Documenting Patient Education on Patient Teaching Records

Needs Assessment Report

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Executive Summary

One of the health care system's policies and regulatory requirements states that every patient's chart must include a completed Patient Teaching Record (PTR). Monthly audits of patient's charts show that overall only 10 to 25 percent of patient records include a completed PTR. A needs assessment was conducting using the Performance Pyramid (Wedman & Graham, 1998) as a guide. Data was gathered using techniques such as extant data analysis, interviews, observations, and surveys. During analysis, data was categorized into the performance support elements of the Performance Pyramid (see Appendix A). Correlations, trends, and causes that contribute to lack of completed PTRs were documented and provide a basis for our recommendations. To improve the performance problem, recommendations include development of a Web-based training module, implementation of a unit-based performance management system, effective succession planning and unit management, development of performance aids, and a PTR-specific incentive system.

Problem/Opportunity Statement

System policy to meet regulatory requirements states that 100 percent of patient's charts should include a completed PTR. PTRs are diagnosis/topic-specific electronic forms that list specific patient outcomes with corresponding patient education materials and provide a place where nurses document patient teaching. Monthly audit results indicate that overall only 10 to 15 percent of patient records include a completed PTR.

In addition, in 2008, a National Patient Safety Goal regarding anticoagulation therapy was introduced by The Joint Commission with compliance expected beginning on January 1, 2009. One component of this goal involved documentation of specific patient/family education at the time of discharge. To meet this goal, the health system required documentation of patient teaching on the Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE) PTR for all patients receiving anticoagulants. During 2008, baseline data was obtained by audit of closed medical records of patients who were discharged after being treated for blood clots. Subsequent audit results (January to June 2009; see Appendix B) revealed some improvement for completion of DVT/PE PTRs; however, still show the need to vastly improve documentation of patient education to meet the 100 percent requirement.

To improve patient safety, ensure membership to the Missouri Hospital Association, and not threaten the health system's accreditation by The Joint Commission, the health system must close the gap of completed PTRs in patient's charts and document patient teaching for every patient.

Organizational Description

The for-profit health system's mission is to advance the health of all people through exceptional clinical service and support the education and research missions of its affiliated university. Through discovery and innovation, the health system strives to be people's choice for exceptional service and exemplary health care.

The health care system is made up of five hospitals and numerous clinics throughout the state of Missouri and admits more than 20,000 patients annually. The flagship hospital contains 274 patient beds and treats the most severe illnesses and injuries.

Despite a tumultuous fiscal year in which the economic downturn forced the health care system to institute a hiring freeze, scrutinize expenses, and get rid of annual merit raises, the health system was able to meet their budget target and proceed with construction of a new patient care tower and move forward with the new orthopedic institute planned to open in 2010.

Audience Analysis

Nurses are the staff responsible for educating patients and documenting their patient teaching on a PTR. The entire system is made up of approximately 1,200 nurses. The flagship hospital staffs approximately 650 nurses spread through 20 different patient-care units. Each unit is led by a unit manager and consists of shift supervisors, a unit educator, staff nurses (ranging from Staff Nurse I to Staff Nurse IV), technicians, clerks, and housekeepers. The experience of the nursing staff is diverse, ranging from new nursing-school graduates to veteran nurses with more than 20 years of experience. Nurses range in ages from 22 to 60 and turnover rates are high while demand increases.

Primary and Secondary Data Sources

Guided by the Performance Pyramid (Wedman & Graham, 1998), data was gathered and analyzed to determine what is needed to fulfill the health system's policy requiring a completed PTR in each patient's chart.

The following secondary data sources were collected and analyzed:
- Monthly audit findings of discharged patient's charts provided by the Department of Clinical Outcomes
- Patient Education Committee meeting minutes reviewed on the Nursing Web Page

The following primary data sources were collected and analyzed:
- Interviews with the Coordinator of Clinical and Patient Education and a staff nurse who also serves as her unit's educator
- Observations of the environment in which nurses must document patient teaching
- Questionnaires surveying randomly selected nurses from different patient-care units

Data Gathering Techniques and Instruments

Extant Data Analysis: Analysis of the monthly audit findings of discharged patient's charts quantified the gap of patient chart's that do not contain a completed PTR. In addition, minutes from Patient Education Committee meetings—a committee with nurse representatives from each unit within the health care system that meets monthly to discuss patient education issues, including PTRs—shed light on the current state of PTRs and other opinions and recommendations from staff required to use PTRs.

