HPE

2022 Health Professions Education Day –

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Patient-Centered Care

**Insert Abstract Title \***

Improving Usefulness of the Patient Portal for a Discrete Patient Population:

A Quality Improvement Project

**Background:** The patient portal is an underutilized tool with implications for health care management far beyond the doors of the physical clinical practice. Patient portals carry a strong potential for patient communication and education. Evidence-based strategies for getting patients to use them involved training to familiarize patients with the portal interface and uses. This project looked at interventions to increase the use of this tool, with implications for patient education and interaction via a medium that could save clinicians time and expense once deployed.

This quality improvement took place during the Covid-19 pandemic. The pandemic added additional incentives to accelerate patient use of the portal. The constraints of the situation required extensive redesign of the intervention. Still, it offered an invaluable perspective on using technology to engage patients and caregivers that might otherwise have gone unexplored.

**Actions, Methods, or Intervention: \***

This project was created to sustainably educate patients on accessing material available via the patient portal. The education was crafted to increase patient comfort with and use of the patient portal educational materials. Two interventions were used. The first intervention was a one-to-one session between the patient or family member and the implementer. The second intervention was an education between a nurse educator and the primary implementer.

Data gathering employed a pre/ post-intervention design with data collection and analysis of quantitative data. Data was gathered via surveys, observation, informational interviews, and a webpage exercise. Pre and post-surveys were given to patients and nurse educators. These surveys assessed patient characteristics, and patient and health care provider satisfaction with the intervention. Quantitative data was taken from Likert scale questions in the surveys. Before and after surveys were analyzed as disparate groups. Qualtrics software was used to perform statistical testing. Results were exported to Microsoft Excel. A web-based exercise created for the project assessed comprehension of the intervention. Evaluation of observational data took place at all interactions. Results were examined for trends rather than precise numbers.

The primary implementor attended meetings with nurse practitioners, physician assistants, nurse educators, nurses, research analysts, and information technologists. One such staff meeting involved presentation of and interaction with tools used in the project. The primary implementor also shadowed direct care providers in the clinic before the start of the project. Project design involved discussion with and feedback from information technology and health care providers

The intervention began with educational sessions with patients. Educational sessions with a nurse educator leader were then conducted, with an additional session a month later. In addition, communication took place with patients and health care providers.

**Results:** Unanticipated outcomes related to several factors. Those factors included pandemic restrictions, remote work constraints, lack of prior information dissemination, and patient comfort with technology. First, Covid-19 required a redirection of the project. Social distancing requirements made virtual education and portal use more important, even while acclimating became more difficult. Patients were unfamiliar with multiple portal features and educational material, but so were the health care providers. Contact with health information management at the facility did not produce a set of prior deliverable education materials. Despite chronic illness, patients were still motivated to learn about medical conditions. Patients preferred information provided by the clinic, viewing it as more reliable and less productive of anxiety. However, when not given online resources from the clinic, they sought out information on the Internet at large, with mixed results.

To summarize the results, two positive trends were noted. First, patients and family members expressed greater comfort using the portal after completing the navigation education. Second, the health care providers expressed greater satisfaction in their ability to deliver portal education after the facilitator education. All interviewees expressed satisfaction at having new educational materials from a source they could trust and readily access. Health care providers expressed satisfaction with having been not only made aware of previously unknown online material but handed a ready-made tool to educate patients. Sustainability was built on training health care providers to take over the education. Participant enthusiasm indicated that maintenance was indeed feasible.

**Future Application and Next Steps:** The next steps are integration and duplication of the education. The navigation education should be online for patients and families to pace themselves through the navigation training and for health care providers to access it easily to perform patient education. Online distribution makes the education easily scalable and distributable to other populations. This training could be adapted with a change in the click routes, which would mean a minor revision of navigation steps rather than a whole creation of new curricula. The education should be integrated into the clinic workflow. Health care providers should be aware of it and assist patients with key questions should those patients inquire. Health care providers should be oriented to the portal education and given time to implement it. Caregivers should be instructed about the patient portal education as part of their new hire orientation. A checklist for the education should be provided to nurse educators, and its use should be added to nurse educator competencies. Finally, this project should be formalized with other providers and patient populations to standardize good usage.