Hospital-based patient information services: a model for collaboration

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Crouse Hospital in Syracuse, New York, is a 612-bed, not-for-profit teaching hospital with 2,500 employees. A close examination of operations at Crouse facilitated the development of a patient education task force that used a comprehensive, multidisciplinary approach to meet the educational needs of both patients and clinicians. The collaborative process involved all hospital departments. Within eighteen months, patient requests for information rose from 3% to 30% of total requests made at the hospital. Requests were made directly to the library or through a member of the health care team. Hospital staff members were surveyed about information needs and availability, and a library work plan was devised, setting standards of service for a multimedia approach. Work redesign improved the library staff's ability to integrate patient education into daily operations. Cost savings were achieved through the elimination of duplicated resources and services throughout the hospital. The management model developed at Crouse was the result of a needs assessment and a multidisciplinary, collaborative process. The model emphasizes communication links among disciplines rather than physical locations. The Crouse experience validates the development of hospital-based consumer health information services.

INTRODUCTION

A new mother discharged with her infant son takes home plenty of information to aid in their transition to the home. She has attended the parenting classes offered during her hospital stay and gathered all sorts of materials explaining infant behavior, bathing, care, and so on. But she has a specific and pressing concern. Her child, born at only thirty-three weeks, is considered pre-term; although the pediatrician and nursing staff have seen her through so far, she would like to know even more about how to monitor the development of a pre-term child. Guided by a hospital librarian to locate relevant material, she feels that her discharge has been eased and her ability to seek additional information independently has been enhanced.

Health practitioners also benefit when patients and their families have access to information. Two daughters of a recently diagnosed cancer patient are distraught about their mother's denial of her illness. The clinical nurse specialist, to help the family communicate, requests reading material for the daughters. Reading excerpts of published personal accounts of cancer patients, they are relieved to realize that their mother's behavior is a widely recognized and well-documented pattern experienced by many individuals. The nurse's teaching efforts are more effective when corroborated by literature.

These two scenarios demonstrate important functions of hospital libraries. The primary mission of hospital libraries is to develop programs and services that provide information to a focused customer base. Medical database literature searches on demand, quality improvement research, assistance with critical pathway development, and sophisticated document delivery networks are some of the services that exemplify the hospital library's role in knowledge-based information management.

Recently, hospitals have focused their attention directly on the patient, supporting patient education ac-

tivities and providing patient access to educational resources. The health-conscious consumer has been further influenced by the *Patient's Bill of Rights* [1]. Access to health information has become a critical component of informed decision-making for patients and their families, particularly during a hospital stay. In addition, health care consumers now can use outcomes research published in the literature when making treatment decisions before they are hospitalized.

A variety of collection and access policies, information services, and patient information centers have sprung up in health care facilities throughout the United States [2–4]. Library collections include books, journals, newsletters, pamphlets, audiocassettes, and videotapes. Staff members range from professional health sciences librarians to registered nurses and volunteers. A 1994 study conducted at Oakwood Hospital in Dearborn, Michigan, revealed that 44% of physicians surveyed thought access to appropriate health information was a problem [5]. The benefits of providing suitable information to consumers have also been discussed by Ferguson [6]. A 1989 study in England concluded that "there is evidence to suggest that patients want more detailed information about medical and surgical procedures and that there are psychological and clinical benefits to be gained in terms of reduced levels of anxiety and depression, faster recovery, and reduced length of hospital stay" [7]. There is no doubt that hospital-based consumer health information services are appreciated and valued by the most important customer—the patient.

Crouse Hospital in Syracuse, New York, is a 612-bed not-for-profit teaching hospital with 2,500 employees. A comprehensive approach to meeting the educational needs of patients and families has been adopted at Crouse. The effort is managed by a patient education resource coordinator, a registered nurse educator who works with a multidisciplinary patient education task force to implement planned activities. In 1993, at the initial stages of task force development, the library staff studied the information needs of patients and clinicians. Once these needs were determined, an action plan was implemented to provide high-quality health information to patients and their families. The action plan also provided support for education and training activities, carried out with the help of clinicians, that facilitate the safe discharge of patients and promote self-care.

Library researchers pinpointed specific patient information needs at the bedside through documented communications with professionals in other disciplines. Librarians also established benchmarks of service performance. As the program developed, detailed data collection and analysis revealed opportunities for improvement. The Crouse experience provides a model for collaborative development and implementation of patient information services, as discussed in this paper.

