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Watch this video, call me in the morning

Children's Hospital rolls out educational TV to stave off asthma-related readmissions

NEARLY 10 PERCENT OF ADMISSIONS TO URMC'S GOLISANO CHILDREN'S HOSPITAL ARE TIED TO ASTHMA — A FAIRLY CONTROLLABLE CONDITION WHEN KIDS ARE ARMED WITH THE RIGHT TOOLS AND ACTION PLANS.

Fortunately, that needlessly high number of hospitalizations could start dwindling soon, thanks to a new educational “video prescription” that shows kids and parents how to fend off future disease flare-ups.

“Hospital admission provides us with a unique teaching opportunity,” said Michael S. Leonard, M.D., M.S., chief quality and safety officer for Children's Services, and a pediatric hospitalist. “Well-meaning patients and families often use asthma medications incorrectly, so it's imperative for them to understand the difference between rescue medicines, which should only be used for acute symptoms, and controller medicines, which should be used daily to prevent symptoms.”

These dangerous misconceptions are best cured by good education. And more and more, television is playing a role in that teaching.

Now, when a child is admitted to the hospital for severe symptoms, a provider can “order up” this new asthma education package the same way he or she would request an x-ray or lab test. Developed by a health media company called KidsHealth, the package uses kid-friendly lingo to answer key questions about the disease (e.g., “What is asthma?” and “How do I avoid potential environmental triggers?”) and coach families on how to self-monitor the condition. It even includes real-life testimonials from kids and teens living with asthma, plus their parents' perspectives.

If the patient currently lives with a smoker (cigarette smoke is the number one environmental asthma trigger), a nurse also can cue up a special video developed by the



New York State Smokers' Quitline (1-866-NY-QUITS).

“Because these play on our in-room television system, GetWellNetwork, families can watch them at their leisure, when they're best ready to focus,” said Jan Schriefer, M.B.A., Dr.P.H., an assistant professor at Golisano Children's Hospital. “They also have the chance to replay them — a luxury we don't typically have when it comes to patient-provider education.”

The videos also optimize clinicians' limited time by ‘priming patients,’ putting nurses, families and physicians all on the same page.

“Now that the educational content is consistent, we've even been able to train staff on how to better engage families in video follow-up discussions,” Schriefer said. “About 10 families have watched the footage so far, and they've found it to be clear, upbeat and informative.”

Schriefer added that, with this year's novel strain of H1N1 flu seeming to especially target kids with asthma — possibly landing more of them in the hospital — the timing for this new video roll-out couldn't be better.

The asthma video package is just one disease-specific learning tool that the children's hospital hopes to make a permanent part of its GetWellNetwork system, an in-room ‘edutainment’ platform that combines health information resources, on-demand movies, plus internet access that lets families stay connected to home and work. The hospital already plays a mandatory patient safety video (detailing the importance of hand hygiene and respecting medications) that automatically overrides the in-room television programming a few hours after a child is admitted. Now, leaders also are considering rolling out other disease-specific (e.g., for patients diagnosed with cancer or diabetes) and procedure-specific (e.g., for patients recuperating post-surgery) video packages.

“A hospital admission can be a frightening experience. There's an enormous sense of helplessness,” Leonard said. “Empowering patients and families to take control over their learning and their illness will hopefully ease anxiety, improve the effectiveness of treatment, and prevent future admissions.”



Strong Regional Burn Program: “It takes a team”

Devoted to each other, their patients, burn program staff shines

WHILE PATIENT VOLUME HAS ALMOST TRIPLED FOR THE STRONG REGIONAL BURN PROGRAM IN THE PAST FIVE YEARS, ONE THING HAS STAYED THE SAME: THE STAFF’S UNWAVERING COMMITMENT TO PROVIDING BURN VICTIMS WITH THE FINEST POSSIBLE CARE.

And while that may sound cliché, the way it’s lived out is not, according to Burn Center Program Manager Jaclyn Wilmarth, R.N., C.N.S.

“We’re one of three verified burn programs in the state,” Wilmarth said. “And there’s this pervasive sense of camaraderie that comes with caring for our patients. Burns are always spontaneous, always unplanned, and in an instant have the power to leave life-long physical and emotional scars. But we’re committed to helping these victims heal, and supporting them both on the unit and out in the community.”

Wilmarth says one nurse recently baked lasagna for a patient whose family lived far away. It’s also not out of character for Burn Program Director Christopher Lentz, M.D., to bring in video games for lonely teens, or pull bills from his wallet to buy a Diet Coke for a thirsty patient with a craving.

“Our multidisciplinary, no-holds-barred approach is infectious,” Wilmarth said. “We don’t give up easily. We really will do whatever it takes to make sure patients and their loved ones survive and return to their regular rhythms as soon as possible.”

To help, the program places a keen focus on family. The Kessler Family Burn/Trauma ICU was the first in the hospital to adopt a 24-hour visiting policy; it also offers a family support group.

Since patients with burns spend weeks or months in the hospital, and continue to come back post-discharge for appointments, they start to feel like family, too. Many return for scar removal, revision surgeries to release contractures (scarred areas that limit normal range of motion), and other outpatient consultations.

“You can imagine that, with all this time together, we become incredibly fond of our patients,” Lentz said. “We’re invested in their



Strong Memorial Hospital’s Kessler Family Burn Trauma ICU.

long-term rehabilitation and psychological healing. That relationship lasts long beyond their time in the ICU.”

A Team Approach

The burn program’s catchment area is huge, taking referrals from far north into Ontario, Canada, to below the Pennsylvania border, then west to Buffalo and east to Syracuse. But the program’s team approach keeps them nimble and swift enough to respond and care for over 200 thermal injury patients admitted each year — plus the 1,100 new patients relying on the program’s outpatient clinic annually.

Pulling together a broad spectrum of caregivers — physician assistants, residents, physical therapists, nutritionists, social workers, chaplains, occupational therapists, care coordinators, nurses, and a burn registrar — the burn program doesn’t emphasize hierarchy, so much as maintaining a healthy respect for the unique and important role that every person plays.

“Each employee is valued and empowered. Many receive continual professional education. In fact, the burn program is hosting a two-day educational conference this September,” said Tara Sacco, R.N., C.N.S.,

of the Kessler Family Burn Trauma ICU. “We’re also purposeful about recognizing good work. Last February, we debuted a new yearly honor — the Florence Greenhouse Jacoby Award for Excellence in Burn Nursing — as part of our Burn Awareness Week activities.”

The team’s commitment to each other, and to its patients, extends far beyond the hospital’s walls. In the community, nurses have taught burn prevention to parents at local daycare centers. Others dedicate vacation time volunteering at (and fundraising for) the Finger Lakes Regional Burn Association’s summer camp, which carves out four days in August for burn survivors to bond with kids in similar circumstances.

Last winter, burn program staff also orchestrated a URM-wide blanket drive, collecting just shy of 100 for Red Cross to distribute to victims of home fires. Lentz has even designed a silicone rubber “shoe” device that slips on clothing irons to protect kids from accidental contact burns; he also employs video conferencing technology to teach burn care to combat medics stationed in Afghanistan.

“Clearly, this is much more than a job,” Lentz said. “It’s become a passion for all of us.”