



National Benchmarking Survey for Patient Educators and Programs

Comprehensive Report for Members

Key Takeaways

- The survey response rate had a 114% increase over the prior survey. It was also more inclusive of various healthcare providers.
- Efforts toward system-wide practice standardization projects to improve patient experience, satisfaction, safety, and staff resources were emphasized.
- Efforts towards departmental collaboration to address continuity in patient education and documentation for English and non-English speaking patients are needed.

Recommendations

- Continue advocacy efforts for non-English speaking patients to receive equitable care, including the development of multilingual resources and ensuring that discharge instructions are provided in the patient's preferred language.
- Involve patients and families in the review process of custom materials to ensure that the content meets their needs and preferences.
- Collaborate with organizational departments to improve care plans, clinical skills resources, and staff training.
- Monitor and evaluate the impact of implemented changes on patient outcomes, staff satisfaction, and organizational efficiency.

Methodology

SURVEY CREATION AND DISTRIBUTION

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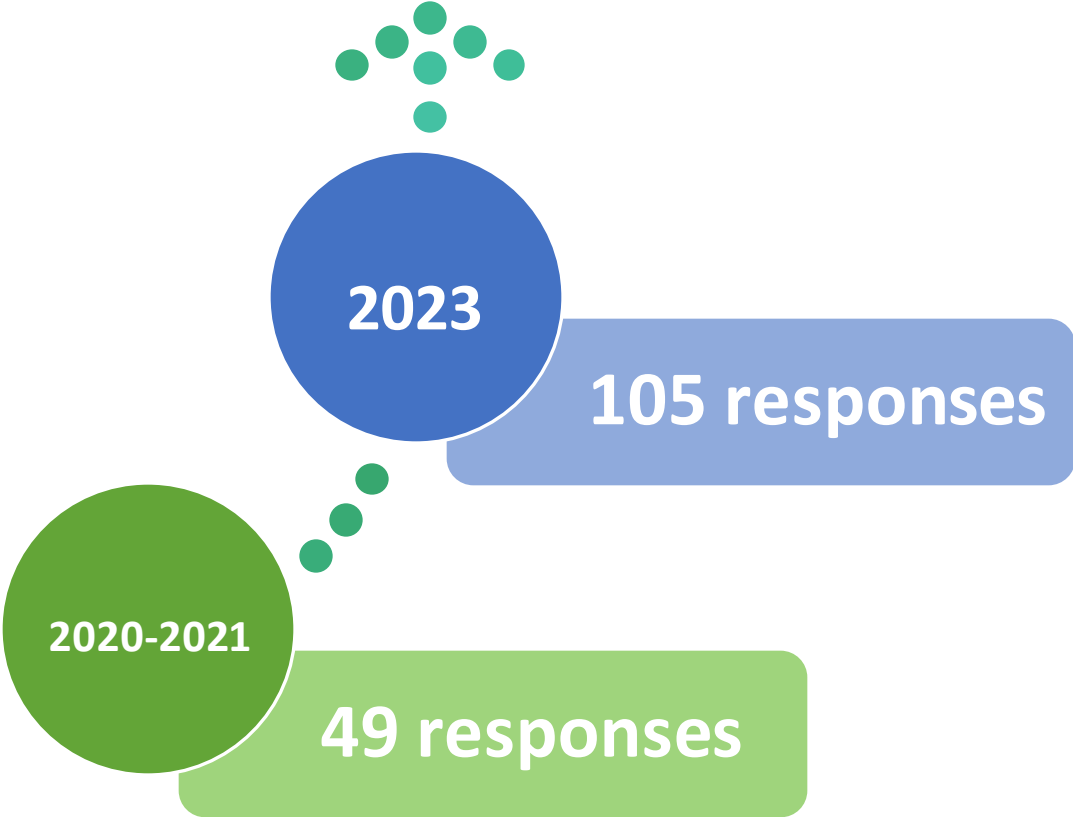
Purpose

Collect and tabulate information regarding nationwide patient education processes and provide the results so organizations can make comparisons.

Survey Distribution

- One goal of the 2023 National Benchmarking survey was to increase the number of responses and be more inclusive of types of healthcare providers
- The survey was shared from late April through early June 2023 via:
 - HCEA listserv
 - HCEA member exclusive email
 - Link on HCEA public facing website
 - HCEA LinkedIn page
 - Vendors were asked to share directly with clients
 - Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) listserv

Survey Responses Comparison



Your organization

SURVEY SECTION 1

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Question: What is the name of your organization?

- 82 unique organization names were reported
- Multiple responses were submitted from the following organizations:
 - Bryan Health
 - Children's Healthcare of Atlanta
 - Christiana Care
 - Froedtert/Froedtert Health
 - Mayo Clinic
 - Michigan Medicine
 - Penn Medicine/Pennsylvania Hospital
 - Seattle Children's/Seattle Children's Hospital
- 14 respondents reported no organization name

n= 105

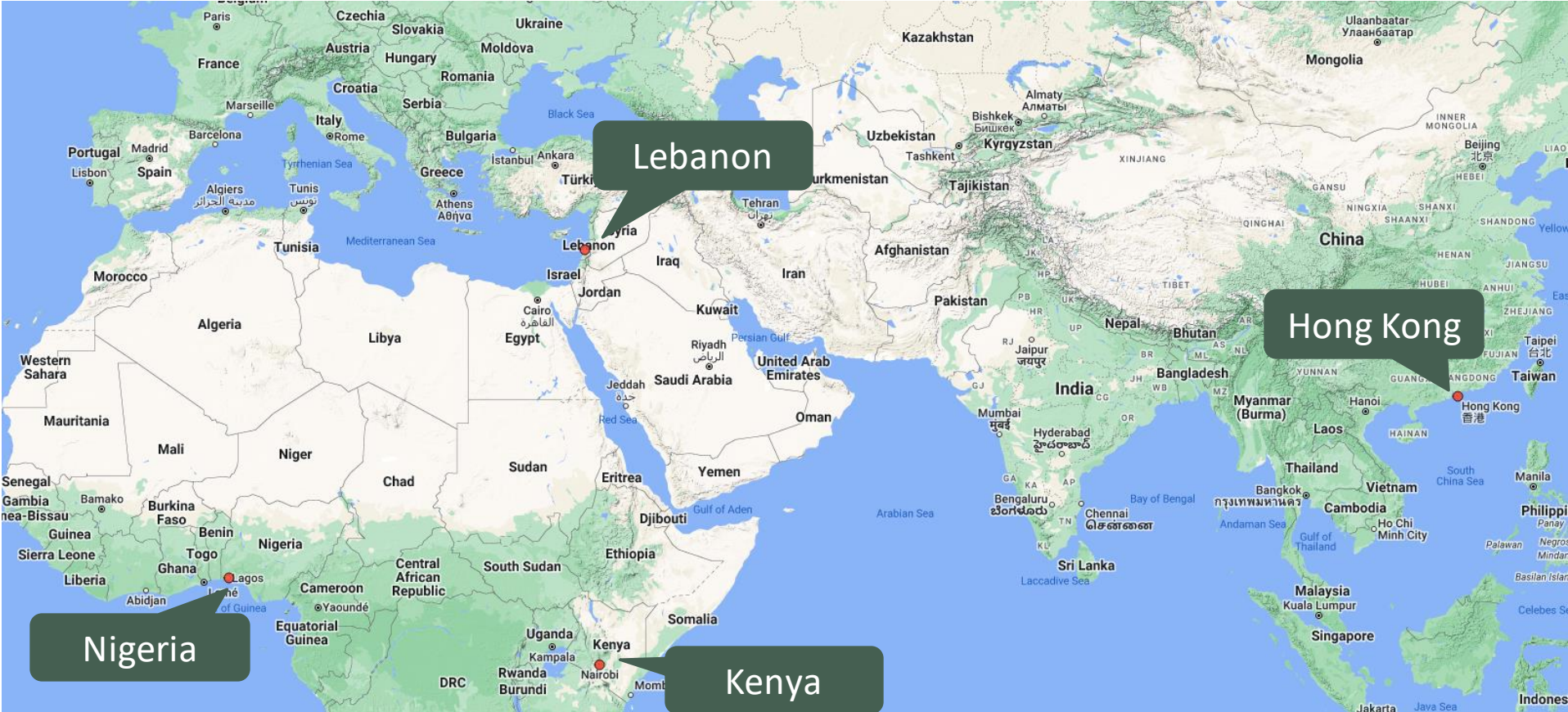
Question: What is the name of your organization?

