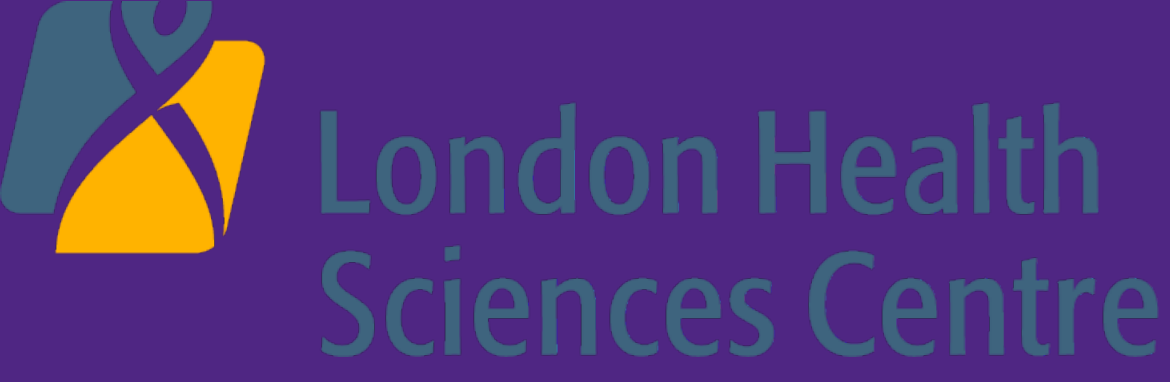


Improving the Quality and Quantity of Patient Education Provided by Residents to Stroke

Inpatients: A Quality Improvement Initiative



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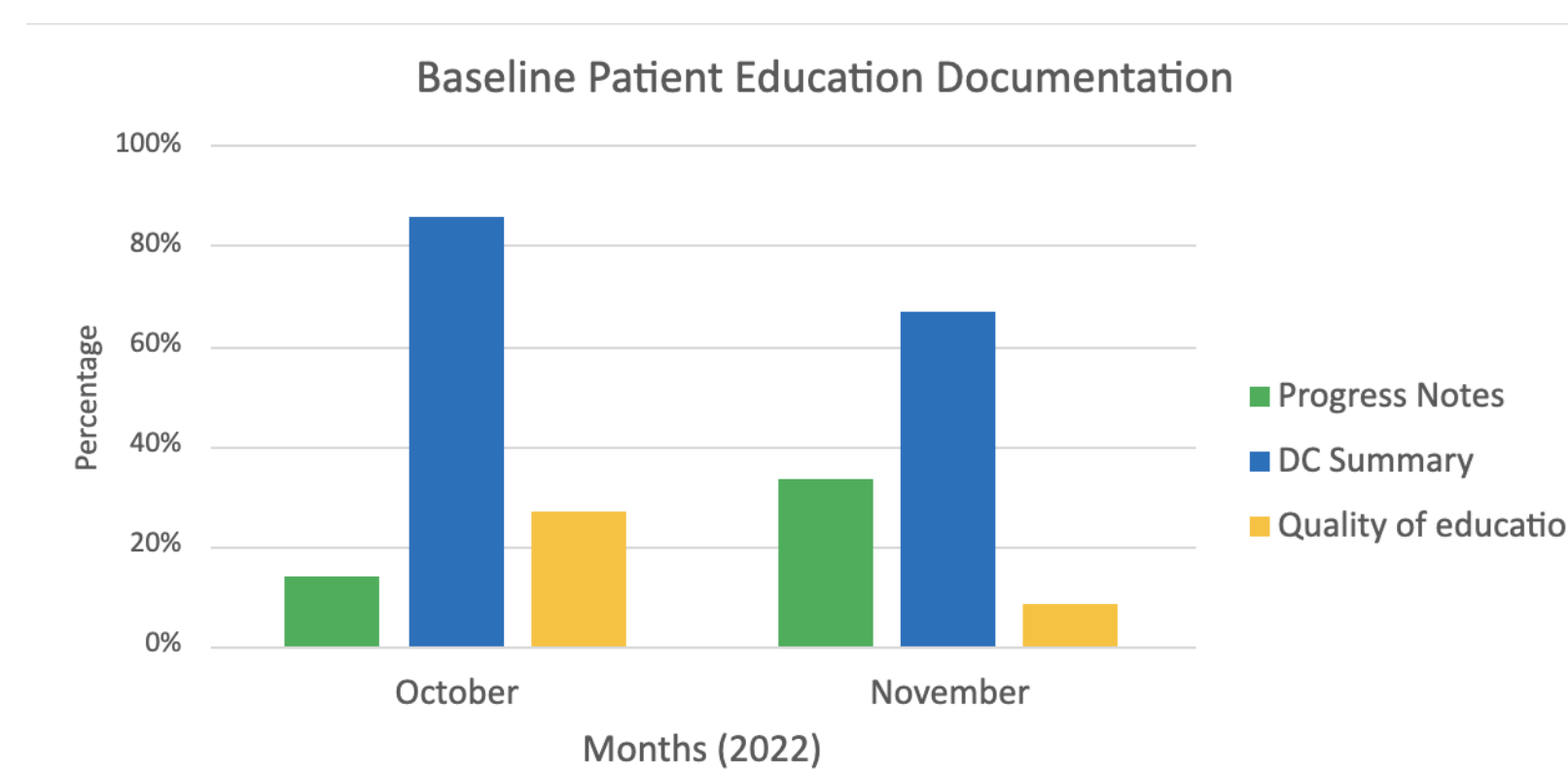


