

## Percutaneous Coronary Intervention Patient/Family Education Plan

### Goal:

Decrease unnecessary readmits

Increase Patient Satisfaction >90% HCAHPs scores

### Objectives:

1. Patient/family state what the patient's health problem is and what procedure was done.
2. Patient states his/her personal health care goal

### Patient/family will teach back to RN:

3. How to take meds as instructed, side effects
  - a. State reason it is important to take Plavix or other anti-platelet medication (refrigerator magnet)
4. Symptoms of worsening condition and action to take
  - a. Phone number of doctor/clinic
5. Symptoms of an emergency and reason it is important to call 911 within 5 minutes of recognizing emergency symptoms
6. Identify personal risk factor behaviors (habits) that will re-block stent/arteries
  - a. Discuss actions patient will take to prevent re-stenosis
    - i. Tobacco cessation
    - ii. Low fat/low salt diet
    - iii. Physical activity
    - iv. Manage diabetes
7. Benefits of cardiac rehabilitation and how to enroll

### Intervention:

Teach according to learning assessment

Introduce important points patient/family needs to look for before showing each video clip

Have patient/family teach-back main points and discuss their concerns

Review and provide patients and families low health literacy teaching resources (toolkit)

RN follow-up phone call to assess understanding and clarify misunderstandings

Register for cardiac rehab

**Evaluation:**

1. Audit and communicate report to all staff weekly – is the intervention being carried out on every PCI patient?
  - a. Teach to each patient/family's learning assessment
  - b. Introduce video clips
  - c. Show video clips
  - d. Teach-back
  - e. Cardiac rehab registrations
2. Compile number of patient/family follow-up phone calls and their responses
3. Number of readmits to hospital
4. Weekly HCAHPS scores related to patient education (meds, side effects of meds, signs and symptoms, understandable, what to do at home to recover)

UKHC Don and Cathy Jacobs Health Education Center 7/22/13, Reviewed 7/2017

## PCI Staff Education Plan

### Agenda:

9:00-9:15 Welcome and Introduction

Ask the nurses "What information do you want to leave with today"

Activity: Give post-it notes and instruct RNs to write their goals for this class.

Cardiac Nurses' objectives for the class.

1. "I want to learn practical time efficient teaching methods."

Objective: Identify ways to find time to teach.

2. "Improve my teaching and work it into my routine."

Objective: Discuss ways to improve teaching skills.

Discuss how to teach through conversation.

Discuss how to teach with every patient interaction.

3. "Find and use words the patient can comprehend and understand."

Objective: Identify medical jargon words

Replace medical jargon words with living room words (plain language).

4. "To learn how to properly educate the patient."

Objective: Identify research-based teaching techniques (evidence-based practice)

9:15-9:30 Establish Rapport

#### Activity:

Introduce self and tell the group how many years they have been a nurse. Added up all the years of all the nurses > 155 years

- Greet each patient by name
- Introduce self and tell the patient what you will be doing and your role is to keep the patient safe and to help in any way we can
- Try to make a connection with the patient (such as where they are from, etc)
- The health care provider listening and assisting patients to discuss problems, fears & anxieties are important in establishing trust and building rapport.

As patient's sense that the nurse is understanding and accepting patient's anxiety decreases. When anxiety is high the patient may not hear a word that is being said.

9:30-10:30 AMA video ( Health Literacy: Helping your patients to understand)

Activity:

- Tell the nurses to write down 3 or more ideas that they can implement in their daily practice.
- Look for an example that told the health care provider that the patient may have a health literacy problem.
- Watch for teaching tips

Post-video: Identify teaching techniques

## 1. Assessment

Assessment is an excellent way of finding more time to teach. The patient already knows things and we do not want to waste time by re- teaching. Through assessment we find out what the patient:

- Believes
- Expects
- Misunderstand
- Wants to learn
- Is able to learn
- Is willing to learn

Activity:

Refer group to Page # 24 (Fran London "No Time to Teach")

Ask question from the learner's explanatory model (Kleinman, Eisenberg & Good, 1978)

Ask RNS: At the end of the assessment you will know?

Who is my learner?

What does my learner know already?

What does my learner want to know?

What does my learner need to know?

## 2. Use plain language no medical jargon

A study at a major hospital found that 97% of physicians used medical jargon and abbreviations on discharge instructions. The 2010 Obama Health Care Act says all government communication will be written in plain language.