KEY ISSUES

Crouse has a long-standing history of comprehensive patient education with multiple-format resources. The library has supported these activities by providing an authoritative, up-to-date collection and information services for clinicians. To develop a rational plan for building on those services, library researchers decided to examine consumer expectations about access to health information. A needs assessment survey (Appendix A) was conducted to determine how clinicians provided information to in-patients, which areas clinicians identified as problems, and what they saw as barriers to the efficient delivery of health information. This study provided a baseline from which to expand patient information services.

As the study progressed through 1993, an analysis of requests for consumer health information revealed that each inquiry was unique to the patient's situation. More than 100 specific topics were identified. Educational activities carried out in hospital units focused on procedures, tests, and rehabilitation, but direct patient inquiries typically involved disease processes and psychosocial concerns. Despite the idiosyncrasies inherent in consumer health information questions, the program procedures enabled patients to obtain information pertinent to their requests. The requests seemed simple until the patients' ages, reading levels, and emotional states were considered. The library quickly adapted to patients' needs by collecting more esoteric lay literature and networking with public information centers such as local branches of the Arthritis Foundation, the American Cancer Society, and public libraries.

There were also other aspects of information services to consider. Patients could use information to increase their participation in the health care process. Having gathered information about their conditions, they could interact more effectively with their health care provider, and facilitate the development and implementation of a plan of care. Patient-centered care, which emphasizes the coordination of care and integration services, is best exemplified by the Planetree Model. Planetree "emphasizes information and informed choice" [8]. As Blank explains, "Planetree's model differs from other patient-focused care models because of its emphasis on educating patients and making them active partners in the care process. To help make the hospital process less forbidding, more homelike, and more conducive to social interaction, Planetree physically redesigns the hospital space" [9].

ONCOLOGY PILOT PROGRAM

An environment based on the Planetree Model was created in 1992 for oncology patients at Crouse. The objective was to encourage patients to participate in

Table 1
Outcomes of providing information to patients

Situation	Outcome
Chronically ill cancer patient requests biography of and prayers regarding a particular saint.	Patient is extremely grateful for biography, which eases his transition and adjustment to home.
Cancer patient struggles to deal with situational depresssion caused by her recent diagnosis.	Books and articles about dealing with depression enable her to face her situation and begin her recovery.
Liver cancer patient is given information about specific blood test.	Patient is able to ask doctor specific questions about test at her next appointment.
Young parents are reluctant to agree to surgery on their baby son. Physician suggests they consult current surgical texts at the library after explaining the fundoplication procedure.	Having a better understanding of the problem and the procedure, the parents readily agree to schedule surgery.
Parents ask for additional information about Total Parenteral Nutrition when child is being discharged.	Family is better informed and prepared for home care.
Parent requests information on new treatment options for child with congenital heart condition.	Parent expresses satisfaction with assistance in sifting through highly technical materials.
Patient receiving chemotherapy in hospital is too distracted to read material that has aided her relaxation in the past. Inspirational audiotapes are provided as an alternative.	Patient employs relaxation techniques and reduces stress throughout hospital experience.
Wife of critically ill man calls the library directly and asks for background information on encephalitis. A short review is delivered to her in the waiting room of intensive care unit.	Additional information reinforces the doctor's description and aids in the family education efforts of nursing staff.
Nursing staff and pharmacy are unable to locate quickly information in Italian on the drug warfarin (coumadin) for patient being discharged.	Nurses enlist the help of library information specialists, who arrange for Italian instructions to be faxed before patient discharge. The patient and her family leave the hospital less nervous about home care.

developing their plans of care. In addition to an on-site support group, patients were offered educational and relaxation activities, meditation, and videotapes. Library services included extensive literature searching and document delivery in response to direct patient requests.

Patients used the information provided to understand their complex medical regimens better, and to make more informed decisions about factors that would affect their quality of life. As they gained knowledge about a diagnosis, procedure, or treatment, personal anxiety and tensions lessened and communication with the health care team improved. According to the oncology clinical staff, information that is either written or on tape increases dialogue. Nurses were able to reinforce what the physician had originally said to the patient.

One patient, devastated by the news of a recurrence of leukemia, lost the ability to communicate. There was no eye contact, crying, or anger, just a flat affect. With limited communication and the family overwhelmed by grief, decision making ceased. A coping-skills assessment revealed that the patient had relied on spiritual guidance and pastoral care to overcome crises in the past. The clinical nurse specialist found some appropriate interventions in a library literature search. Journal writing and meditation enabled the patient to open up to her family's concerns and accept pastoral care. She was able to move forward and plan for the future.