- Bay Pines VA Healthcare System
- Bryan Health
- CareSource
- Children's Hospital of Los Angeles
- Children's Health
- Children's Healthcare of Atlanta
- Children's Hospital of Philadelphia
- Christiana Care
- Cook Children's Health Care System
- Doylestown Health
- Duke University Hospital – Duke Cancer Institute
- Evergreen Nephrology
- Froedtert
- Froedtert Health
- Genesis Health System
- Greenfield Health Systems
- Habersham Medical Center
- Hartford HealthCare
- Health Connect of South Dakota
- Health Sciences & Human Services Library, University of Maryland, Baltimore
- Healthwise
- Indiana Health Service
- Indiana Hemophilia and Thrombosis Center
- Inova Health Care System
- Intermountain Healthcare
- Johns Hopkins Health System
- Kingston Health Sciences Centre
- Kootenai Health
- Lehigh Valley Health Network
- Loma Linda University health
- M Health Fairview
- Mayo Clinic
- MD Anderson
- Michigan Medicine
- Michigan Medicine University of Michigan Health
- Mobridge Regional Hospital
- Monument Health
- Moi Teaching and Referral Hospital
- National Marrow Donor Program/Be The Match
- Nationwide Children's Hospital
- NC Basnight Cancer Hospital
- NE Methodist Health System
- Niger Delta University Teaching Hospital Bayelsa State
- Northside Hospital
- Northwestern Medicine
- NYU Langone Health

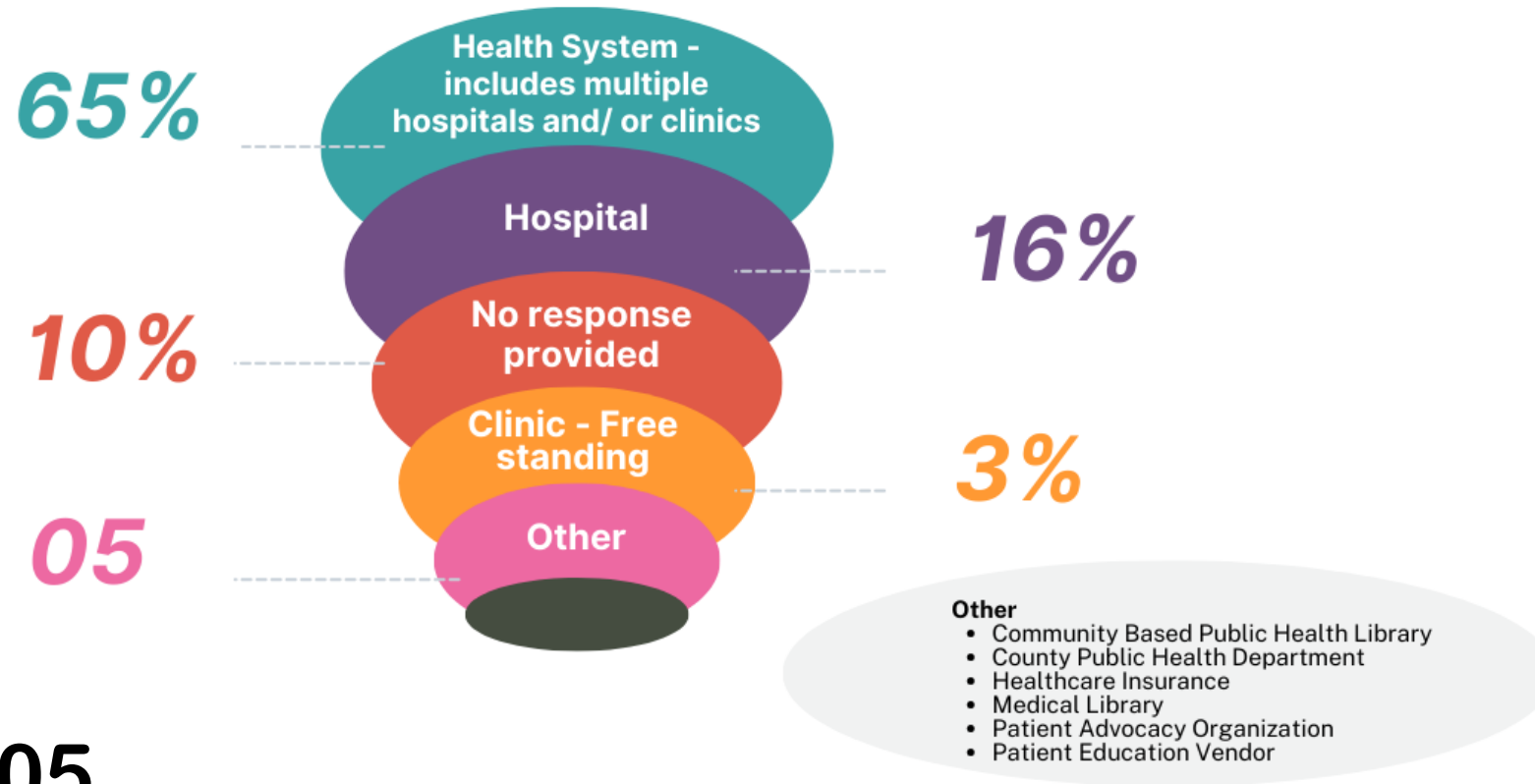
Question: What is the name of your organization?

- OhioHealth
- Olmsted Medical Center – Rochester, MN
- Penn Medicine
- Pennsylvania Hospital
- Phoenix Childrens
- Public Health Services, Kern County, CA
- Reading Hospital
- Riley Hospital for Children at IU Health
- Roswell Park Comprehensive Cancer Center
- Rush Copley Medical Center
- Rush University Medical Center
- Sanford Health
- San Francisco VA Healthcare System – Veterans Health Education & Information Programs
- Scarborough Health Network
- Scottish Rite for Children – Family Resource Center
- Seattle Children’s
- Seattle Children’s Hospital
- St. Joseph
- St. Jude Children’s Research Hospital
- The Ohio State University Wexner Medical Center
- The Ottawa Hospital
- UAMS Center for Health Literacy
- UC San Diego Health
- UCLA Health
- UK HealthCare
- University Health Network
- University Hospitals Seidman Cancer Center
- University of Iowa Hospitals and Clinics
- University of Maryland Medical Center
- University of Utah Health
- Walter Reed National Military Medical Center

Geographic Locations



Question: Which best describes your organization?