## 3. Limit Content

Prioritize what needs to be taught (what is the most important thing that the patient needs to know)

Teach only 2-3 of the most important points in one sitting (Keep it simple)

10:30-11:15

## 4. Teach-back technique

Studies have shown that 40-80% of medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect.

Ask the patient to repeat in their own words what you have taught them.

“tell me”

“show me”

“describe to me”

“give me an example”

Give the patient a scenario and ask them “What would you do?”

Activity:

- Give handout “Always Use Teach-back!”
- Role play teaching a patient and using the Teach-Back observational tool score yourself.

Scenario:

Teach patient signs and symptoms of when to call the doctor/911

Teach patients about Plavix and/or aspirin and why they need to take them

Teach how to follow up with clinic appointment

In packet are handouts:

Identifying how to effectively teach with Teaching Tools

- How to teach with a video
- How to teach with a booklet
- How to teach using the telephone
- Krames (handouts)
- Calendars

11:15-11:30 Review Research Articles:

Discuss teaching skills found in the Research Articles specifically for the PCI patient population.

Activity: In the “Know and Go” article group discussed how to change the patient questionnaire from medical jargon to plain language.

11:30-12:00 Learning to use the I-Pad and HealthClips

Nurses taught how to use the I-Pad

12:00 – 12:15 Wrap up:

Review of the objectives to evaluate if they were met

## Health Literacy and Patient Education Evidence-Based Practices

1. Teaching Principle	How to put into practice	Evidence-based practice
<p><b>Build rapport</b></p> <p><b>Listening:</b></p> <p><b>The role of an educator is to facilitate learning by providing guidance and support</b></p> <p><b>Trusting relationship</b></p> <p><b>*Health Literacy and Nursing: An Update AJN, June 2013, Vol. 113 No. 6</b></p>	<p><i>Listen through conversation Ask the patient/family what they already know about their disease</i></p> <p><i>Discuss with the patient their problems, fears, and any anxieties.</i></p> <p><i>Periodically call the learner by name. Example: "Rosie, would you please tell me what you ate yesterday?"*</i></p>	<p><i>The HCP listening and assisting patients to discuss problems, fears, &amp; concerns are important in establishing trust and building rapport. As a patient's sense that the HCP is understanding and accepting, the patient's anxiety decreases. (Golper, 2001)</i></p> <p><i>Patients particularly valued their interaction with the nurses and needed time for this. Patients place value on empathetic communication. Nikano et al. (2008) noted patients who had individualized care and positive interpersonal contact felt well cared for. Individual counseling and discussion time with nurses were more valued and more adequately dealt this for patients than the nurses perceived it to be. This highlights the importance for nurses of developing therapeutic relationships with patients. Patients need "time to be heard and understood". (Kilonzo and O'Connell, 2010)</i></p>

<p><b><u>Assessment:</u></b></p> <p><b>Comprehensive learning needs assessment:</b></p> <ul style="list-style-type: none"> <li>• <b>Assessing literacy level:</b></li> <li>• <b>What does patient know?</b></li> <li>• <b>What is he concerned about being able to do at home?</b></li> <li>• <b>What does the patient need to know before he or she goes home to prevent readmission?</b></li> <li>• <b>What does the patient need to know in order to live longer with the chronic disease with a better quality of life?</b></li> </ul>	<p><i>How often do you have someone help you read hospital materials?</i></p>	<p><i>Chew et al (2004) developed three questions as a practical and quick method for identifying literacy skills in a patient</i></p> <p><i>It is widely acknowledged in the education literature that effective patient education is based on a comprehensive learning needs assessments and teaching is tailored to the needs and preferences of the patient. This empowers patients to change behaviors and is referred to as “patient-centered”. (Boyde, Turner, Thompson, &amp; Stewart, 2011)</i></p> <p><i>RNs can enhance patient self-care by assessing the health needs of their patients and providing appropriate d/c teaching. (Cowman, 2008)</i></p>