Interviews: An interview protocol (see Appendix C) was used to interview the coordinator of clinical and patient education and a staff nurse who also serves as her unit's educator. Both interviewees have a unique perspective on the process of completing PTRs. Specifically, the coordinator of clinical and patient education leads the initiative to comply with the PTR policy and serves as chair of the Patient Education Committee. The staff nurse's perspective was sought to provide insight as a staff member required to complete PTRs for each patient. Both interviews covered each aspect of the Performance Pyramid and gave extra focus to the following factors: expectations, feedback, and tools.

Observations: An observation guide (see Appendix C) that allowed the observer to input observations into a blank column and then categorize the observations using the elements of the Performance Pyramid at a later time was used. Observations were focused on the nursing staff's ability to electronically document their teaching in the atmosphere they are required to complete PTRs.

Questionnaires: A questionnaire (see Appendix C) was developed to rank the factors gathered from earlier stages of front-end analysis that contribute to the performance problem and was distributed to twenty random staff nurses on different patient-care units to diversify the sample.

Data Gathering Process

Extant Data Analysis: Monthly audits of completed PTRs within closed medical records of patients who were discharged were requested from the Department of Clinical Outcomes and were easily obtained. Minutes from the Patient Education Committee were located on the health system's nursing Web page.

Interviews: Interviews were conducted face-to-face with the interviewees and the primary needs assessor. The PTR Interview Protocol guided the interview and provided a script of questions to keep the interviewer on track.

Observations: Two, 2-hour observations were conducted in the 4-East staff room; the only room in which nurses on that unit document on patient's charts. During the first observation, the observation guide listed each performance support element and specific questions attempting to hone in on each element. After realizing the chaotic environment of the 4-East staff room, a revised, less-specific guide was developed. The revised guide allows the observer to input observations into a blank column and then categorize the observations using the elements of the performance pyramid at a later time. The revised guide was used during a second observation.

Questionnaires: An initial questionnaire was distributed to four nurses on the same patient-care unit. The questionnaire was then revised to include a question about how often nurses currently document their patient education on PTRs. The addition was made to determine any discrepancies in rankings for nurses who use PTRs often compared with those who do not. The revised questionnaire was distributed to twenty random nurses on different patient-care units.

Data Analysis Process

During analysis, data was categorized into the performance support elements of the Performance Pyramid (see Appendix A). Correlations, trends, and causes that contribute to lack of completed PTRs were documented and guide our recommendations.

Data Table

Data Gathering Technique	Data Gathering Instrument	Data Source	Data Summary
Interview	PTR Interview Protocol	▪ Coordinator of Clinical and Patient Education ▪ Staff Nurse	▪ The time necessary to complete PTRs in combination with the patient-to-nurse ratio make it physically impossible for nurses to complete PTRs ▪ Access to computers is limited ▪ Limitations of programming make PTRs time-consuming and confusing to complete ▪ The system as a whole does not place a priority on completion of PTRs
Observations	PTR Observation Guide	▪ All hospital staff occupying 4-East staff room during the time of observation	▪ 0% down time or documentation-designated time ▪ 66 to 100% of computers occupied by non-nursing staff. ▪ Nurses did not know the different sections of the PTR or which type of information should be documented.
Questionnaires	PTR Usage Survey	▪ 20 randomly selected staff nurses from different patient-care units	**Factors contributing to small percentage of completed PTRs—in order of weight based on majority of respondents answers:** 1. Lack of time 2. Too much other, more important information to document 3. Limited availability of computers **Factors that would help/encourage nurses to chart on PTRs—in order of weight based on majority of respondents answers:** 1. Rewards offered for patient charts that contain completed PTRs 2. Consequences implemented for patient charts that do not contain a completed PTR 3. Lower patient-nurse ratio 4. Access to more computers **Note:** 10% of respondents did not know where to locate a PTR or how to document their education on it.

