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Bari L. Diubaldo M.Ed, CCRP

Tara Encarnacion MS, ACSM-CEP

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Utilizing a Patient's Health Portal to Deliver Education in Cardiac Rehabilitation

Bari DiUbaldo, M.Ed, CCRP, Tara Encarnacion, MS, M.Ed, ACSM-CEP Lehigh Valley Health Network, Allentown, Pa.

Introduction

- Delivering education during cardiopulmonary rehabilitation is a vital component for patients to receive optimal benefits of the program.
- Our department's annual performance improvement project was to utilize the patient portal to deliver more program education topics for patients to learn at their own pace outside the facility.
- The project became even more important following the start of the COVID-19 pandemic.
 The goal was to move from classroom-style teaching to methods more personalized in delivery.

Objective/Purpose

- Establish personal, effective delivery of education to our patients and increase usage of the patient online portal.
- A secondary goal was to provide safe learning at home.

Design

 Evaluation study to determine the benefits and barriers of a newly designed education delivery model in our rehabilitation setting.

Methods

- Education was provided both virtually and during exercise sessions. Staff used educational videos that were played for patients at exercise sessions. Additionally, a handout was provided with numerous QR codes so videos could be accessed by smartphone or tablet.
- Patients received the QR code handout at their initial consultation. Videos also were forwarded using the patient's health medical records (HMR) portal. Staff sent patients a portal message with instructions on accessing the content.
- Patients completed a survey to assess how they viewed the content at their final session.
 This survey allowed staff to understand usage of the delivery methods.

Results

- Between July 2020 and June 2021 there were 651 new cardiac patients. Eighty percent of patients received education via the online portal or QR codes.
- During the same period, there were 521 program graduates across two hospital sites and subsequently 364 surveys were completed. The reported percentage of patients who viewed videos either through the portal or on a smart device was 30%.

smart device

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 Although a percentage was not determined, many patients reported they remembered the educational videos played during on-site sessions.

Conclusions

- The number of patients who did not view videos using the portal or QR codes was larger than desired. However, this effort still proved significant because it resulted in additional opportunities for patients to receive cardiac rehab education. Prior to the project, the program had not used electronic delivery for education materials.
- The project and results prompted staff to further expand the project. We continue working with the Information Technology department to increase electronic delivery options of education, including the possibility of assigning education modules in the HMR for patients to access via their patient portal. Confirmation of patient access and associated post-test are also being considered..
 Staff also increased efforts to verbally encourage patients to use their patient portal by addressing it directly during treatment plan reviews.