<p><b>Upon admission; introduce goal of being able to manage care at home:</b></p> <ul style="list-style-type: none"> <li>• <b>Meds,</b></li> <li>• <b>Signs &amp; symptoms of worsening condition</b></li> <li>• <b>Lack of f/u visit are reasons patients are readmitted</b></li> </ul>		<p><i>Most common cause of readmits are due to not taking medications correctly, not knowing signs &amp; symptoms of worsening condition and when to call doctor/phone number to call, not keeping follow- up clinic appointment (Koh, et. al. 2012)</i></p>
<p><b>Actively involve patient and family in care.</b></p> <ul style="list-style-type: none"> <li>• <b>Find out the patient's goal for recovery/health</b></li> </ul> <p><b>Let patients/family practice the treatment they will be doing at home</b></p>		<p><i>Traditional models of care where patients are passive recipients of health is no longer effective. Patients must be partners and active in their care. Actively engaged patients have an enhanced ability to identify potential health risks early, enabling them to communicate with their physician in a timely manner. (Nash et.al. 2011, pg. 10)</i></p> <p><i>Actively involving the patient in his/her self-management plan along with the use of effective teaching techniques, leads to changed behaviors, improves health outcomes, and decreases healthcare cost. (Nash et.al. 2011, pg. 10)</i></p>
<p><b>Teach with care</b></p>	<p><i>Each time you come in</i></p>	<p><i>Use of specialized RN</i></p>

<p><b>Teach with every interaction</b></p>	<p><i>contact with your learner, come with the intent to teach.</i></p>	<p>educators vs staff RN, use of multimedia (DVD) with 1:1 teaching, caregivers present during teaching, Pt/family told education is part of the goal of hospitalization, &amp; <b>teaching provided throughout hospitalization, improved knowledge, behavior, &amp; outcomes</b>, decreased the need for extra doses of diuretics, decreased the number of calls to the support RN, &amp; decreased the number of HF symptoms. (Vreeland, Rea, &amp; Montgomery, 2011)</p>
<p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• How will my patient learn best?</li> <li>• What use of media do I need?</li> </ul> <p><b>Use tactical and situational teaching methods:</b></p> <ul style="list-style-type: none"> <li>• Teach using scenarios and role plays (visualizations)</li> <li>• Make point of information as vivid and explicit as possible</li> <li>• Compare arthritis and a squeaky door needing oil</li> <li>• Personal stories</li> </ul>	<p><i>I know a woman named Clarissa who forgot to take her Lovenox when she got home and then WHAM! She had chest pain, shortness of breath, and came to the ER with a blood clot.</i></p> <p><i>Arthritis can be compared to one of your doors at home that squeaks. It needs oil.</i></p>	<p><i>Verbal instruction alone was the most frequent form of patient instruction and found the least effective. Increased knowledge does not mean changed behavior. (Boyde, Turner, Thompson, &amp; Stewart, 2011)</i></p> <p><b>Actively involving patients and families by teaching with the use of scenarios</b>, use of plain language, and evaluation of understanding by teach-back and show-me-back techniques decreased readmissions and HCAHPs scores increased with the use of these techniques. (Boyde, Turner, Thompson &amp; Stewart, 2011)</p>
<p><b>Tools don't teach, nurses teach</b></p>		<p><i>Patients' preferences for health information delivery via face-to-</i></p>

		<p><i>face, written , or video was explored in a study of patients treated with primary angioplasty for heart attack. The majority favored a verbal, face-to-face approach supplemented by written information as a back-up. Participants reasoned that a face-to-face approach enabled them to ask questions and was seen as a more personal approach and offered an opportunity for some recipients to gauge the truthfulness of information being provided. (Astin, et.al. 2008)</i></p>
<p><b>Use multi-media Teach with a video</b></p> <ul style="list-style-type: none"> <li>• <b>Handouts</b></li> <li>• <b>Booklets</b></li> <li>• <b>iPads</b></li> </ul>		<p><i>The use of individualized teaching (patient chooses topics and areas of concern), a <b>combination of media is used (verbal along with written, video, interactive computer programs)</b>, and teaching is provided in multiple doses over a period of time, patients had overall increased knowledge, increased performance of daily care, monitoring of fluid, and decreased symptoms (of heart failure). (Fredricks, Beanlands, Spalding, &amp; Da Silva 2010)</i></p>
<p><b>Teach with simple &amp; clear handouts</b></p>		<p><i>Patient-centered education, comprehensive d/c planning, and post discharge</i></p>