Many advantages provided by the pilot program were cited by practitioners. The most important was timely access to high-quality information for the patient's benefit. Patients were pleased with the materials

and customer relations improved as a result. Nurses could focus on interpreting the literature instead of scrambling to retrieve it. Hospital staff members were alerted to request literature for professional reasons, leading to an overall awareness and use of hospital information resources and, most importantly, improved practice parameters. The collaborative effort was facilitated by centralized access to information in printed and electronic formats, effective information transfer principles, and continuous feedback from patients and staff.

CUSTOMER CONCERNS AND OUTCOMES

Although the initial program focused on the oncology unit, all hospital departments were encouraged to participate. During the eighteen-month trial period (1992/1993), patient information requests rose from 3% to 30% of total hospital requests. The range of topics expanded according to patient situations and circumstances. The questions asked most frequently (46% of total patient requests) dealt with prognosis or treatment. Eight percent of requests dealt with medications and 3% with health promotion or wellness issues, such as smoking cessation or exercise. The pilot program revealed that 21% of in-patients were seeking information to help them deal with psychosocial issues directly linked to their diagnosis. These issues included depression, communication with family members, stress reduction, and spirituality.

Anecdotal outcomes related to specific patient inquiries were documented in a log during the pilot program (Table 1). These outcomes are qualitative measures demonstrating how the use of information has

affected the quality of a hospital stay. In each case, information expedited the health care process, and went beyond the hospital's expectations for patient teaching. An organizational focus on caring and empathy was demonstrated. The psychological, emotional, and humanistic aspects of hospitalization were confronted for the benefit of patients and their families.

As the program gained momentum, clinicians became acutely aware of the types and levels of information needed by their patients. A brochure or tear-off sheet was clearly insufficient. It became apparent that an interactive network of patients, information specialists, and clinicians was critical to the achievement of complete customer satisfaction.

NEEDS ASSESSMENT

The 1993 needs assessment survey examined the attitudes and beliefs of hospital staff members. During and after the pilot study, 225 hospital employees were surveyed. The return rate was 60%, with a balanced mix of professions represented, including nursing (the largest group), social work, education, allied health, and advanced practice nursing. Physicians were not surveyed. Among the 48% of respondents who used hospital library services for patients, only 25% rated as "good" their ability to obtain relevant and up-to-date information. Printed information, such as pamphlets or brochures, was cited as their primary resource, although this information was often found to be inadequate or nonspecific. Respondents also reported a high percentage of referrals to outside resources. Sixty percent of patient inquiries were referred to outside health care agencies, toll-free telephone numbers, or support groups, and only 40% of the responding staff said they sometimes provided information to family members.

Most comments were recorded in the last section of the survey, which concerned beliefs. Seventy-five percent of responding staff members strongly agreed that patients should receive more information about their illnesses during a hospital stay. Respondents believed that all members of the health care team, including physicians, had a responsibility to provide information to patients or their families regarding their conditions. Eighty-one percent believed that accurate information improves the quality of the patient's stay.

Many important conclusions were drawn from the survey results. It was clear that the hospital staff recognized the library's capability to streamline services and respond to different information-seeking patterns and skills displayed by various health professionals. While the survey results were analyzed, protocols and interviewing techniques were developed by the library staff to improve direct patient access to educational resources. The survey results indicated that, to facilitate hospital-wide patient education efforts, the library

should centralize access to patient information resources and create optimal access points for patients and their families. The results also indicated, however, that practitioners were still thinking in terms of a traditional library and physical access to resources rather than considering database linkages, faxes, and electronic communications. To move forward, the library needed to examine ways to improve interdepartmental communications and promote the use of new technologies.

WORK PLAN

Within six months of the staff needs assessment survey, library researchers realized the importance of patients' use of information. Crouse then developed strategies to implement patient information services throughout the hospital. Accordingly, the library's mission was expanded to focus on patients as primary customers. Specifically, the library added the following statements to its philosophy of service:
- Aim for 100% customer satisfaction.
- Believe in the value of each individual.
- Quality outcomes depend on an excellent patient/physician relationship.
- Patients are entitled to free and unrestricted access to information.

The change in the mission was followed by a redesign of library work processes. Traditional library activities that did not contribute to achieving the hospital's goals were eliminated from daily operations. These activities included some aspects of journal management, current awareness services, and educational programs. Professional development activities were also redirected toward opportunities supporting the staff's new work schedules and tasks.

Hospital departments merged their information programs and materials, thereby avoiding duplication of expenditures. Additional cost savings were achieved through the development of customized services as opposed to the purchase of large quantities of literature for hospital-wide distribution.