General Data Summary and Interpretation

The primary factors contributing to this performance problem are unknown expectations, unrealistic physical capabilities, and limited access to required tools. Nurses are not aware that there is a policy stating that every patient's record should contain a PTR, and they are not aware that the PTRs were created to meet The Joint Commission's patient education requirements. This lack of information puts nurses and hospital administrators on different pages regarding the importance of PTRs. The time necessary to complete PTRs, limited access to computers, in combination with the patient-to-nurse ratio make it, at times, physically impossible for many nurses to complete PTRs in the time they are strictly allotted to be on the clock.

Secondary factors contributing to the performance problem include lack of knowledge and lack of recognition resulting in little motivation. Some nurses have no knowledge of PTRs—where to locate them or how to a complete them. Currently, there is no positive feedback, rewards, or recognition when PTRs are completed. Similarly, there are no consequences when a nurse does not document his teaching.

Knowledge/Skills Need-Details

A brief Web-based training module can alleviate the lack of knowledge/skills regarding where to locate PTRs and how to complete them. After completing the module, participants should be able to accomplish the following learning objectives:
- Express an awareness of the importance of documenting patient-teaching on PTRs.
- Demonstrate where to locate PTRs.
- Demonstrate how to successfully complete a PTR.

Recommendations

To effectively implement and communicate the health system's expectations regarding documenting patient education on PTRs, it is recommended that each unit develop a performance management system that coincides and combines with the health system's current employee evaluation process. Encouraging nursing staff performance through motivation and aligning the goals of the organization with each nurse's development objective will empower staff to improve performance. The performance management system should include a coaching and improvement plan that clarifies the work performance to be improved when a nurse is not meeting PTR expectations.

To maximize performance capabilities, effective succession planning and management is recommended to identify, prepare, and transition competent, successful nurses to more critical leadership positions within each unit. This will make way for knowledge sharing for those nurses that currently have the capabilities to fulfill all of their expected job duties, including documenting their patient education on a PTR.