<p><b>Use plain language or “living room language”</b></p> <p><b>Announce topic</b></p>	<p><i>Speak in short sentences (fewer than 15 words).</i></p> <p><i>Use words with fewer than 3 syllables.</i></p> <p><i>Teach only one concept at a time.</i></p> <p><u>Aspirin:</u> <i>Aspirin helps stop heart attacks.</i></p> <p><u>Exercise:</u> <i>Exercise helps to be up and walking sooner.</i></p>	<p><i>reinforcement by a discharge advocate, a <b>health literacy friendly, plain language teaching sheet in color with written instructions focused on survival skills</b>, and a follow up phone call decreased hospital utilization within 30 days of discharge by 30% (Jack et al., 2009)</i></p>
<p><b><u>Evaluate:</u></b></p> <p><b>Use “teach-back” and “show-back” to determine understanding.</b></p> <ul style="list-style-type: none"> <li>• <b>Restate information in their own words</b></li> <li>• <b>Do not ask questions that will get you a yes or no response, as they may have fear they will give the wrong answer</b></li> <li>• <b>“Tell me what you understand about...”</b></li> </ul>		<p><i>40 – 80% of medical information patients received is forgotten immediately and early half of the information retained is incorrect. (Kessels,2003)</i></p> <p><i>Employing the teach-back method closes the communication gap between the clinician and patient. (Kessels,2003)</i></p> <p><i>When the hcp creates an accepting environment where the patient is at ease to ask and answer questions for clarifying, he does not feel (put on the spot) or in a testing situation. (Schillinger ,Piette, Greenbach, et.al., 2003)</i></p>
<p><b>Follow up phone call by expert nurse</b></p>		<p><i>Telephone follow-up phone calls are an option to reduce readmissions &amp; improve care transitions and patient experience after a</i></p>

		<p><i>hospitalization. Set long term &amp; short term goals and ask questions accordingly. Use open ended questions – assess whether the patient is at high risk for readmit and provide relevant info to prevent patient from returning. One study showed 15.25% readmits who did not receive bundle (teach-back, calls, making f/U appts., and d/c video) compared to 6.8% who received bundle with phone call. (Johnson, Laderman, &amp; Coleman 2013,)</i></p>
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<b>Percutaneous Coronary Intervention (PCI) Patient Education Evidence-Based Practices</b>	
<b>Principles for PCI patient education</b>	<b>Evidence based practice</b>
<ol style="list-style-type: none"> <li>1. Nurse performs thorough learning assessment. What do you know? Concerns? How do you learn best? What do you want to be able to do? (health goal).</li> <li>2. Communicate using health literacy principles::               <ol style="list-style-type: none"> <li>a. Teaching tools: IPAD/healthclips, “Understanding Angioplasty &amp; Stenting”, “Keeping Your Heart Healthy”, and UK Gill Heart Institute “How to Care for Yourself After Coronary Procedures”, Heart failure calendar, refrigerator magnet with phone numbers</li> <li>b. plain language</li> <li>c. sensitive to language and culture</li> <li>d. 2-3 concepts in one sitting</li> <li>e. teach with scenarios and role plays</li> <li>f. use teach-back</li> </ol> </li> <li>3. Have patient identify his risk factors</li> <li>4. Patient makes a plan of how he/she will decrease risk factors</li> </ol>	<p>Unavoidable re-hospitalizations are frequent, costly, and burdensome for patients and families. The incidence of re-hospitalizations within 30 days of discharge can be reduced by improving communication and coordination of care, including enhancing communication with patients and families.</p> <p>Because of the rapid response to a cardiac event and urgent treatment, patients may be discharged within 48 hours. There is concern whether the nurses assessed and met the particular learning needs of the patient.</p> <p>Patients can find it difficult to retain standardized information for their individual needs three – five months following hospital discharge.</p> <p>According to Cowman (2008), nurses can enhance patient self-care by assessing the health needs of their patients and providing appropriate discharge planning.</p> <p>Timmins (2005) found cardiac patients’ learning needs stressed that information should be given on the basis of individual patient need.</p> <p>Patients place value on empathetic communication. Nikano et al. (2008) noted patients who had individualized care and positive interpersonal contact felt well cared for.</p>

	<p>Individual counseling and discussion time with nurses were more valued for patients than the nurses perceived it to be. This highlights the importance of developing therapeutic relationships with patients. Patients need “time to be heard and understood”.</p> <p>(Kilonzo and O’Connell, 2010)</p>
<p>Objectives of the PCI patient education intervention:</p> <ol style="list-style-type: none"> <li>8. Patient/family state what the patient’s health problem is and what procedure was done.</li> <li>9. Patient states his/her personal health care goal</li> </ol>	<p>Goal of post PCI is management of the disease and risk reduction. Many patients feel “cured” after procedure and believe procedure left them disease-free.</p> <p>Providing education may give patients</p>

