The Power of 3: Empowering Patients

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Disclosures

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- **Learner Objectives:**
  A. The learner will be able to discuss the key concepts in the Power of 3
  B. The learner will be able to apply the Power of 3 concepts to individualize patient education and discharge planning

- **Conflict of Interest Statement:** We have no conflicts of interests to report

- **Employer:** Midland Memorial Hospital

- **No sponsorship or commercial support was given to the authors**
Background

- 51 million people with Medicare in the United States, and an 18.4% readmission rate
- Cost to the United States health care system was 26 billion dollars; 17 billion were preventable readmissions
- Discharge teaching can help prevent readmissions by addressing the factors that affect readmission
- 25% of all coronary artery bypass graft surgery patients are either seen in the emergency department or readmitted within 30 days of surgery\(^1\)
Factors affecting 30-day hospital readmissions

- Lack of understanding of treatment plan or diagnosis
- Lack of family member involvement in discharge teaching
  - Patient and his or her family members are overwhelmed and anxious
- Lack of understanding of discharge teaching
  - Health literacy
  - Language barrier
  - Ineffective discharge teaching

Appropriate discharge planning can decrease readmissions, thereby decreasing healthcare costs.
Discharge Teaching

- Nurse’s role is to provide information to increase self care and self efficacy and prevent readmission
- Obstacles to effective discharge teaching include
  - Factors that influence a nurse’s ability
    - Increased clinical acuity
    - Increased nurse patient ratios
  - Patient characteristics
    - Readiness for discharge
    - Health literacy
    - Shortened length of stay
Effective Discharge Teaching

- Effective patient teaching should be:
  - Provided via multimedia approaches
  - At the appropriate reading level
  - Provided through multiple sessions

- The nurse’s role in providing effective discharge teaching is instrumental in preventing hospital readmissions

- No specific tool has been designed that addresses these concepts and issues
The Power of 3

- The **Power of 3** is an educational tool that utilizes
  - Adult learning theory
  - Self directed and independent learners
  - Accept responsibility for the time, place, and method of learning
  - Internally motivated to learn
  - Addresses health literacy through
    - Use of colors, pictures, and mnemonic alliteration which corresponds to the most important discharge educational needs to prevent readmission
  - Clock faces to encourage mobility
  - Three items for better recall in patients, especially those with low literacy
The most common causes of readmission for a patient who has had open heart surgery are heart failure and wound infections. The mnemonic alliteration would be:

- weigh (to recognize heart failure)
- wash (to prevent infection)
- walk (to strengthen the heart)
Power of 3

- The tool empowers patients and families to become active members of their health care by providing discharge instructions that are simple and precise as well as providing mobility goals and expectations.

- Provides nurses and health care workers a tool to provide effective and time efficient patient education.
Benefits

• **The Power of 3:**
  - Allows patients and their families to review the educational information when it is convenient for them
  - Provides opportunities for healthcare providers to repeat the same concepts throughout the day
  - Allows for individualized teaching instructions
  - Incorporates clock faces to encourage compliance with mobility goals
WASH
WEIGH
WALK

2 pounds in 1 day
OR
2 pounds in 1 week

Times Today

LÁVESE
PÉSESE
CAMINE

2 libras en 1 día
O
2 libras en 1 semana

Veces hoy
The Power of 3 was implemented with open heart surgery patients in February 2014

- Initiated by the cardiac rehabilitation nurse on post operative day (POD) two or three as appropriate per patient condition
- The cardiac rehabilitation nurse educated the patient on the Power of 3 (wash, walk, and weigh) per cardiac rehabilitation protocol
- The Power of 3 educational tool was left in the room throughout the patient’s hospital stay
- The Power of 3 was reviewed by the cardiac rehabilitation nurse on every visit
Population and Sampling

- All patients who had open heart surgery at the local hospital from July 2013 to November 2014 adhering to inclusion and exclusion criteria
- 86 total patients
  - 42 pre implementation
  - 44 post implementation
- Retrospective chart review
- Data collected included
  - Age
  - Gender
  - Primary language spoken
  - Length of stay
  - Documentation of number of times ambulated on post operative day 3, 4 and 5
Pre Implementation

- Demographics
  - 42 patients
  - 17% female, 83% male
  - 93% English as primary language
  - 14% required a physical therapy consult
- Length of stay (LOS) average 6.50, range 4 to 14 days
- Readmission 11.9% (5/42)

Post Implementation

- Demographics
  - 44 patients
  - 36% female, 64% male
  - 93% English as primary language
  - 18% required a physical therapy consult
- LOS average 6.81, range 3 to 15 days
- Readmission 9.5% (4/44)
### Percentage of Patients Who Ambulated

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<th>POD 3</th>
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<tbody>
<tr>
<td>Pre</td>
<td>57.1%</td>
<td>69.7%</td>
<td>83.3%</td>
<td>88.9%</td>
<td>82.9%</td>
<td>86.2%</td>
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<tr>
<td>Post</td>
<td>70.5%</td>
<td>89.3%</td>
<td>69.8%</td>
<td>83.3%</td>
<td>80.7%</td>
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Percentage of Expected Ambulations

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<tbody>
<tr>
<td>Pre</td>
<td>45.3%</td>
<td>56.7%</td>
<td>35.0%</td>
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<tr>
<td>Post</td>
<td>55.3%</td>
<td>70.3%</td>
<td>33.8%</td>
<td>42.3%</td>
<td>22.6%</td>
<td>26.9%</td>
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Assumptions and Limitations

Limitations:

- Data is limited to a local hospital and data was collected from an electronic medical record. No patient interviews or questionnaires were performed therefore the number and times of patient mobility were limited to chart documentation.
The results demonstrated a non significant change in readmission and length of stay. The Power of 3 did demonstrate an increase in the number of times a patient ambulated, however, the change was not statistically significant. Further studies are indicated with a larger population to further examine the significance of the Power of 3.
Adaptations to Practice

- 3M’s (Monitor, Medicines, Movement)

- 3I’s (Infection, Ileus, Incentive Spirometer)
References