Until the health system can afford computers in each patient room that allow nurses to document patient-teaching simultaneous to actual patient education, simple performance aids can be developed and used to maximize available computer time. Providing hard copies of PTRs in the
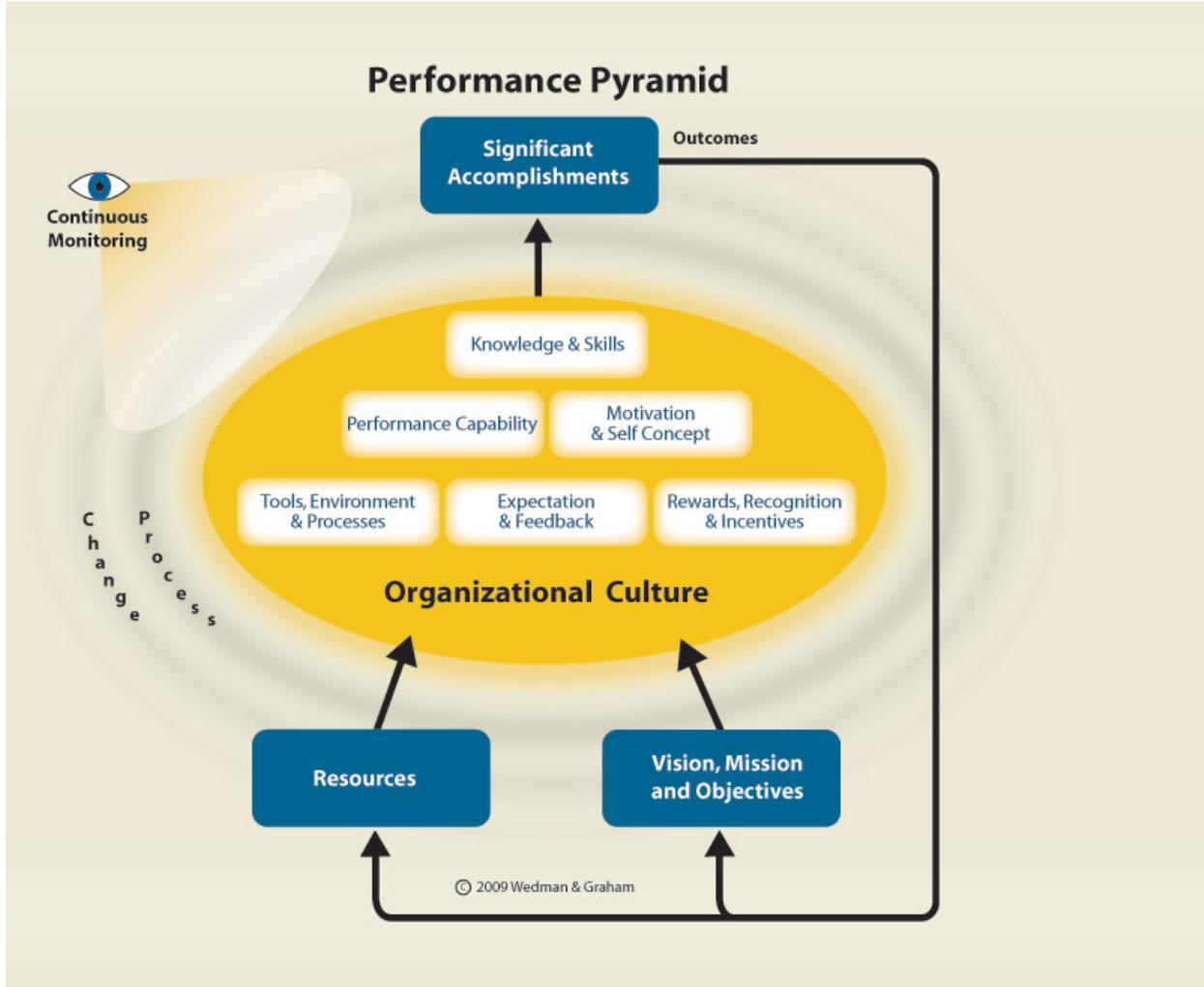
exact format they appear in the electronic charting software will maximize available computer time by simply regurgitating the forms electronically instead of attempting to fit scribbles of information into the standardized forms.

Finally, a PTR-specific incentive system is recommended to maximize improvements in nurse's documentation of patient education. The incentive system should revolve around specific PTR goals and outcomes. The use of rewards and positive reinforcement will empower staff to craft their job without managerial involvement and will motivate them to achieve the specified goal.

References

Wedman, J.F. & Graham, S.W. (1998). Introducing the concept of performance support using the performance pyramid. *Journal of Continuing Higher Education 46*(3), 8–20.

APPENDIX A: Performance Pyramid

Performance Pyramid

Significant Accomplishments

Outcomes

Continuous Monitoring

Knowledge & Skills

Performance Capability

Motivation & Self Concept

Tools, Environment & Processes

Expectation & Feedback

Rewards, Recognition & Incentives

Organizational Culture

Change Process

Resources

Vision, Mission and Objectives

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Monthly DVT/PE PTR Audit Results (January 2009 through June 2009)