n= 105

Patient Education Materials Used

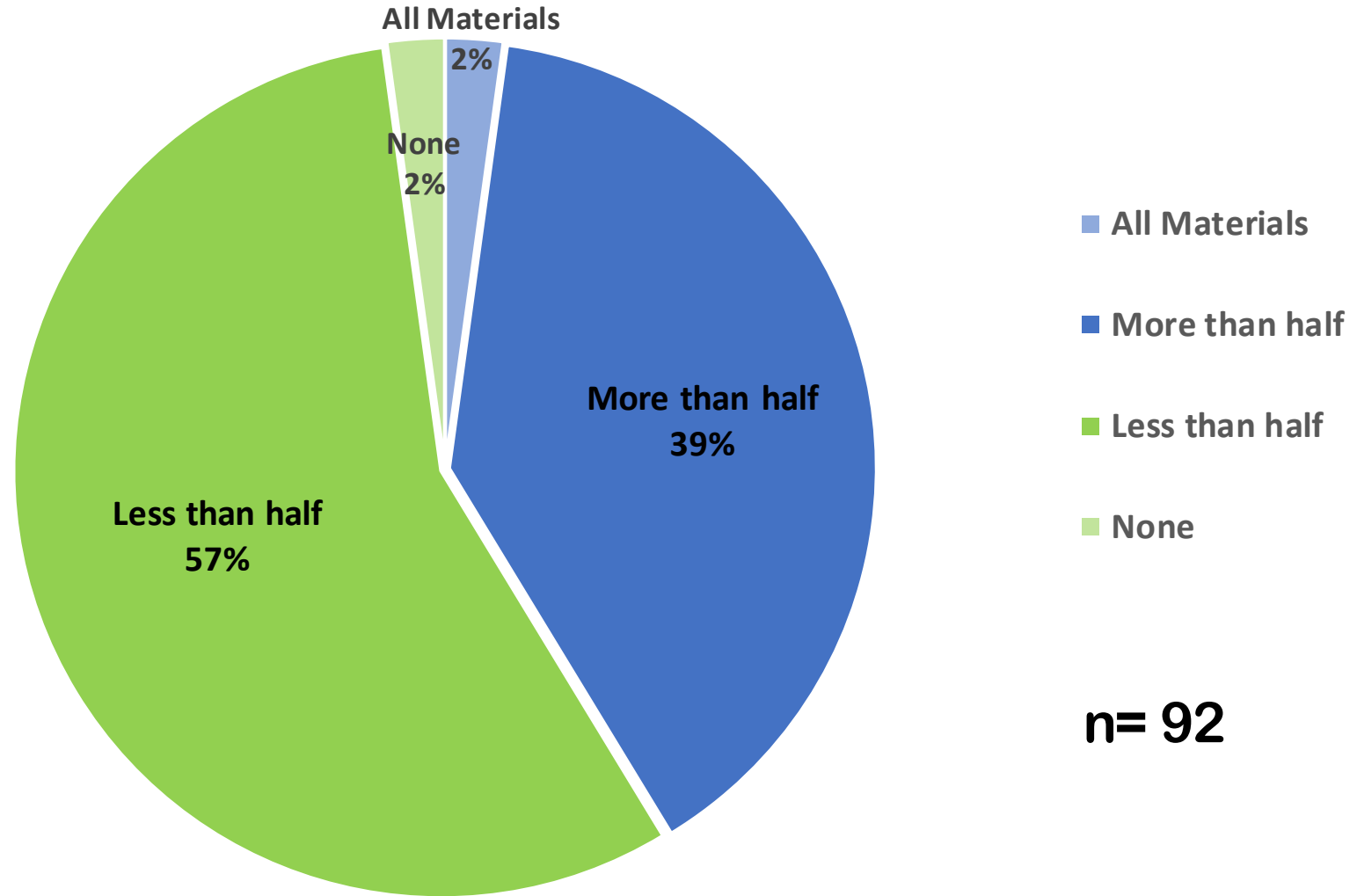
SURVEY SECTION 2

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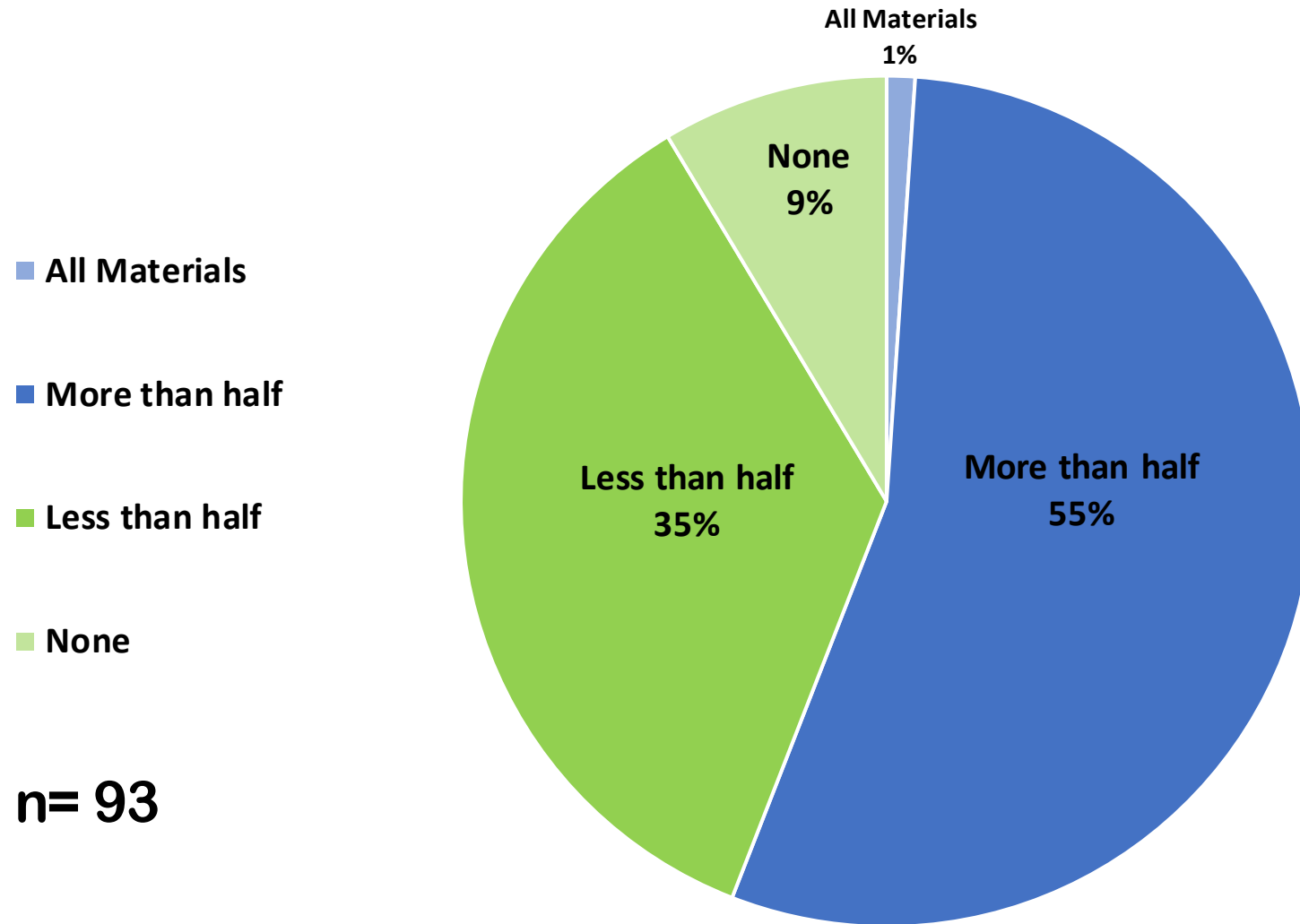
Question

Organizations get their patient education content from a combination of sources. For each source, please choose the answer that best describes how much that source contributes to your overall patient education collection.

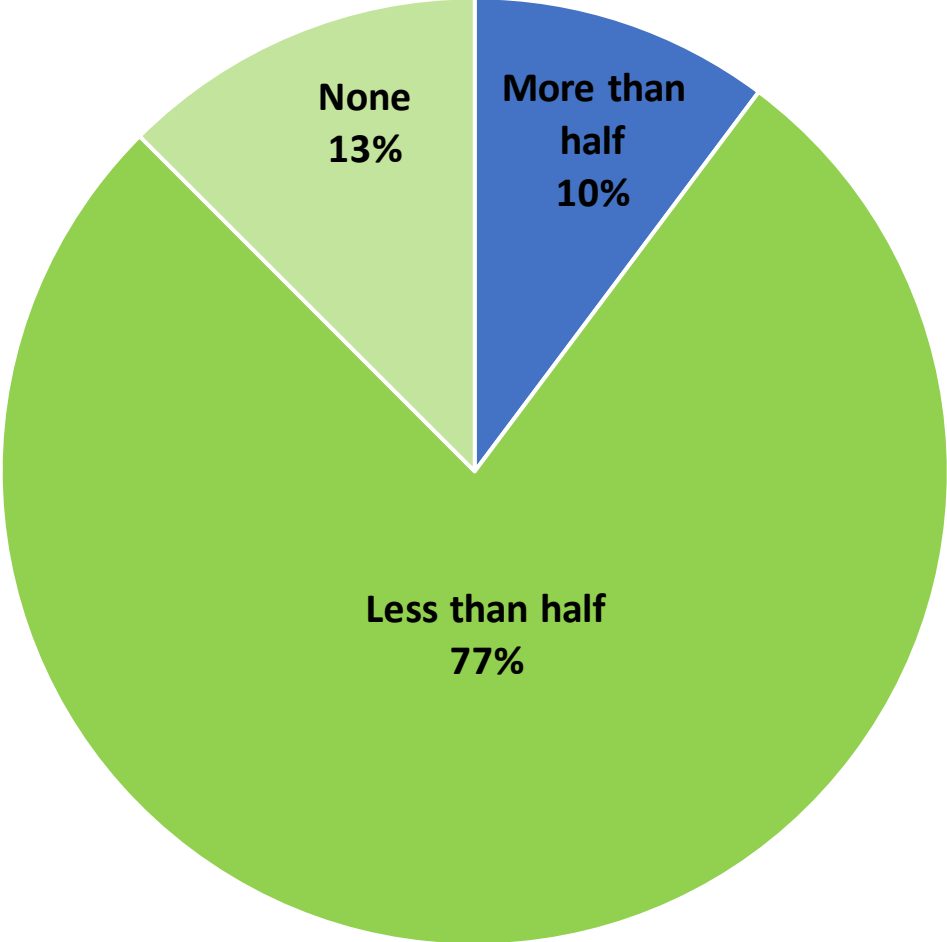
Organization-Authored (Custom) Materials