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AIM Statement: To assess the utility of templates and resident education workshop in improving patient education provided by learners to stroke inpatients at University Hospital, with a goal of improvement of 50% in quality by April 2024.

PROBLEM DEFINITION

Patient education done for stroke patients by the medical team (primarily residents) is incomplete and inconsistent. This is demonstrated in and exacerbated by incomplete documentation of patient education. Patient education documentation is a key component of secondary stroke prevention and part of the Canadian best practices for Stroke. Complete and consistent patient education improves patient outcomes and lowers health care costs.

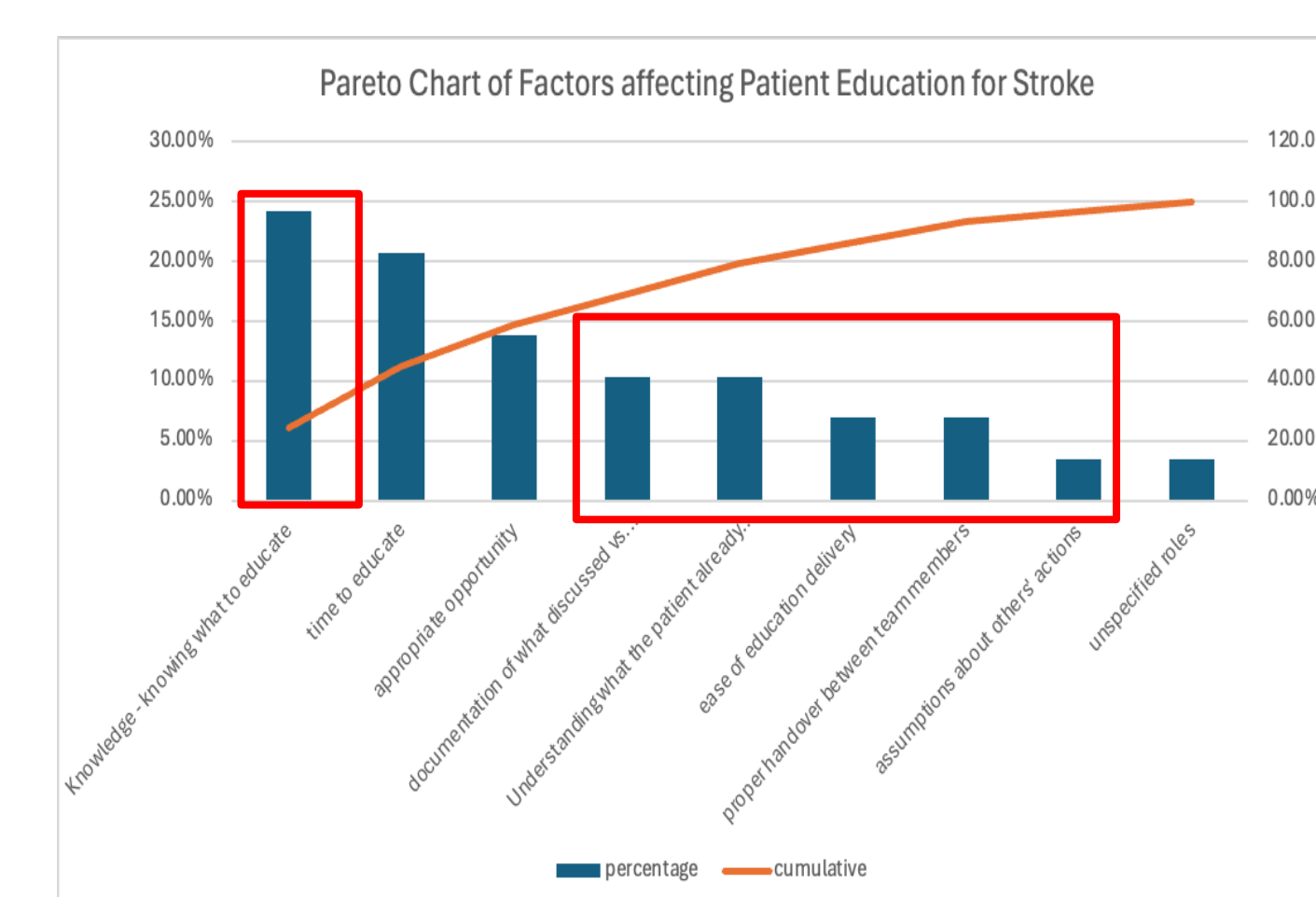
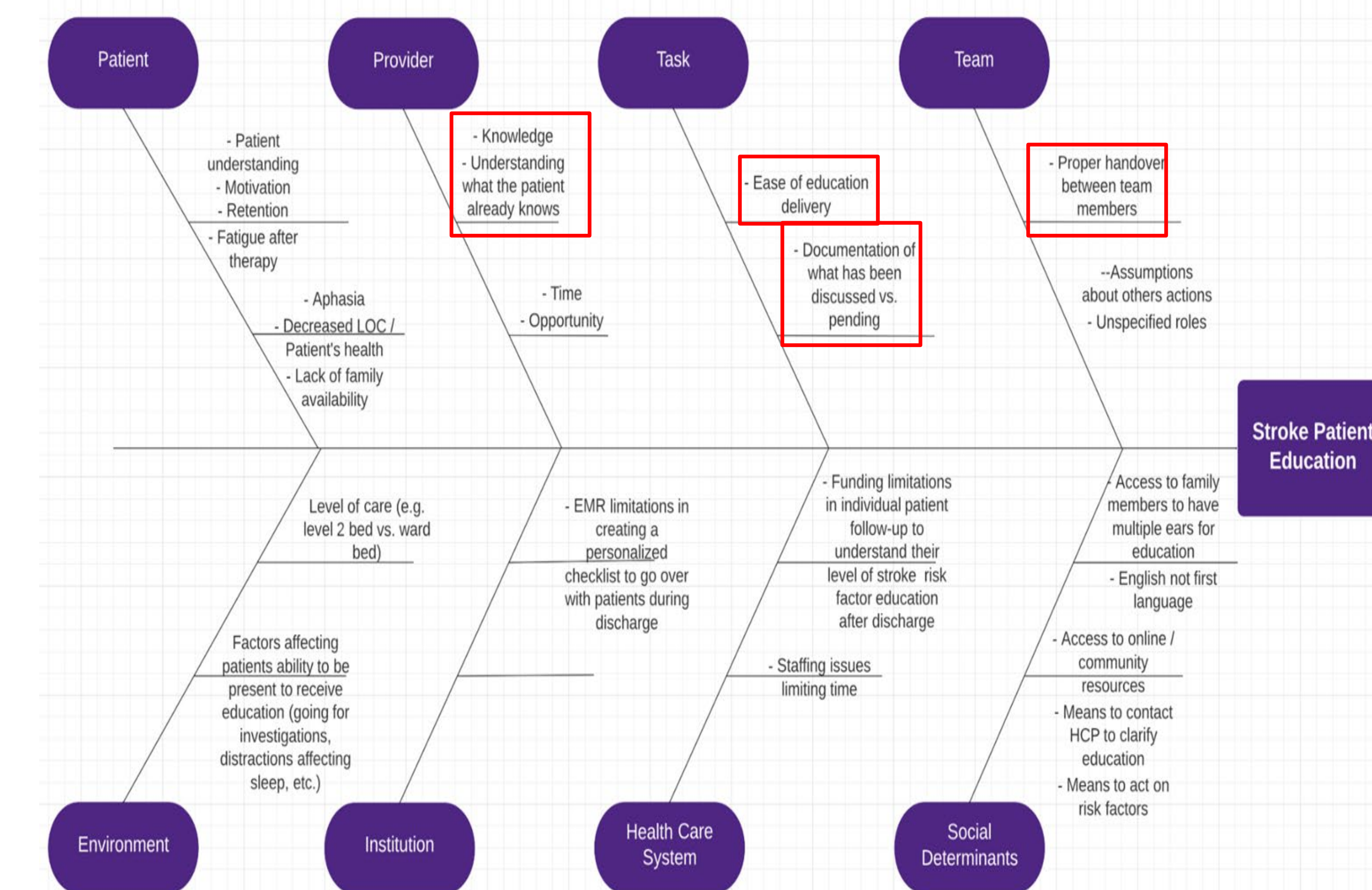


IMPLEMENTATION

- PDSA cycle 1, December 2022:** Introduction of documentation templates using templates and AutoText on PowerChart to act as a reminder for patient education topics as well as reduce burden to improve documentation.
- PDSA cycle 2, December 2023:** Educational workshop to provide formal education to neurology residents about Stroke Patient Education topics and key pertinent points to be covered.