<p>Patient/family will teach back to RN:</p> <p>10. How to take meds as instructed, side effects</p> <ul style="list-style-type: none"> <li>a. State reason it is important to take Plavix</li> </ul> <p>11. Symptoms of worsening condition and action to take</p> <ul style="list-style-type: none"> <li>a. Phone number of doctor/clinic</li> </ul> <p>12. Reason it is important to call 911 within 5 minutes of recognizing emergency symptoms</p> <p>13. Identify personal risk factor behaviors (habits) that will re-block stent/arteries</p> <ul style="list-style-type: none"> <li>a. Discuss actions patient will take to: <ul style="list-style-type: none"> <li>i. Tobacco cessation</li> <li>ii. Low fat/low salt diet</li> <li>iii. Physical activity</li> <li>iv. Manage diabetes</li> </ul> </li> </ul> <p>14. How to enroll in a cardiac rehab program and the benefits of doing so</p>	<p>the tools needed to meet learning needs such as recognition and management of symptoms, medication management and lifestyle changes.</p> <p>5 factors contributed to increased enrollment and adherence to cardiac rehab: patient commitment, family involvement, strategies to aid self-mgt, educational intervention, psychologic intervention <i>(DeVon, et al. 2010)</i></p> <p>Shorter admission times and rapid turnover reduce the time available for patients to accept and learn about their condition. Cardiac Rehab is necessary to provide follow-up education. <i>(Kilonzo and O'Connell, 2010)</i></p>
<p>Risks can be reduced with patient education using video to enhance understanding.</p>	<p>Video significantly improved patient understanding compared to a standard handout. Increased patient awareness may decrease risk of complications such as allergic reaction, access complications, stent thrombosis secondary to skipping anti-platelet medicines. <i>(Steffenino, et. al, 2007)</i></p>
<p>Video must be introduced to patient/family.</p>	<p>Tell the purpose and how the patient/family will benefit from watching video. Point out where the most important information is in the video so the patient/family can be watching for them. Use teach back &amp;</p>



	<p>ask them to discuss how they will be able to follow through at home (or concerns they have with following plan) <i>London, F. (2009).</i></p>
<p>Make follow up phone call in 24-48 hours.</p> <ol style="list-style-type: none"> <li>1. Have patient teach-back above content (see phone survey)</li> <li>2. Clarify and coach to help patient/family understand and put instructions into daily activities</li> </ol> <p>Make a phone call in 1 month</p> <ol style="list-style-type: none"> <li>1. Have patient teach-back above objectives</li> <li>2. Clarify and coach to help patient/family understand and put instructions into daily activities</li> </ol> <p>Make a phone call in 4 months</p> <ol style="list-style-type: none"> <li>1. Have patient teach-back above content</li> <li>2. Clarify and coach to help patient/family understand and put instructions into daily activities</li> </ol>	<p>Telephone follow up is a common and relatively low-cost intervention for improving care transitions and reducing hospital readmissions.</p> <p>In an analysis of claims data, Harrison et al. found that patients who received a follow-up call within 14 days of discharge were significantly less likely than the comparison group to be readmitted within 30 days of discharge.</p> <p>In another study, patients who received an outreach call after discharge had a higher rate of attendance at the scheduled follow-up office visit and had fewer undesirable post-discharge outcomes</p> <p>During the follow-up calls, STAAR recommends that the caller use teach-back to verify that the patient (1) has filled all prescription(s), knows how and when to take medication(s), and understands other critical elements of self-care; (2) recalls why, when, and how to recognize the worsening symptoms and when and whom to call for help; and (3) confirms the date and time of the follow-up physician appointment and has arranged transportation for the visit.  <i>(Johnson, Laderman, Coleman, 2013) The Joint Commission</i></p>

*Table 1. The Joint Commission Journal on Quality and Patient Safety*

<b>Who Should Initiate the Telephone Follow-Up Call?</b>
Deciding which health professional should initiate telephone contact involves weighing multiple considerations, including the following:
<input type="checkbox"/> Clinical content expertise <input type="checkbox"/> Knowledge of patient's condition and history <input type="checkbox"/> Role in transition planning <input type="checkbox"/> Sufficient time to complete calls <input type="checkbox"/> Cost of individual's time is financially sustainable  Potential individuals to complete TFU: <input type="checkbox"/> Nurse from primary care or hospital setting <input type="checkbox"/> PCP <input type="checkbox"/> Coach <input type="checkbox"/> Social worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Health plan representative <input type="checkbox"/> Community health worker <input type="checkbox"/> Automated system
<b>What Should Be Done During a Telephone Follow-Up Call?</b>
<input type="checkbox"/> Review discharge summary. <input type="checkbox"/> Instruct patient in self-management and warning signs. <input type="checkbox"/> Reconcile all medication lists. Provide instructions for seeking emergency and nonemergency after-hours care. <input type="checkbox"/> Create standardized assessment sheet. Address medical and social issues (housing, transportation, insurance, etc.). Use health literacy techniques to that ensure patient understands instructions. <input type="checkbox"/> Reinforce pre-discharge education. <input type="checkbox"/> Use "Teach-Back"

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## How do you use handouts as a tool to teach your patient and family?

