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ENT Educational Patient Bedside Tool

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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.

The bedside tool (Figure 2) records the progress of the patient's care and demonstrates independent self-care. The 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.

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.

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.

The recommendation is to continue using the educational bedside tool, with a quarterly assessment of its efficiency toward patient/family goals. 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.

Over 80% of surveyed clinical participants agreed that the 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.

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