Challenges/Lessons: maintaining retention, encouraging uptake, maintaining sustainability given high turnover of learners on Stroke team.

ROOT CAUSE ANALYSIS

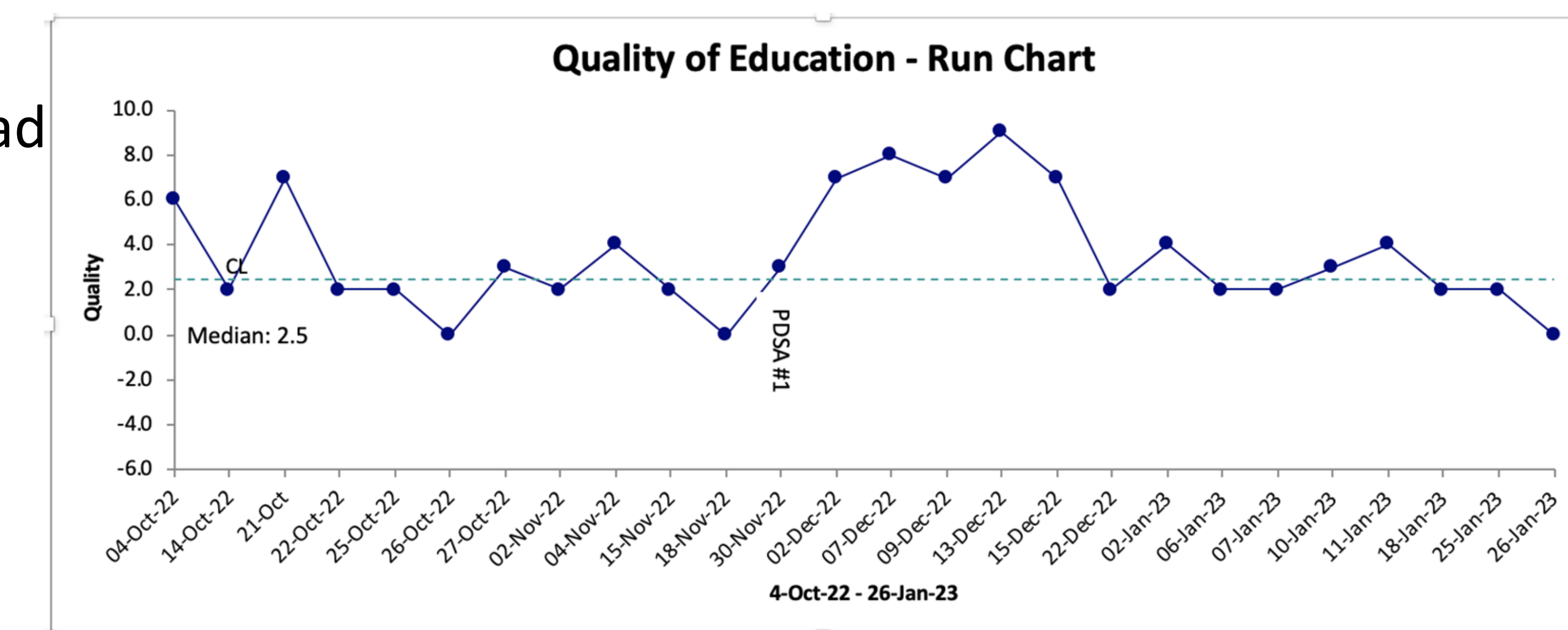


Factor	percentage	cumulative
Knowledge - knowing what to educate	24.14%	24.14%
time to educate	20.69%	44.83%
appropriate opportunity	13.79%	58.62%
documentation of what discussed vs. pending	10.34%	68.97%
Understanding what the patient already knows	10.34%	79.31%
ease of education delivery	6.90%	86.21%
proper handover between team members	6.90%	93.10%
assumptions about others actions	3.45%	96.55%
unspecified roles	3.45%	100.00%
	100.00%	

MEASUREMENT & RESULTS

Balancing measures:

- resident perception of workload with interventions
- stroke attending physician's perspective on interventions.



PDSA 1 see run chart

PDSA 2 showed a 60.5% improvement in resident knowledge of patient education topics. This did not translate to increased quantity of patient education documentation but quality was improved.

SUSTAINABILITY

To maintain sustainability, we are working on adapting the interventions into an asynchronous module (educational workshop, reference documents, template how-to-guide) which will then be added as orientation for all incoming learners. To measure its efficacy, we will measure documentation quantity and quality before and after introduction, as well as 3-6 months after introduction to assess sustainability. PD + stroke manager will be the process owners.

Introducing a service-specific tool that aims to address factors affecting patient education can help improve the quality and quantity of education that is provided to inpatients.