

Development of a Formal Patient Education Delivery and Documentation Process for Patients Receiving Radiation Therapy Treatment

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BACKGROUND

Patients receiving healthcare services have a fundamental right to receive education regarding the services being offered or provided. Provision of adequate and understandable education is the obligation of the healthcare provider. Oncology care presents special patient education challenges due to the shock of a cancer diagnosis and complexities of multidisciplinary care. In particular, patients who undergo a course of radiation therapy need to understand their disease process, appropriate treatment options/alternatives, risks and benefits, and potential side effects from these treatments. Written education materials about radiation treatments are widely used, but must be composed so that they can be generally understood by all patients, regardless of comprehension level. Furthermore, these materials need to be specific to the patient's individual diagnosis and care plan. Prior studies (Prakash, 2010; Famiglietti et al, 2013) have shown that successful education increases patient satisfaction, and results in improved adherence to treatment and better outcomes.

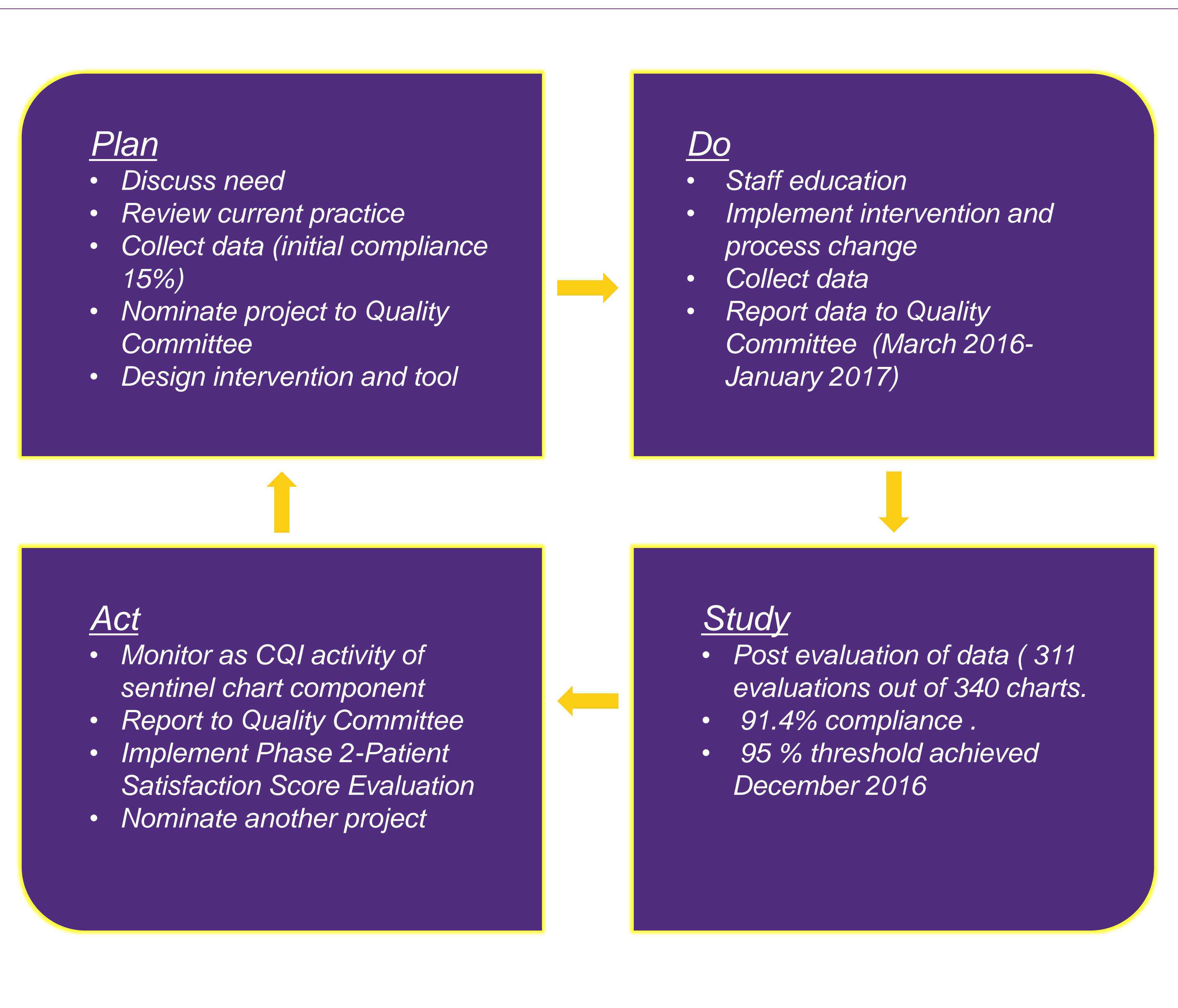
PROJECT AIM

The purpose of this study was to introduce a formal Plan, Do, Study, Act (PDSA) project to quantitatively document that disease specific education was provided to for 95 % of patients, receiving radiation therapy in our clinic by December 2016. The nursing intervention included three aspects: 1) Development of site-specific educational packet for major tumors sites, 2) Implementation of an individual educational session prior to treatment with each patient, and 3) Assessment and re-education during weekly on-treatment visits (OTVs) and end of treatment visits (EOTs).

PROJECT DESIGN/STRATEGY

Nursing staff were educated individually and re-educated during bi-weekly nursing huddles based on monthly chart audits. Nursing staff education included disease site specific material, smoking cessation help line, Advanced Directives, readiness to learn and correct EMR documentation. Nursing staff within the Department of Radiation Therapy initiated the process for patient education. Components of each packet were based on "Radiation Therapy and You" published by the National Cancer Institute, included information regarding Advanced Directives, staff member responsibility descriptions, treatment preparation, daily treatment delivery, smoking cessation, and possible side effects and their management. Nurses discussed information from this packet with each patient at the time of initial consultation, and document the discussion in the EMR (ARIA). Ongoing review occurs at OTV/EOT to evaluate patient and family concerns.