Vended (Purchased) Materials



Government Issued Materials



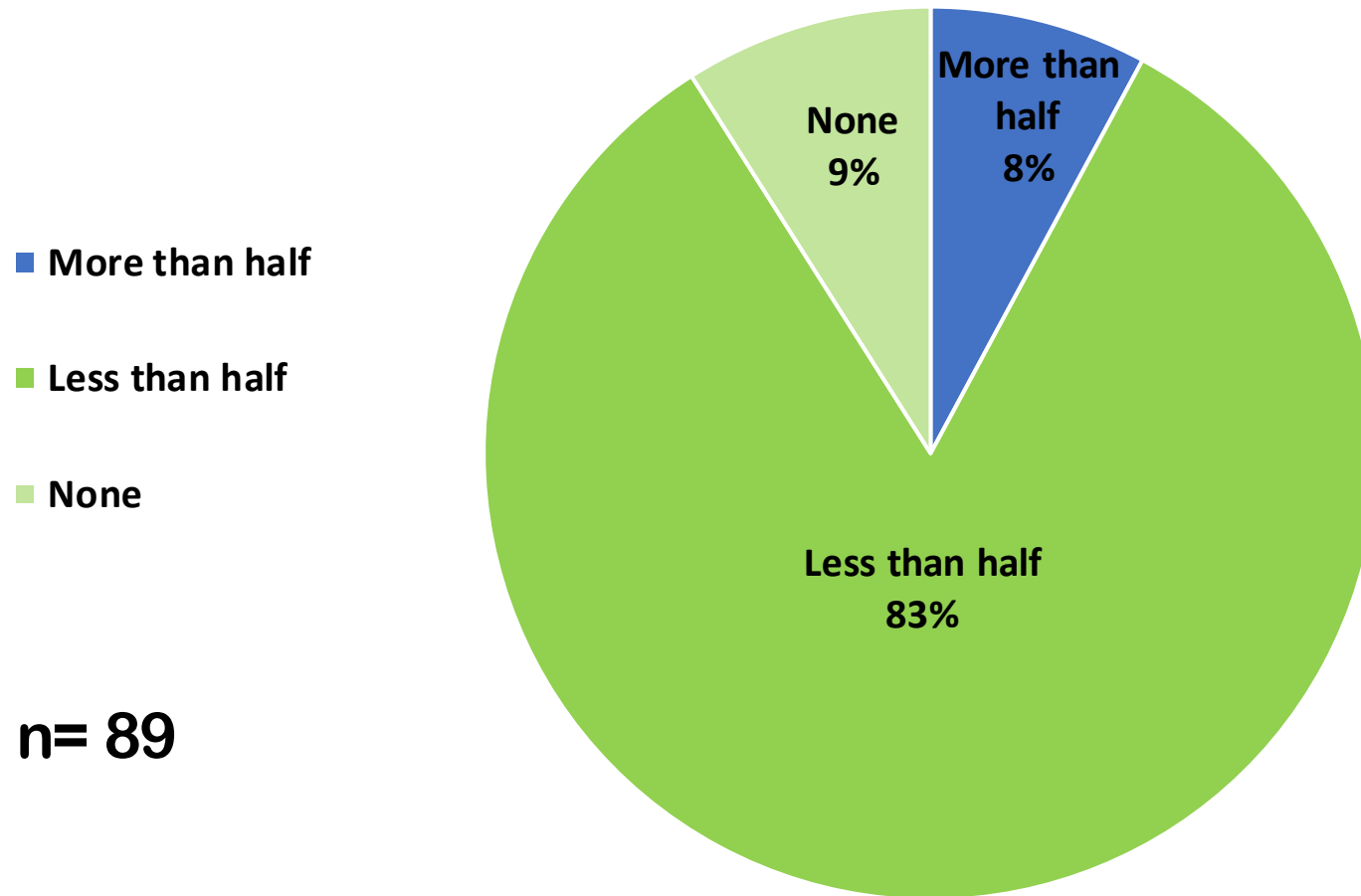
■ More than half

■ Less than half

■ None

n= 88

Professional Organization Materials



Question:
Where do you
store your
patient
education
materials?
Choose all that
apply.

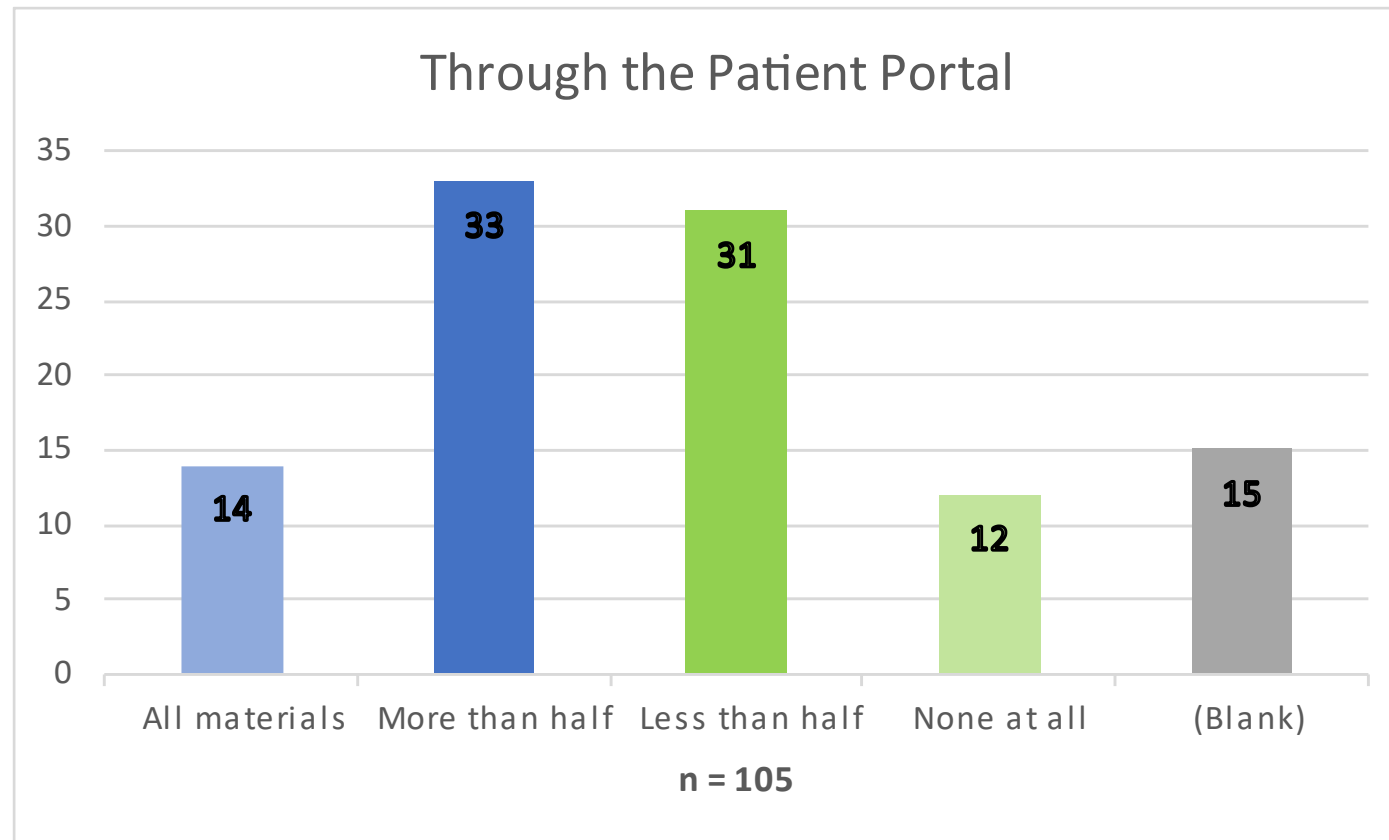
206
responses



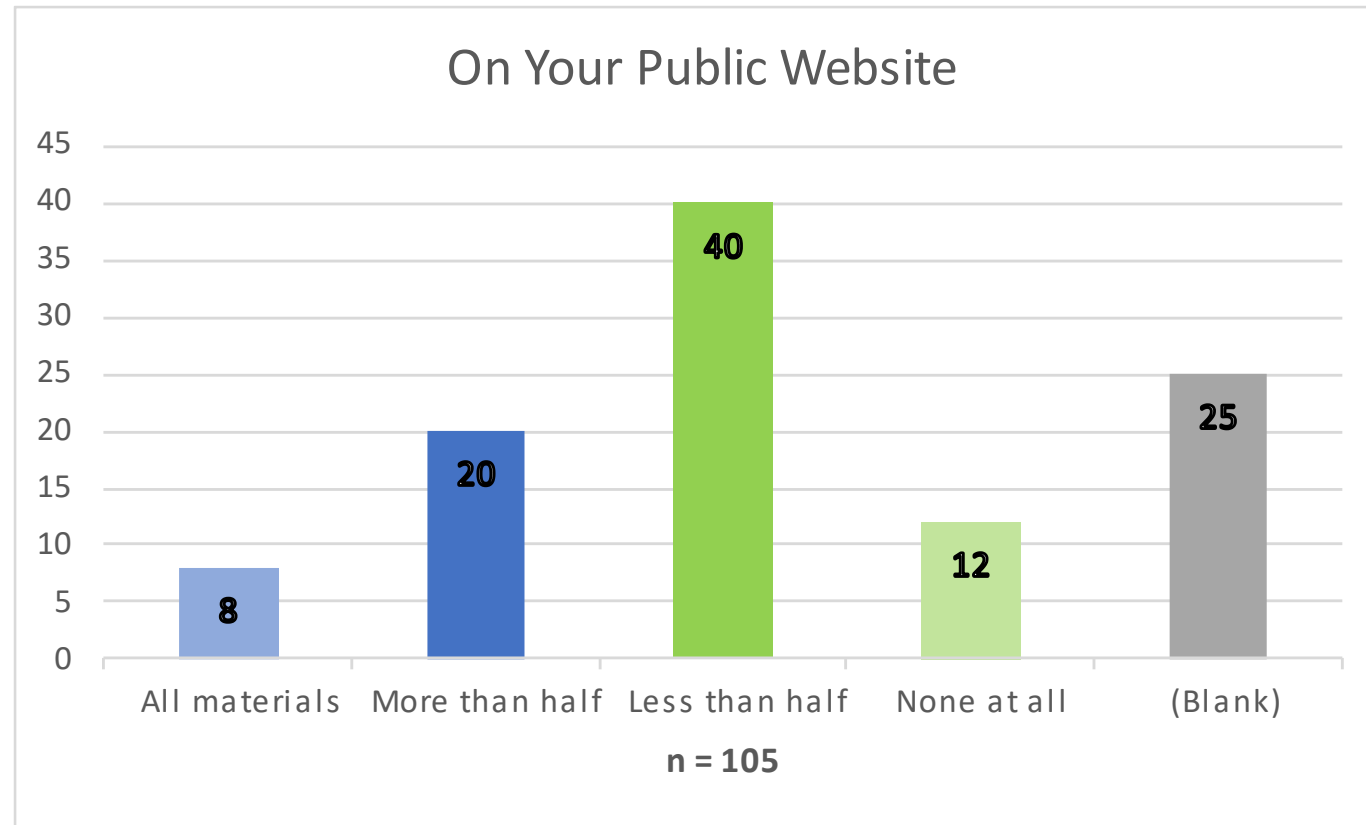
Other

- Content Management System
- Currently on organization's internal server; moving to FHIR and will be housed on vendor's cloud server
- Data base - through our print portal
- Different library within Cerner EMR
- EHR
- Intranet
- Electronic Health Record
- EMR
- EPIC
- HER
- Electronic medical record and on shared drives
- order from print vendor
- Internal learning content management platform
- Krames website
- Patient Portal
- Third party vendor resource
- Vendor database

Question: Please choose the answer that describes how much your overall collection is available to patients in these areas. How many materials are available in these locations?



