shortage
<p>O Opportunities</p> <ul style="list-style-type: none"> • Use of information technology to facilitate communication • Low-cost implementation process • Decreased patient anxiety at discharge • Reduced re-admission rates • Decreased rate of complications 	<p>T Threats</p> <ul style="list-style-type: none"> • Some patients not willing to participate in their management of self-care • Delayed response from staff for compliance with the required implementation

Project Timeline

ID	Task List	Duration months	2014														
			November	December	January	February	March	April	May	June	July	August	September	October	November	December	
1	Project Evidence Gathered	1.0	1 mo.														
2	Assessment Initiation - FMEA -	1.5		1.5 mos.													
3	Draft Created	1.0			1 mo.												
4	Leadership Endorsement	0.5				0.5 mo.											
5	Quality and Safety Review	1.5					1.5 mos.										
6	Staff Education and Feedback - Orientation to Staff -	1.0						1 mo.									
7	Implementation and Roll-Out	3.0							3 mos.								
8	Evaluations and Results	1.5									1.5 mos.						
9	Opportunities for Improvement	3.0												3 mos.			
TOTAL			14.0														

Timeline and progress of the educational project

Results

The bedside tool (Figure 2) records the progress of the patient teaching, and became an integral part of the educational process of the tracheostomy and laryngectomy patients in the microsystem.

Figure 2

Education at discharge was improved, with patients showing successful return demonstrations for self-care, less anxiety and frustration, and the discharge process on the unit being significantly reduced.

Over 80% of surveyed clinical participants agreed that the patient educational tool helped with the overall coordination in regards to the educational process.

Recommendation

The recommendation is to continue using the educational bedside tool, with a quarterly assessment of its efficiency toward patient satisfaction and staff collaboration.

Acknowledgements

Mary Manaloto, RN, MS – Clinical Preceptor
Melissa Vandever, PNP, CNL, PhD – Clinical Professor