1. Write patient's name and date on the handout.
  - Patients feel that this is important and personalized just for them.
2. Give patients a pen and paper.
  - Write down notes and questions.
3. Give highlighters.
  - Use to emphasized important information.
4. Ask patient open-ended questions.
  - To verify if patient has learned the key points.

## How do you use videos and DVDs as a tool to teach your patient and family?

1. Select videos that are short ( $\leq 10$  min), fit to real life situation and culturally appropriate.
  - Patient's attention span is very short.
2. Tell patients the purpose and benefits of the video.
  - This will help them know why they will need to watch it and the benefits they will get.
3. Give clue when important information will appears.
  - Patient anticipates the key parts of the video.
4. Use teach back, clarifying and help problem solve how to manage at home.
  - Tie information to patient's daily life.

## Introduction to PCI video clips

(It is also helpful to show videos to Family in the waiting room during the cath procedure)

### Video clip: 1. The Role of the Stent in Angioplasty (2:08)

Introduction of the video clip: This will show you what a stent is and what it does. You have had either a “drug eluting” or “bare metal “ stent placed.

About half way through the video, look for the part that tells you what you need to do to keep your stent open and working.

You will need to take a special blood thinning medicine to keep your stent open & prevent blood clots from forming.

### Video clip: 2. Recovering at home after an angioplasty (4:36)

In this video, you will learn what you need to do when you go home until after you go to your follow up clinic appointment. There are 2 important points to look for: **Taking your medicine is important! It prevents the stent from clogging back up. Also, notice the signs to look for that will tell you are having a complication and need to call the doctor immediately.**

**Look for these symptoms and call the doctor immediately: if you are more tired, short of breath, dizzy, or have chest discomfort ( if chest pain, stop, rest and if symptoms don't go away after rest take nitroglycerin. If symptoms continue, call 911). The number you call is \_\_\_\_\_**

What to expect

How you feel

What you can do (activity, driving, stairs)

Take a shower, but no baths!

Insertion site care

Exercise

Work

Follow up appointment

### Video clip: 3. After Angioplasty: Medication you may be prescribed (2:34)

**RN in hospital gets this message across: “The most important thing for you to do when you get home is getting your Plavix and taking it. This medicine keeps your stent open and prevents it from clogging back up. If you don't take your Plavix your stent could clog back up in a day or two.”**

**We have a video we want you to watch. ½ way through you will see a picture of the medication that will keep your stent open and working – it is very important for you.**

**Look for this and find out the name, why it is so important to take, and how long will you need to take the medicine.**

**Half way through, you will see how to recognize side effects of the medicine and what to do (Look for signs of bleeding: bruising, cuts bleed longer than usual. If bleeding doesn't stop, blood in urine, or black tarry stool: call doctor)**

The video wraps up telling you what to do if you forget to take a dose. ( Don't double dose. Take normal dose next time.)

What mixes with your Plavix? Tell dr. all your OTC, herbals, prescription, dose, how many times/day

Keep a list of your medications, over the counter meds, and herbals you take and keep it with you. (will need for every clinic/hospital visit).

#### **Video clip: 4. Short Term complications after angioplasty (2:15)**

Look for problems and call the doctor immediately

1. Insertion site – signs of infection
2. Bleeding at insertion site (small call doctor; if large amount, call 911 and place pressure)
3. Chest discomfort may mean artery is blocked – take nitroglycerin – or if discomfort continues call 911. Always call doctor if have chest discomfort

**When patient is on 6<sup>th</sup> floor focus on teach-back of survival skills and heart healthy behaviors plus the Cardiac Rehabilitation video:**

#### **Video clip: 1. The Smoking Risk Factor for Heart Disease (1:60)**

**Nurse: Note in the beginning the video tells you why it is so important to quick smoking. Look for what you can do to help you stop.**

Smoking causes heart arteries to temporarily narrow or spasm. This speeds up the clogging process. Smoking makes it more likely for blood clots to form and stick in narrow arteries causing a heart attack.