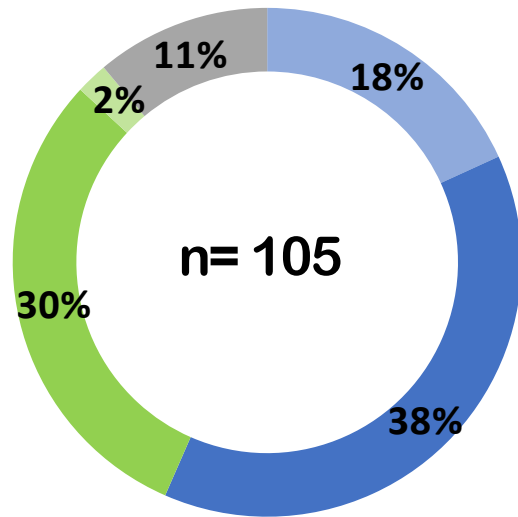
Question: Please choose the answer that describes how much your overall collection is available to patients in these areas, How many materials are available in these locations?



Question:

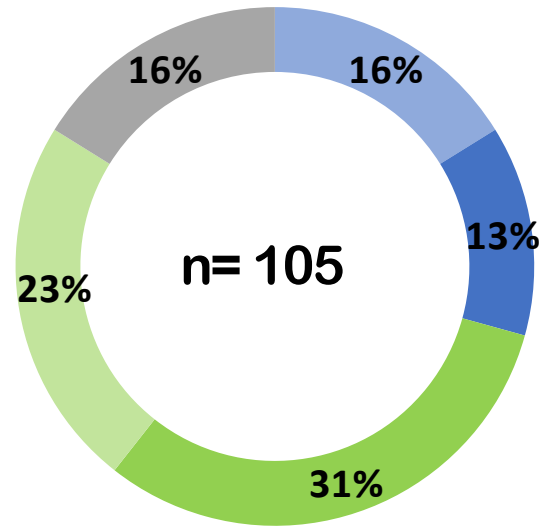
The next question asks about availability of materials in alternative formats. How many of your patient education materials are available in this format?

Patient whose primary language is the second most common language in your area



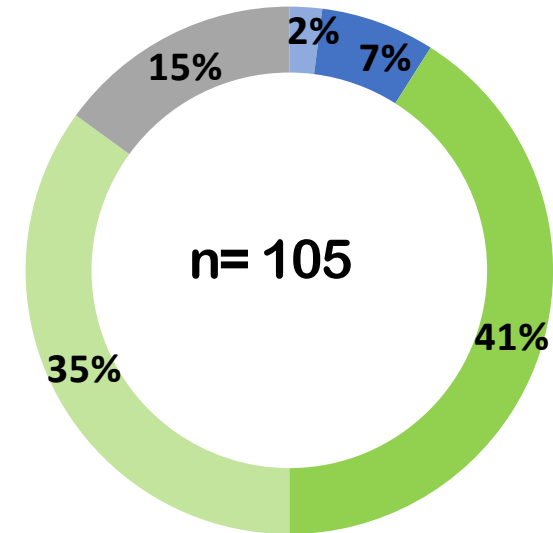
All Materials
Less than half
(Blank)
More than half
None

Patients who are deaf or hard of hearing



All Materials
Less than half
(Blank)
More than half
None

Patients who are blind or visually challenged



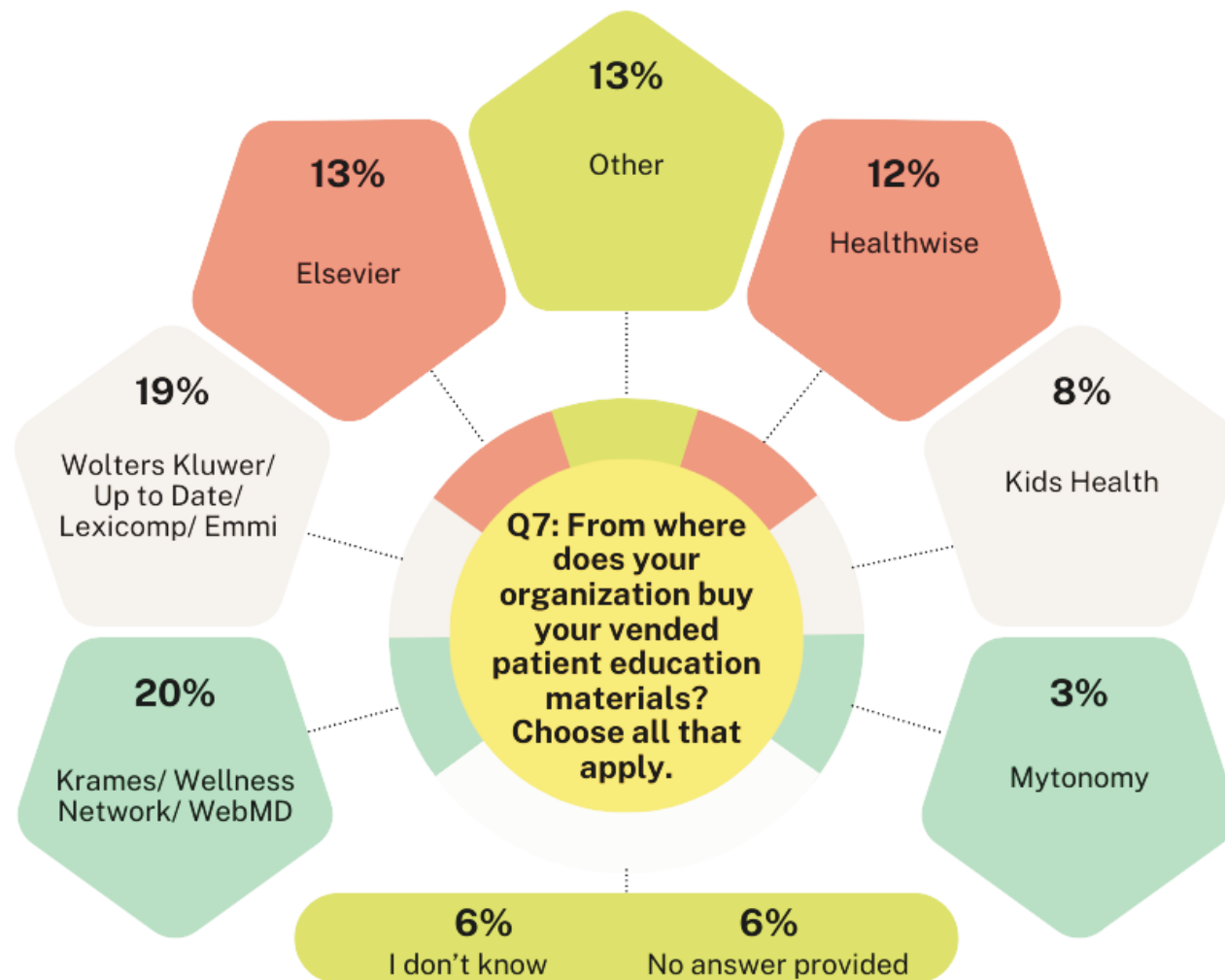
All Materials
Less than half
(Blank)
More than half
None

Vended Materials

SURVEY SECTION 3

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Question: From where does your organization buy your vended patient education materials? Choose all that apply.



189 responses

- Other**
- ADAM
 - Advance Care Planning Ontario
 - AWHONN
 - Bright Futures
 - Care Notes
 - Cerner EMR
 - Channing Bete
 - Create our own materials
 - Customized Communications
 - Holvan Group
 - Injoy
 - JourneyWorks
 - Krames, but moving to HealthWise
 - MedBridge
 - Medline Plus
 - MedAction
 - Micromedex
 - National organizations
 - Professional organizations
 - various additional sources
 - various vendors
 - Our own Helping Hands
 - we don't purchase patient education materials
 - Wellness Network
 - Wellness Network (via GetWell)

Question: How many of your vended materials are integrated into your electronic medical records?

If your materials are “integrated”, staff can do one or more of these:

- Search for materials
- Click to add them to the after-visit summary
- Click to document that a patient was provided the material

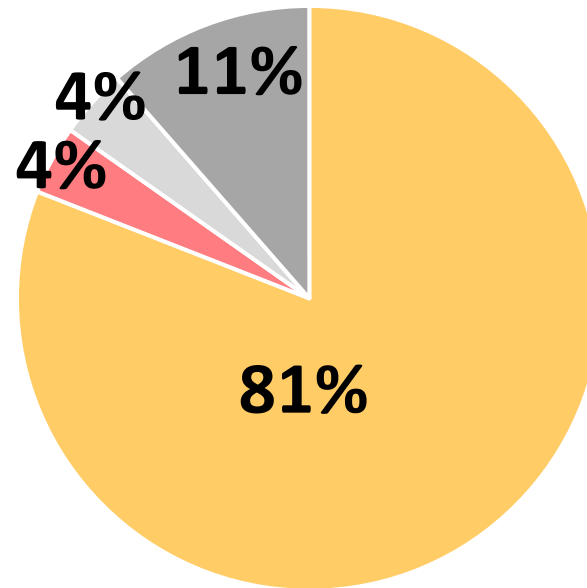
Amount	Count	Percentage of answers
Most or all	50	48%
Some, but fewer than half	21	20%
None	12	11%
I don't know	9	9%
Blank	13	12%
Total	105	

Custom Materials

SURVEY SECTION 4



Question: Does your organization have or use custom materials?