Interval	Unit	Num	Den	Rate
2009-Jan, Feb	4 East	3	13	23%
2009-Jan, Feb	4 West	0	1	0%
2009-Jan, Feb	5 East	0	5	0%
2009-Jan, Feb	5 West	0	2	0%
2009-Jan, Feb	MNICU	0	1	0%
2009-Jan, Feb	6 West	1	3	33%
2009-Jan, Feb	CICU	0	1	0%
	Interval Total:	**4**	**26**	**15%**
Interval:	Unit:	Num:	Den:	Rate:
2009-March	4 West	1	1	100%
2009-March	7 OPW	1	1	100%
2009-March	4 East	2	4	50%
2009-March	SICU	0	1	0%
2009-March	5 West	0	2	0%
	Interval Total:	**4**	**9**	**44%**
Interval:	Unit:	Num:	Den:	Rate:
2009-Apr	5 West	0	3	0%
2009-Apr	4 East	2	6	33%
2009-Apr	6 West	4	5	80%
	Interval Total:	**6**	**14**	**43%**
Interval:	Unit:	Num:	Den:	Rate:
2009-May	5 West	1	2	50%
2009-May	BICU	1	1	100%
2009-May	7 OPW	0	1	0%
2009-May	4 East	2	3	67%
2009-May	4 West	1	3	33%
2009-May	5 East	0	3	0%
2009-May	6 West	3	3	100%
	Interval Total:	**8**	**16**	**50%**
	Unit:	Num:	Den:	Rate:
2009-June	MNICU	0	1	0%
2009-June	6 West	1	1	100%
2009-June	5 East	1	2	50%
2009-June	5 West	2	5	40%
2009-June	SICU	0	2	0%
2009-June	4 East	1	3	33%
	Interval Total:	**5**	**14**	**36%**

PTR Interview Protocol

Date:

Interviewee:

Group:

Interviewer:

INTRODUCTION

About Me
- Have no background in nursing, but have worked in the education and development department for the past year
- Worked one-on-one with many of our colleagues developing patient education materials and updating patient teaching records (PTRs)
- Serve as co-chair of the Patient Education Committee

About the Project
- Interested in exploring audit results showing that only 10 to 15 percent of patient records included a completed PTR
- Know most details of the problem
- Looking into reasons why this is a problem and potential solutions

GOALS OF THE MEETING

- Describe the problem and determine potential factors that contribute to the low number of completed PTRs
- Get details of what is actually happening on patient-care units with regard to PTRs and determine what ought to be happening
- To solicit your unique expertise in this area to help solve this problem
- This meeting is voluntary and our discussion will be kept confidential
- Do you have any questions before we get started?

Vision	What do you think your organization is trying to accomplish with Patient Teaching Records (PTRs)? What do you wish it would accomplish with PTRs?
Expectations	What is your role in working toward this accomplishment? What do you believe you are expected to do? Do you believe the expectations are known throughout the system? What do you believe other nurses believe they are expected to do? What would you like to be doing?
Feedback	How will you know when you are meeting the PTR expectations? What is a good way for you to find out how well you are meeting the PTR expectations? How do nurses know when they are meeting the PTR expectations? How do nurses know when they are NOT meeting the PTR expectations?

Tools	What resources (computers, books, tools, etc.) do you presently have to help nurses meet the PTR expectations?
	    Resources for actually educating patients:
	
	    Resources that assist nurses in documenting on a PTR:
	
	What other resources do you need?
	    Resources for actually educating patients:
	
	    Resources that assist nurses in documenting on a PTR:

Environment	Is your work environment set up to help you be successful in meeting the PTR goals and expectations? How so? What barriers to success do you and your co-workers confront in your workplace in terms of completing PTRs? How could these barriers be overcome?

Processes	**In terms of completing PTRs, are processes (or systems) in place to help you be successful? (e.g., process for communicating with another division)** **How do you and other nurses think through the process of completing PTRs?** **What kinds of help would you most like to receive? How would you like to receive this help?**
Rewards	**In what ways will you benefit if your organization is successful in completing a PTR for each patient?** **How do you think the patients will benefit from the success of your organization?**

Recognition	**How do others view your involvement in your group's work on PTRs?**
	   Positive
	
	   Negative
	
	 What kind of recognition should there be for involvement?