How to quit:

Cold turkey has highest relapse rate

Most have more success quitting smoking when taper gradually the number of cigarettes working up to a quit date

Medicines can help reduce cravings

Talk to your doctor about what product is best for you

Support groups or support of a friend can help

Don't give up, it may take several attempts to quit

**Video clip: 2. High Blood Pressure Risk Factor: (2:50)**

RN: In the beginning of the video, look for what happens if you don't keep your B/P down  
The middle part of the video will tell you what you can do? Activity, decrease alcohol, take meds, healthy eating

**Video clip: 3. Weight and Diabetes Risk Factors for Heart Disease (3:00)**

RN: Being overweight & having diabetes are a risk factor – your chance of heart disease doubles. Look for reasons it is hard on your heart. Carrying excess weight makes your heart work harder and your b/p rises. Plaque builds up and blood flow decreases and can cause heart attack or stroke.

Look for waist measurement that makes high risk. What can you do?

Being overweight increases your risk for developing type 2 diabetes (sugar builds up in blood). This will increase heart attack and stroke. Highest cause of death in diabetes is heart disease. Stay away from high fat and sugar. Keep weight and blood sugar in a healthy range.

**Video clip: 4. Stress Risk Factor for Heart Disease (2:00)**

RN: This video talks about how stress can hurt you and what you can do to decrease stress. Stress constricts blood vessels, interfering with blood flow and affecting the hearts normal rhythm. May lead to heart disease.

**Video clip: 5. Cardiac Rehabilitation (3:28)**

This video talks about why it's important to go to cardiac rehab. (makes you feel better faster, decrease your risk for another heart attack or heart problem)

**Video clip: 6. Phases of Cardiac Rehabilitation (4:15) (optional)**

Discusses 3 phases of cardiac rehab.

Phase 1 in hospital: not enough time to learn everything you need to know; just the beginning

Phase 2: First few weeks to 12 weeks. You will learn how to reduce your risk factors and more about your heart

Phase 3: Maintenance phase. Helps you make changes in your habits to keep your healthy

**Train the Trainer Guide  
Competency Skills Check List**

**Assessment**

1.) Find out what the patient already knows	Trainer teaches	Trainee demonstrates competency	date
<ul style="list-style-type: none"> <li>What do you think caused your problem? What is my main problem?</li> </ul>			
<ul style="list-style-type: none"> <li>How severe is your illness?</li> </ul>			
<ul style="list-style-type: none"> <li>What results do you hope to obtain from treatment?</li> </ul>			
<ul style="list-style-type: none"> <li>What do you want to learn?</li> </ul>			
<ul style="list-style-type: none"> <li>What do you need to learn?</li> </ul>			
2.) Three things that all patients need to learn.			
1. Medication (Plavix or other anti-platelet medications)			
1. What its Name			
2. Why do I need to take it			
3. When do I need to take it			
4. What are side effects?			
2. Signs and symptoms that say "Call the Doctor"			
Phone number to call			
Signs and symptoms to call 911 within 5 minutes			
3. Identify personal risk factors			
Tobacco Cessation			
Low fat/low salt diet			
Physical activity			
Manage diabetes			
4. When is my next appointment			
<b>Tools to teach</b>			
Upon admission provide: <ol style="list-style-type: none"> <li>Understanding Angioplasty &amp; Stenting booklet</li> <li>Keeping Your Heart Healthy</li> <li>How to Care for Yourself After Coronary Procedures</li> </ol>			
<b>Phase 1: During procedure, introduce and allow</b>			



<b>family to view the following Healthclips:</b>			
a. <b>Understanding the Need for Coronary Angioplasty – (allow family to watch in waiting room during cath)</b>			
b. The Role of the Stent in Angioplasty			
c. After Angioplasty: Medication You May be Prescribed			
<b>Phase 2: 2 hours after procedure in Cardiac Cath Recovery, introduce and allow patient &amp; family to view the following Healthclips:</b>			
a. Recovering at Home After an Angioplasty			
b. Short Term Complications After Angioplasty			
c. After Angioplasty: Understanding Re-stenosis			
<b>Phase 3: During time on 6<sup>th</sup></b>			
a. Patient states personal health goal – “What do I want to be able to do?”			
b. Patient and Family teach-back:			
i. Patient’s health problem and procedure that was done			
ii. Medication (Plavix or other anti-platelet medication)			
What its Name			
Why do I need to take it			
When do I need to take it			
What are side effects?			
iii. Signs and symptoms that say “Call the Doctor”			
iv. The signs/symptoms of when to call 911			
1. Teach daily check-up using the “Signal light”, calendar and Booklet.			
2. Teach by using “Scenarios” (If the following happens what will you do?)			
c. Identify personal risk factors			
Tobacco Cessation			
Low fat/low salt diet			
Physical activity			