■ Yes ■ No ■ I Don't Know ■ Blank

n= 105

Question: How many of your custom materials are integrated in your EMR?

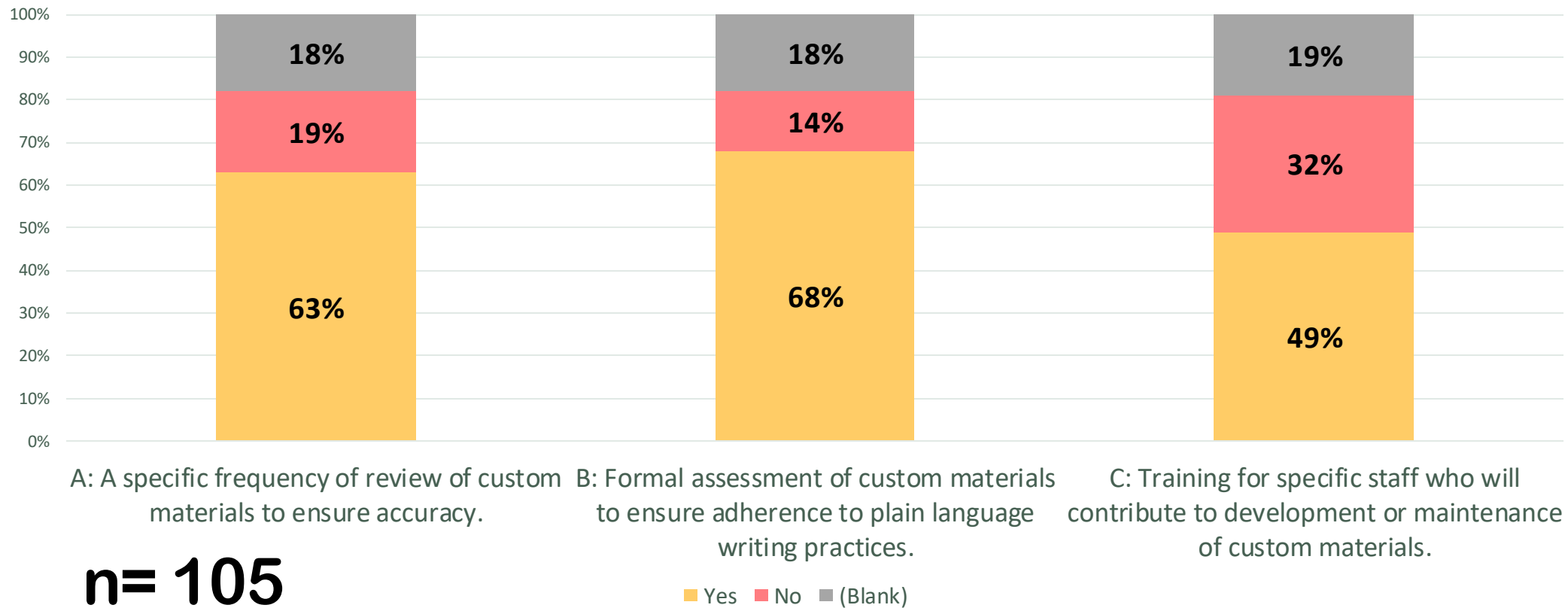
If your materials are “integrated”, staff can do one or more these:

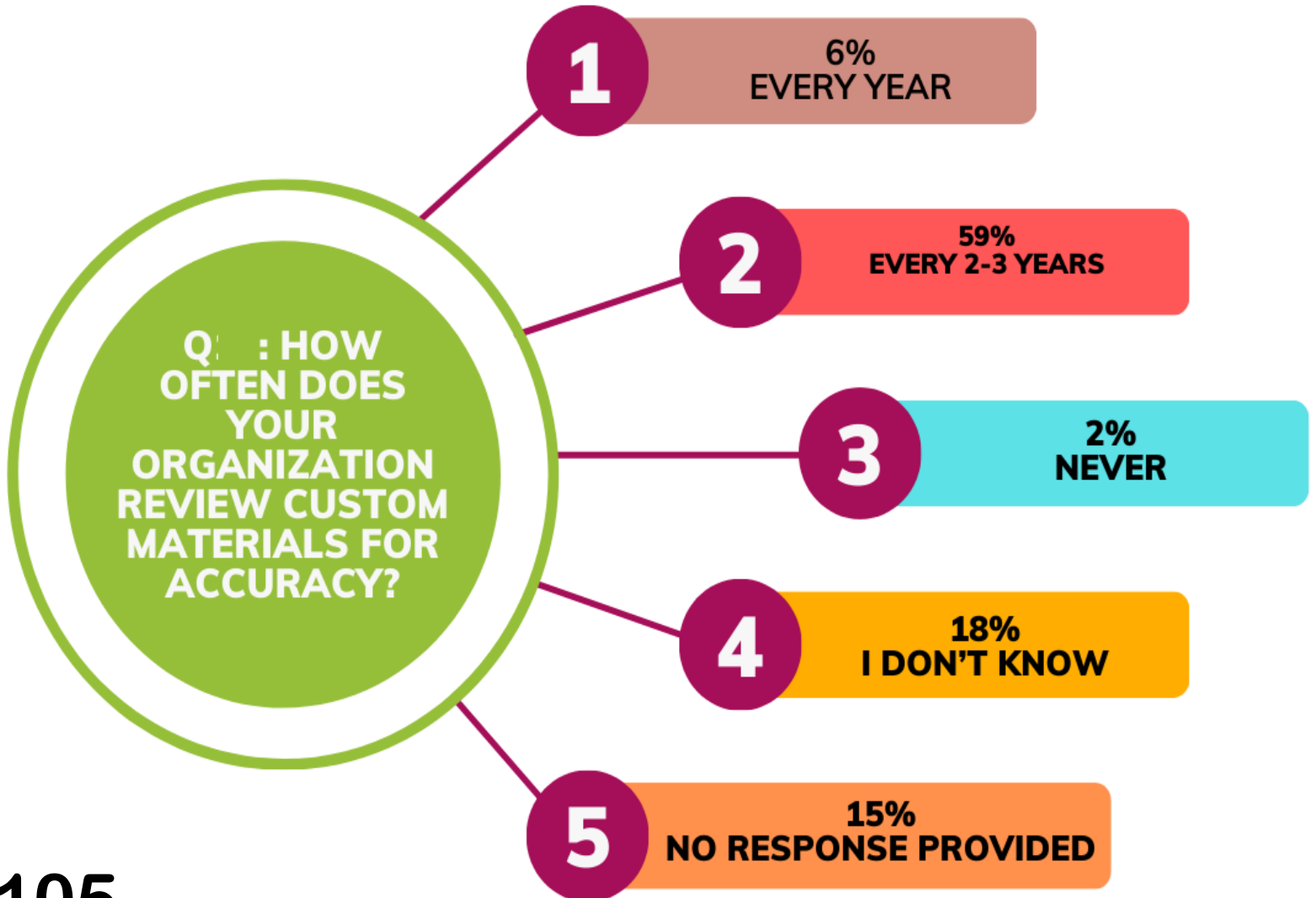
- Search for materials
- Click to add them to the after-visit summary
- Click to document that a patient was provided the material

Amount	Count	Percentage of answers
Most or all	43	41%
Some, but fewer than half	21	20%
None	17	16%
I don't know	7	9%
Blank	17	16%
Total	105	

Question:

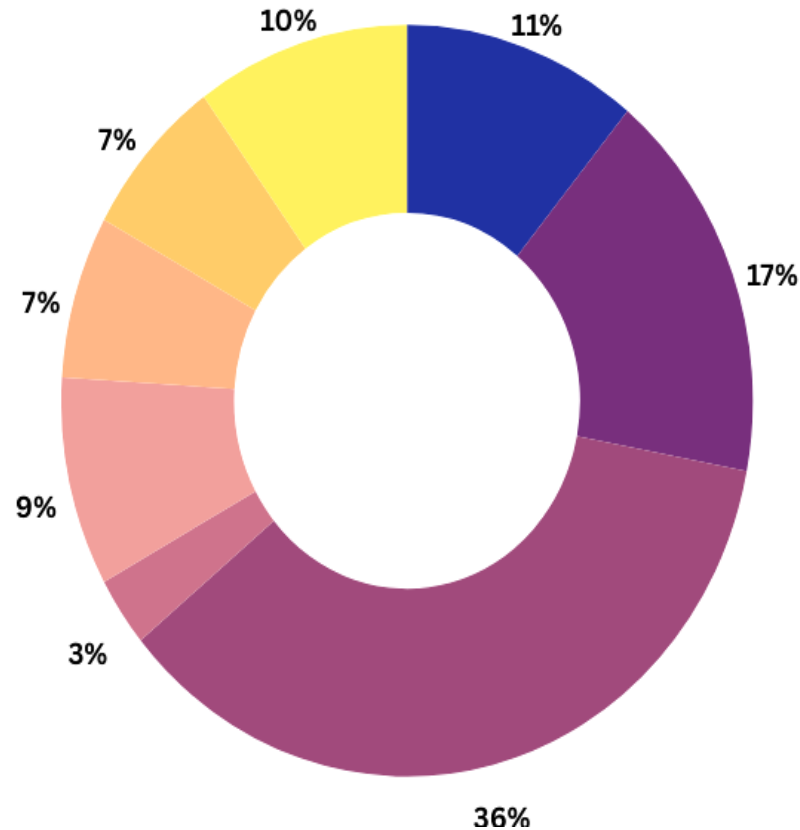
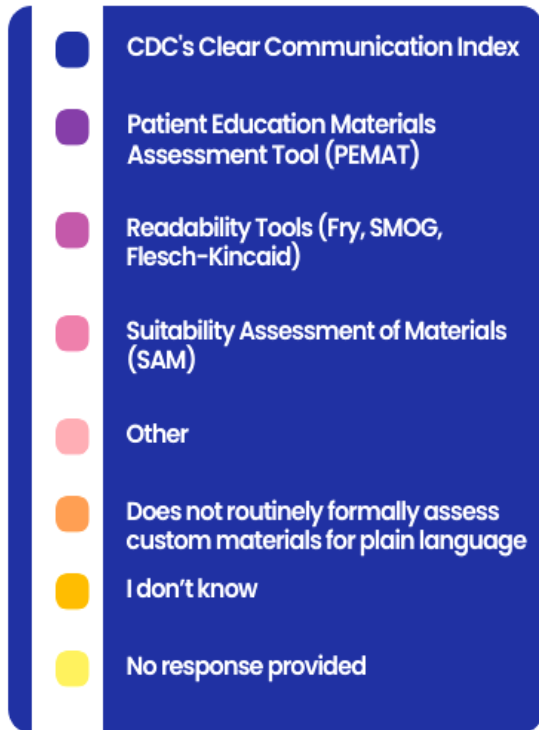
Please choose “yes” or “no” to note whether your organization has a policy to address each item below regarding your custom materials. Does your organization have a written policy that requires:





n= 105

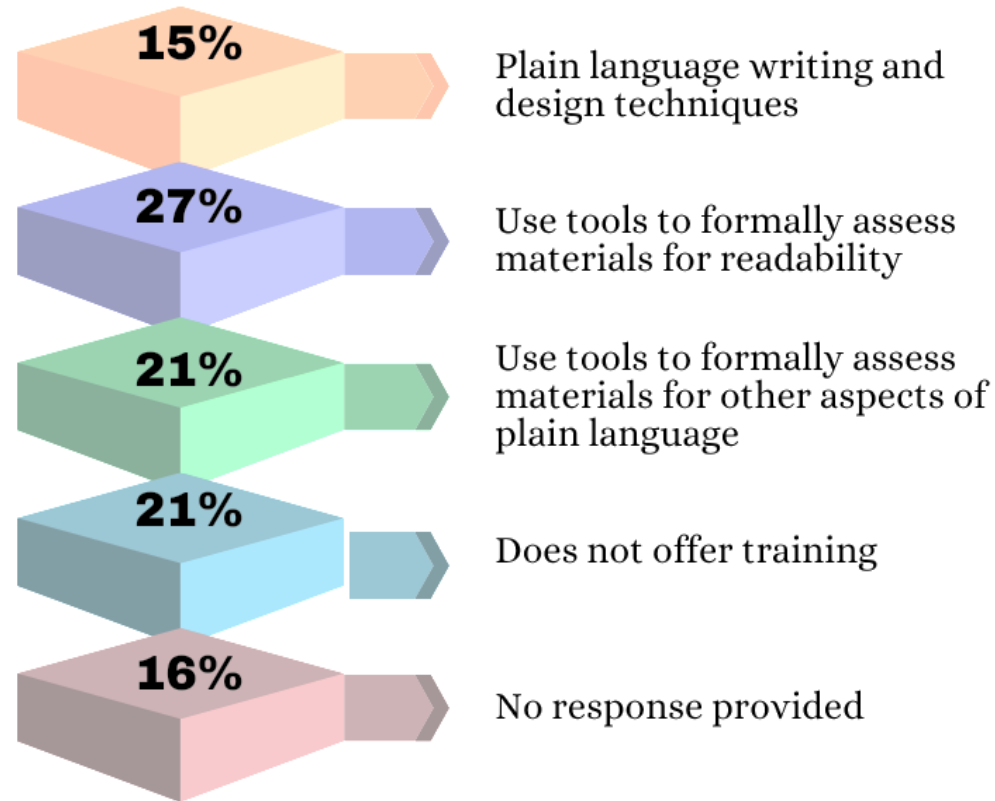
Question: Which tools does your organization use to formally assess custom materials? Choose all that apply.



161
responses

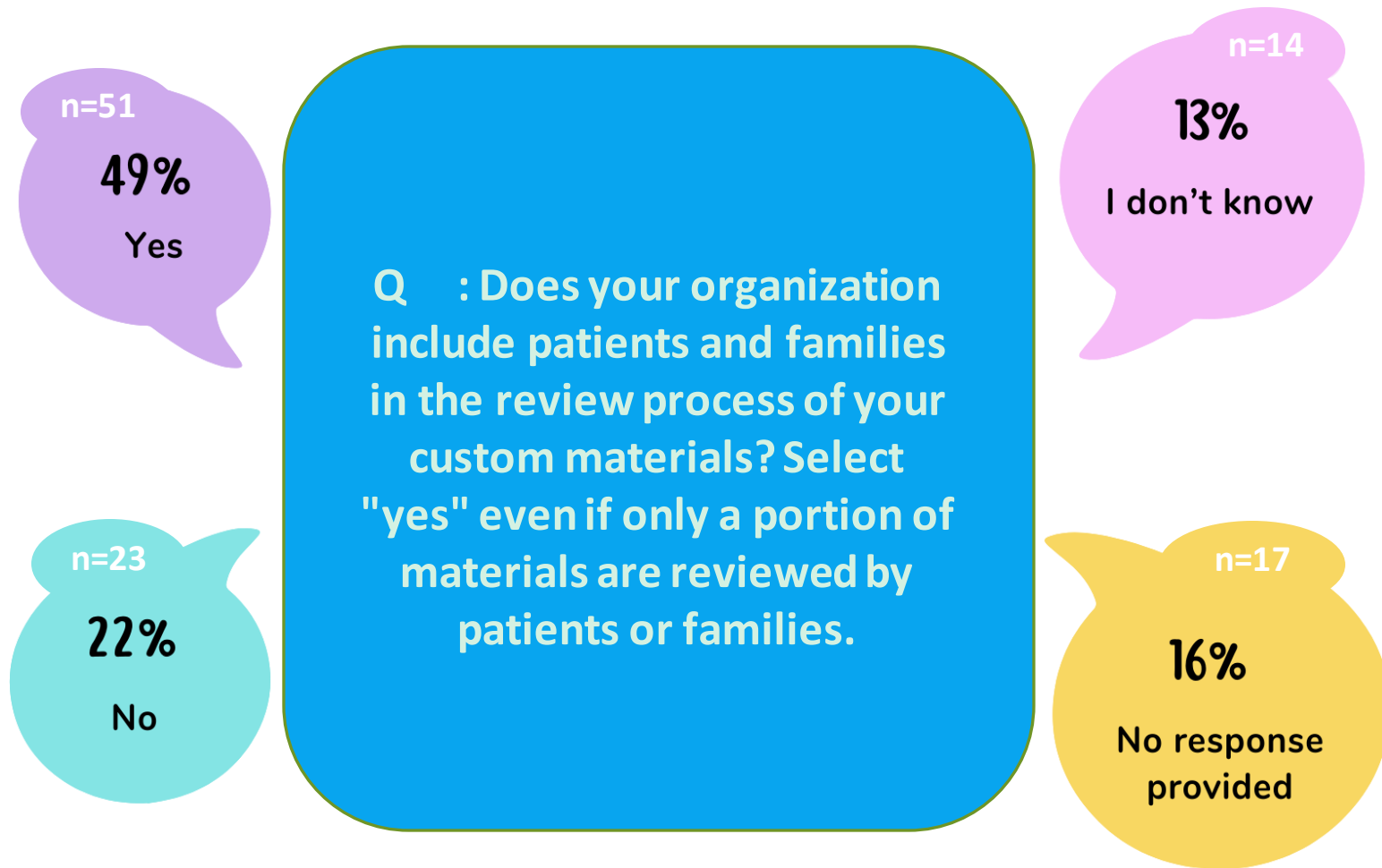
- OTHER**
- CMS TOOLKIT
 - CMS TOOLKIT FOR MAKING WRITTEN MATERIAL CLEAR AND EFFECTIVE
 - HEALTH LITERACY ADVISOR PROGRAM
 - HEALTH LITERACY TEAM
 - MOSTLY FROM EXPERIENCE OF TEAM MEMBER WITH PLAIN LANGUAGE
 - NM BRAND GUIDELINES AND PATIENT EDUCATION GUIDELINES
 - REVIEWING/EDITING BY PLAIN LANGUAGE SPECIALIST
 - THERE IS MUCH MORE TO CONSIDER WITH CUSTOM MATERIALS THAN THE TOOLS MENTIONED HERE. WE LOOK AT MEDICAL JARGON, FORMATTING, FONT, GOALS OF THE EDUCATION, USER INVOLVEMENT, ETC.

Question: What type of training does your organization offer to staff who develop or approve custom materials? Choose all that apply.