Incentives	**In what way are you encouraged to do different things to reach the organization's PTR goals?** **What other incentives would lead you to do more?**
Motivation	**What led to your involvement in this kind of work? Why do you want to be involved?**
Self-Concept	**If your organization (or unit) was extremely effective in using PTRs, how would you see yourself in that picture? (Describe what you see.)**
Capacity	**What things about your work are just tough for you to deal with? (e.g., reading a computer screen; working in a loud environment)**

Knowledge/Skill	**What skills do you need to help you be successful?** **What skills are needed by the following people to help you be successful in your work?** 　　**Supervisors:** 　　**Patients** 　　**Co-workers**
Organizational Culture	**How does your organization get people involved in day-to-day tasks and decision making?** 　　**Does this seem to work OK? How so?** **How does your organization respond to internal and external opportunities and challenges (i.e., disruptions)?** 　　**Does this response usually work? How so?** **How consistent is your organization in terms of how it carries out day-to-day operations? How consistent is it in terms of working to achieve long-term objectives and addressing major challenges?** 　　**Do the policies and procedures (formal and informal) used in your organization help achieve long-term stability? How so?** **Does your organization's culture, its resources, and activities fit together in such a way that the organization accomplishes things that are important?**

CONCLUSION

- In summary, I have heard you state the causes to this problem as:

- Is there anything you feel like you need to add to our discussion?
- While I don't anticipate doing so, is it okay to contact you with any other questions and/or concerns?
- Thank you so much for your time!

Observation Site:

Person(s)/Group Observed:

Date of Observation:

Time Observation Began:

Time Observation Ended:

I. REASONS FOR THIS OBSERVATION

- Gain a better understanding of the conditions in which a specific task must be completed.
- Seek details of actual job performance that contribute to a specific performance problem.

II. DESCRIPTION OF THE PROBLEM

One of the health care system's policies states that every patient must have a patient teaching record (PTR). PTRs are diagnosis/topic-specific electronic forms that list specific patient outcomes with corresponding patient education materials and provide a place where nurses document patient teaching. An audit of patient records at the time of discharge showed that only 10 to 15 percent of patient records included a completed PTR.

III. OBSERVATIONS

Actions/Steps or Comments/Dialogue that Provide Insight into Performance Problem	Performance Support Element
	❑ Motivation, Values, & Self Concept ❑ Expectations and Feedback ❑ Tools, Environment, & Process ❑ Rewards, Recognition, & Incentives ❑ Performance Capability ❑ Knowledge & Skills
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	❑ Motivation, Values, & Self Concept ❑ Expectations and Feedback ❑ Tools, Environment, & Process ❑ Rewards, Recognition, & Incentives ❑ Performance Capability ❑ Knowledge & Skills
	❑ Motivation, Values, & Self Concept ❑ Expectations and Feedback ❑ Tools, Environment, & Process ❑ Rewards, Recognition, & Incentives ❑ Performance Capability ❑ Knowledge & Skills

Patient Teaching Record Usage Survey

Audits of Patient Teaching Records (PTRs) show that only 10 to 15 percent of patients have a PTR in their chart when discharged home. This survey is designed to help assess what is needed to increase PTR usage. Please answer the following questions regarding your usage of PTRs. **Note**: This survey is anonymous and all results are confidential, so please answer honestly.

1. Do you know where to locate PTRs and how to document your education on them? ☐ Yes ☐ No If you answered no, you do not need to proceed with the survey, simply return.
2. How often do you document your patient teaching on a PTR (choose one)? ☐ for 0 to 25 percent of my patients ☐ for 26 to 50 percent of my patients ☐ for 51 to 75 percent of my patients. ☐ for 76 to 100 percent of my patients.
3. Why do you think only 10 to 15 percent of patients have a completed PTR in their chart. Below is a list of reasons that fellow colleagues have suggested. Please rank them, in your opinion, from 1 to 3 with 1 representing the strongest reason for few completed PTRs and 3 the weakest reason. _____a. Limited availability of computers _____b. Lack of time _____c. Too much other, more important information to document
4. Below is a list that fellow colleagues indicated would help/encourage them chart on PTRs. Please rank them, in your opinion, from 1 to 4 with 1 representing what would help you the most and 4 the least. _____a. Access to more computers _____b. Lower patient-nurse ratio _____c. Consequences implemented for patient charts that do not contain a completed PTR _____d. Rewards offered for patient charts that contain completed PTRs _____e. Other; please explain _____
Please use the back of this sheet to list any additional comments you may have regarding completion of PTRs.

Thank you for taking time to complete this survey! Please place your completed survey in campus mail.