CHANGES MADE (PDSA CYCLES)



LESSONS LEARNED

Ongoing monitoring is an important strategy to assure complete evaluation of patient education while receiving radiation treatment. Although patient education is an important part of oncology care, an organized and educational plan has not been well documented in our clinical practice. Improvement requires formal study of data, investigation of failure modes, development of tools and processes that improve staff performance and patient care. A clearly defined process is important to facilitate monitoring and ongoing educational assessment. Improvements in consistency of educational assessment and management of treatment knowledge promote enhanced patient awareness. Can also contribute to increased patient satisfaction and increased treatment compliance.

NEXT STEPS

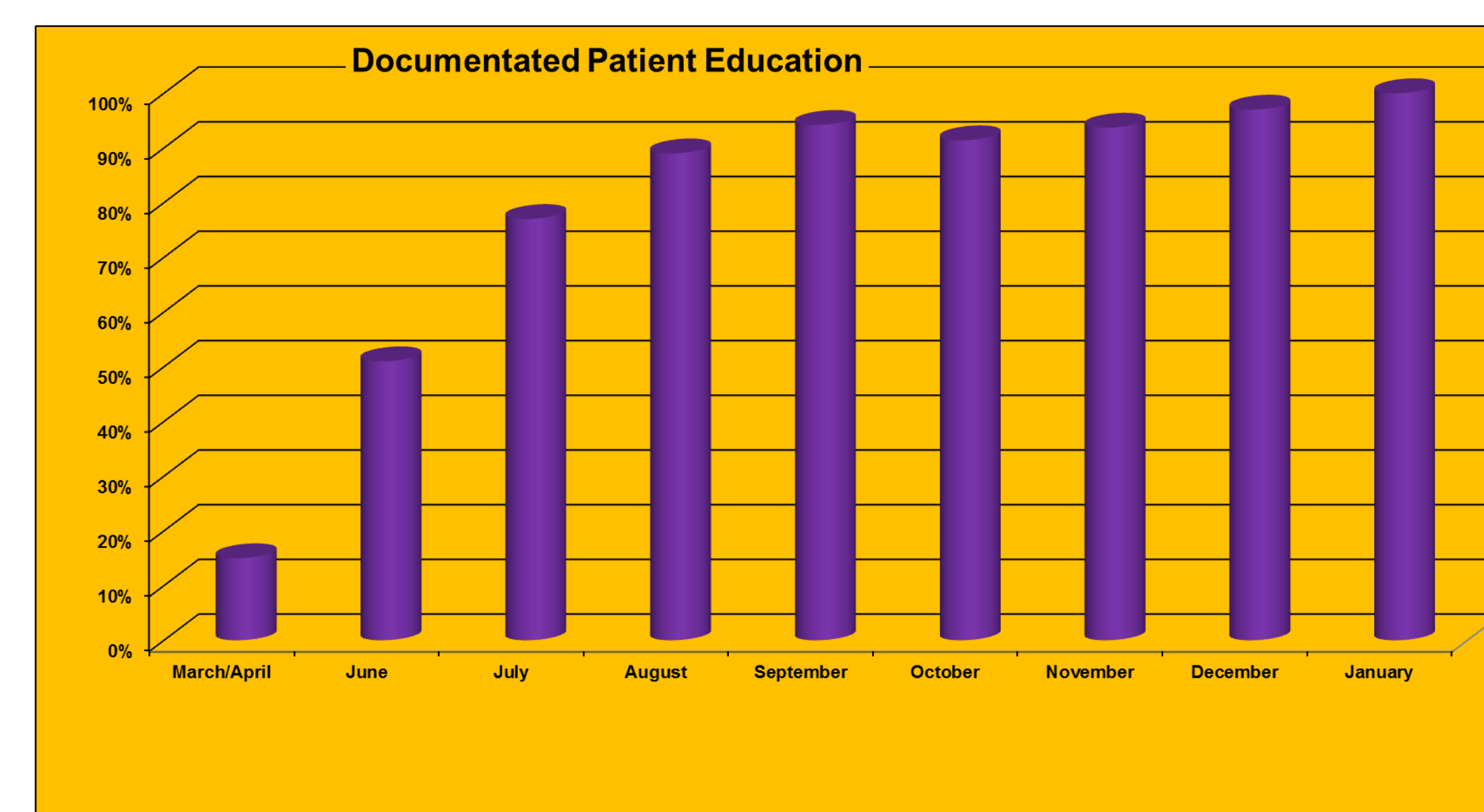
These data showed an improvement in documented patient education assessment by nursing from a baseline of 14% of patients to an average of 91.4% over the observation period. Documented education is now an ongoing chart quality monitor under the Nursing Report and will be reported annually. Next steps are to: 1) expand this monitoring on a patient specific basis into the follow-up period and survivorship, and 2) evaluate effectiveness by comparing against pre-intervention patient satisfaction scores related to understanding of their treatment and side effect management.

ACKNOWLEDGEMENTS

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RESULTS/OUTCOMES



Baseline data in March 2016 showed that 4 of 26 patients (14%) had educational sessions conducted and documented in the EMR. In the first month after implementation 19 of 37 patients (51.4%) had documentation. Aggregate data from (July 2016-January 2017) revealed that 311 of 340 patients (91.4%) had documented educational encounters. The planned 95% threshold was reached in December 2016.