Manage diabetes			
<b>Introduce and allow patient &amp; family to view the following Healthclips:</b>			
The Smoking Risk Factor for Heart Disease			
High Blood Pressure Risk Factor			
Weight and Diabetes Risk Factors for Heart Disease			
Stress Factor for Heart Disease			
Cardiac Rehabilitation			
Phases of Cardiac Rehabilitation			
<b>Keeping Patient's follow-up appointment</b>			
1. Transportation?			
2. Importance of F/U appointment			
3. What is my doctors name			
4. Where is s office located and how do I get there			
5. What is the phone number to call			
<b>Enroll in cardiac rehabilitation</b>			
<b>Evaluation: What concerns do you have about being able to care for yourself/family at home?</b>			
<b>Follow-up phone call 24 – 48 hours</b>			
Follow-up phone call 1 week			
Follow-up phone call 1 month			

## Follow-up Phone Call Script

### “Evaluation of PCI Patient Education”

Hello, \_\_\_\_\_, I am \_\_\_\_\_, one of the nurses from UK Cardiac Cath Recovery Unit. I am calling to see how \_\_\_\_\_ (patient's name) is doing. Do you mind if I ask you some questions?

(Establish rapport) If nurse knows patients make connection.

When you were here with us, we talked about some important things about how to take care of yourself so you could recover and stay healthy. We gave you a lot of information and wanted to make sure we did a good job of helping you understand what to do.

1. Tell me the name of the medicine that keeps your stent open and prevents your artery from clogging back up. **Correct answer: Plavix, \_\_\_\_\_**  
\_\_\_Correct

\_\_\_Incorrect

When & how do you take your Plavix? **Correct answer: \_\_\_\_\_**

\_\_\_Correct

\_\_\_Incorrect

Tell me why you take Plavix. **Correct answer: “ Helps keep my stent open” “If I don't take it, my stent may clog and this could cause a heart attack.”**

\_\_\_Correct

\_\_\_Incorrect

2. When do you need to call your doctor? (lists signs & symptoms) **correct answer:**
  - a. **Chest pain hurts more than usual, pains more often than usual, chest pain with less activity than before, need more nitros than usual to take chest pain away**
  - b. **More SOB with normal activities**
  - c. **Increased tiredness with normal activities**
  - d. **Fast heart beats, dizziness, occasional sweats**
  - e. **Weight gain of 3 pounds over 1-2 days**
  - f. **Swelling of legs in a short amount of time (24 hours)**

\_\_\_Correct

\_\_\_Incorrect

3. When would you need to call 911? (What are the signs and symptoms you would call 911?) **correct answer:**
- a. can't catch breath at rest (SOB)
  - b. chest pain not relieved after 3 nitroglycerin pills
  - c. dizziness or fainting
  - d. cold sweats
  - e. racing heart rate not relieved by rest
  - f. catheter site bleeds and you can't stop it, arm or leg is painful, numb or cold

Correct

Incorrect

4. Name 3 things you do to make your heart stay healthy? (reduce risk factors) **Correct answer:**
- a. Stop smoking
  - b. Eat healthy foods: fruits, vegetables, low fat milk, low fat cheese, grilled/baked fish or chicken.
  - c. Control your diabetes: check your blood sugar daily and work with your doctor to keep in within healthy limits
  - d. Control blood pressure: avoid salt and foods high in sodium
  - e. Exercise and lose weight

Correct

Incorrect ,

If not, are you willing to make changes? yes no

5. What is the date of your follow-up appointment? Why is it so important that you keep your appointment? **Correct answer:**

Correct

Incorrect

6. Where are you attending cardiac rehab ? Why is it important that you go to cardiac rehab? **Correct answer: A team with help you make a plan to decrease your risk of future heart problems. It will help you feel better faster.**

yes, I'm going to cardiac rehab or scheduled to go

no, I'm not registered, not interested, not able

7. What concerns do you have? (what is the process if patient needs to speak to a provider related to a problem?)

8. Did the videos help you understand?

\_\_\_\_\_yes: If so, how did they help?

\_\_\_\_\_no: If not, what would have been helpful?

9. Did the nurses explain your instructions in a way you could understand?

10. How satisfied were you with how you received your instructions?

\_\_\_\_\_Satisfied

\_\_\_\_\_Not satisfied, how can we improve?