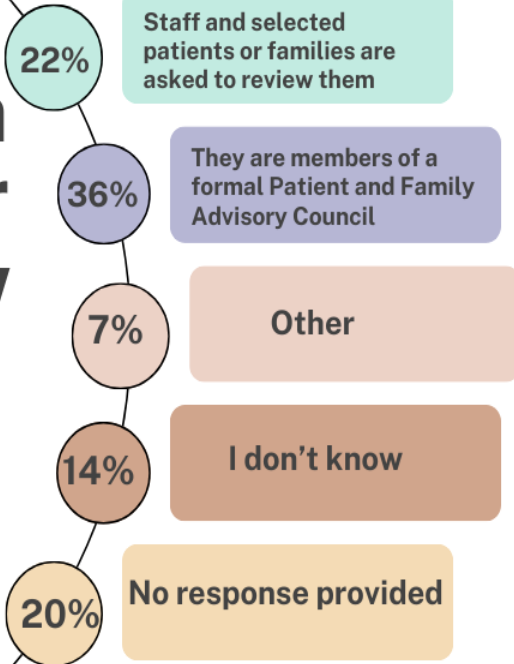


132
responses

n= 105



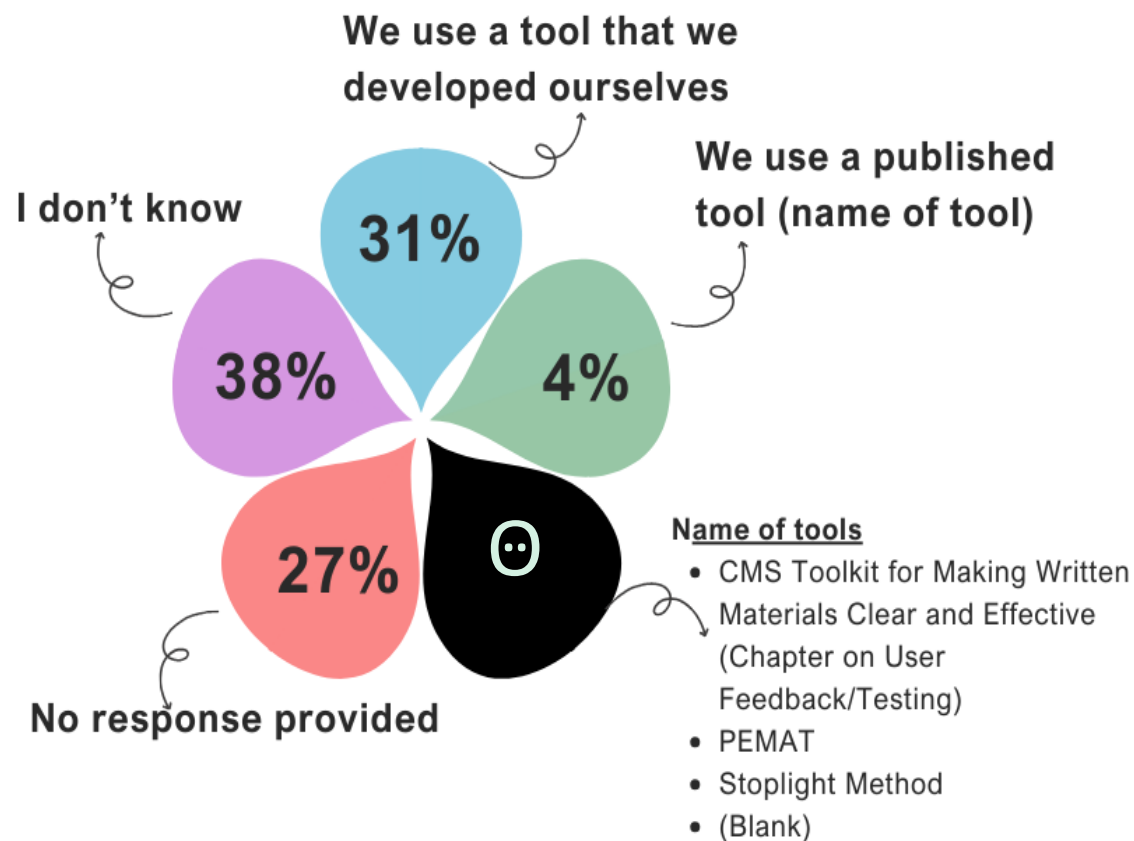
**Q : How does your organization select patients or families to review custom materials?
Choose all that apply.**



- OTHER**
- ANY PATIENT FAMILY CAN VOLUNTEER DO OR THE PFE CONTENT REVIEW BOARD
 - DIALYSIS PEER MENTOR PROGRAM
 - EXTERNAL RESEARCH
 - FOR RESEARCH PURPOSES, PATIENTS AND FAMILIES ARE SELECTED FROM A CLINICAL PRACTICE AREA
 - RANDOM AND CONVENIENCE SAMPLING
 - SURVEYS
 - WE JUST CHOOSE THEM
 - WORKING ON ESTABLISHING PFAC

**135
responses**

Q : What tools does your organization use to get patient and family feedback on custom materials?



106
responses

Organizational Priorities

SURVEY SECTION 5

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Question: In our field, we often need to advocate with organizational leaders to secure needed resources with patient education and health literacy efforts.

If you have successfully done this, please share your story, including the type of leader you were engaging with, the organizational or healthcare priorities that resonated most with the leaders (e.g. patient experience or cost), and any other lessons learned.

This was an open-ended question. A selection of (de-identified) responses follow.

Responses

I recently advocated for our non-English speaking patients to ensure that they were able to have the same discharge instructions as our English speaking patients. I worked with my manager, the head of IT for the health system, and someone from Cerner Oracle to build the templates.

In recent years, our organization had received multiple citations, across multiple locations, for insufficient patient education and/or documentation thereof. I collaborated with our Professional Nursing Practice department, who were also concerned about citations related to care plans and clinical skills resources for staff training and reference. Together, we decided to use a vendor that provides solutions for each of these areas and proposed this as a system-wide practice standardization project. We emphasized that this standardization would support patient experience, patient satisfaction, patient safety, meet regulatory requirements, avoid future citations, and support staff satisfaction by providing the quality resources they need to provide excellent care. With the support of one location's VP of Hospital Operations, we sought and received the support of each location's Chief Nursing Officer. While the implementation of the project was a substantial expense, we showed the cost avoidance that would be achieved with streamlining patient education vendors and avoiding regulatory citations, as well as the long-term annual fees being almost the same as what we were already spending on less effective workflows.

Responses

We have an advisory board for our health literacy and patient education initiatives. The chief medical officer, along with other senior leaders are represented on this board. They are a high-level board, but what we are missing is a health literacy boots on the ground board/workgroup. We have a review team that helps to review written materials, but we are still looking for a workgroup that has representation from those who are working every day with patients.

We were successful in doubling the size of our team (going from 0.8 FTE to 2.0 FTE) in late 2021. Our team reports through the Nursing/CNO structure. Advocacy was primarily related to sheer quantity of work: the health system had dramatically expanded in the 10+ years since the Patient Ed. Department was created, so we had a strong case. We had hoped for 3.0 FTE (net increase of 2 positions), but only one was approved. Unfortunately we have since entered a freeze on new positions not directly related to patient care.

Responses

Quality and cost resonates with leaders. I showed them how consistent education across the continuum of care improves quality outcomes (by showing examples of actual poor quality from inconsistent content) and reduces costs by selecting one primary vendor to provide content (supplemented with custom when justified). Partnering with quality, IT and clinical leaders is key to success. We formed a leadership team to drive our improvements (called Patient Education Governance Council).

Our leaders responded well to the integration of universal health literacy precautions when presented with data about the prevalence of limited health literacy and its impact on health outcomes. Also, patient stories helped to solidify why our current practices are insufficient to address the issue of LHL.

About You

SURVEY SECTION 6



Question: What is your job title?



Question: What is your job title?

- Title commonalities - Leadership
 - Coordinator is in 7 job titles
 - Director is in 13 job titles
 - Manager is in 13 job titles
- Title commonalities – Professions
 - Librarian is in 2 job titles
 - Nurse is in 8 job titles
- Title commonalities – Words
 - Education is in 23 job titles
 - Patient is in 27 job titles

n= 105

Question: What is the name of your department within the organization?

- There were a few shared department names across organizations*
 - Patient Education – 11
 - Patient and Family Education – 4
 - Health Education & Content Services – 3
 - OB – 3
 - Patient Education and Health Literacy Program – 3
 - Education – 2
 - Institute for Learning Leadership and Development – 2
 - Patient Safety
- Other department commonalities
 - Health Literacy is in the title of 3 departments
 - Clinical is in the title of 4 departments
 - Library is in the title of 5 departments
 - Nursing is in the title of 7 departments
 - Patient is in the title of 19 departments
 - Education is in the title of 19 departments

n= 105

* See question 1 for organizations with multiple responses

Question: Are you responsible for the oversight of patient education resources in your organization and/or processes within your organization?



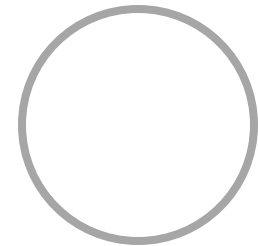
64%
Yes



17%
No
Someone else has
that responsibility



2%
No
No one in our
organization has that
responsibility



17%
No response
provided

n= 105

Next Steps

- Develop strategies to address specific priorities identified by the respondents.
- Monitor and evaluate the impact of implemented changes on patient outcomes and satisfaction.

Graphics Acknowledgement

Thank you to Victoria Reyes, Senior Applications Manager at Children's National Hospital, for her time and expertise in helping design graphic representations of the survey data.

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