The library then made extensive efforts to expand its resources. Books written for the lay public were purchased to provide information regarding specific diseases and conditions, diagnostic tests, surgical procedures, basic human anatomy and physiology, medications, and wellness. Other important subject areas included coping skills for families, survivors, and care givers; pain management; supportive care; and alternative therapies. Close attention was paid to the currency and accuracy of directories containing addresses and telephone numbers of associations and support groups.

Ready access to National Library of Medicine databases, the Cumulative Index to Nursing and Allied Health, and Infotrac's Health Reference Center data-

base was provided both in the library and through a local-area network. Global connections to consumer health information through the Internet and electronic transfer of information were essential in meeting customer service standards, and critical to patient satisfaction. For instance, a patient requested information on the Whipple, a surgical procedure used to treat pancreatitis. Descriptive information and graphics from the National Institute of Diabetes and Digestive and Kidney Diseases were downloaded from the World Wide Web site [10] and faxed to the patient's hospital unit. Librarians regularly identify useful Web sites for consumer exploration from home.

As stated in its policy, the library provides access to current health information for all hospitalized patients. Services are provided either by a library employee or through a member of the health care team. Nurse educators are also available to interpret information on request. To encourage the use of community resources, referrals are made to other health information centers as needed.

Which key functions measure library performance? Quality indicator development reflected fundamental standards of service. The library delineated generic areas of quantity, timeliness, responsiveness, and problem solving, then focused specifically on the patients' needs. For example, the library responds to an information request from a staff member within twenty-four hours. To make an impact on the quality of a patient's hospitalization, a two-hour response time for patient requests was established. The intent of the work plan was to satisfy patient needs. Patients and their families became key players in the promotion and success of the program by suggesting new titles and topics to be added to the consumer health collection. This interactive approach motivated both patients and staff members to utilize the service.

Finally, a comprehensive communications plan was developed to inform and educate the hospital's physicians, managers, and staff about the critical need for this program. This effort included multimedia presentations to the medical staff and management team, task groups, and specialized groups of professionals, such as nurse practitioners. News items were published in all hospital publications and in local media.

Special materials were created to describe the service and encourage its use by patients and their families. A descriptive brochure was provided to every patient admitted. A cover letter encouraging patients to discuss the information in the brochure with their physicians was included in every information packet. These ongoing activities foster program growth and effective use of resources.

PERFORMANCE IMPROVEMENT

After the work plan was developed, the patient education task force continued to meet and systematize.

hospital educational activities. One goal was to implement a standardized, multidisciplinary teaching program that would provide patients and their families with information related to the patient's diagnosis and treatment. This program incorporated the assessment of learning needs at admission, educational activities designed to meet ongoing health care needs, assessment of patient response to teaching, and documentation of the educational process. All professionals became involved in assesing the patient's readiness to learn, and clinicians recorded patient use of support materials.

Task force members also examined library research findings and requested a comparative study of patient and staff requests for patient information. The results were enlightening. Fifty-three percent of staff requests concerned procedural issues; 17% were related to diagnostic testing. Sixty-four percent of patient requests were about the disease process; 16% were related to coping and other psychosocial aspects of health-related issues. The library's collections, including full-text electronic resources, were used extensively to provide information to patients. An evaluation tool was adopted during meetings of the library staff and the interdisciplinary patient eduation task force. The tool (Appendix B) was used to record comments by clinicians and patients about the quality and usefulness of the resources.

To support the hospital-wide patient and family education process, the task force made recommendations that reinforced initial findings. In winter 1995, a plan was developed to implement task force recommendations. The plan involved promoting information services to Crouse staff and the patient community through relationship-building and outreach to staff educators. The patient education coordinator assumed responsibility for collecting patient education materials used in the hospital. She gathered samples of all pamphlets, handouts, media, and information about designated resource personnel and specialized programs.

A "patient education resources" notebook was created to let all health professionals know about current education activities and resources and how to access those resources. The notebook contained lists of patient education materials organized by format, as well as the computerized patient education order-entry procedures. The notebook also included descriptions and class schedules of all formal in-patient and out-patient educational programs, lists of contributions by the pharmacy, rosters of library and media staff, and teaching tips. A copy of the notebook was placed in every hospital unit, and all sample resources of unit-specific and formal teaching programs were placed in the library. These measures helped ensure an optimal environment for information gathering and successful patient learning.

Figure 1
Hospital-based information transfer model for patient information services
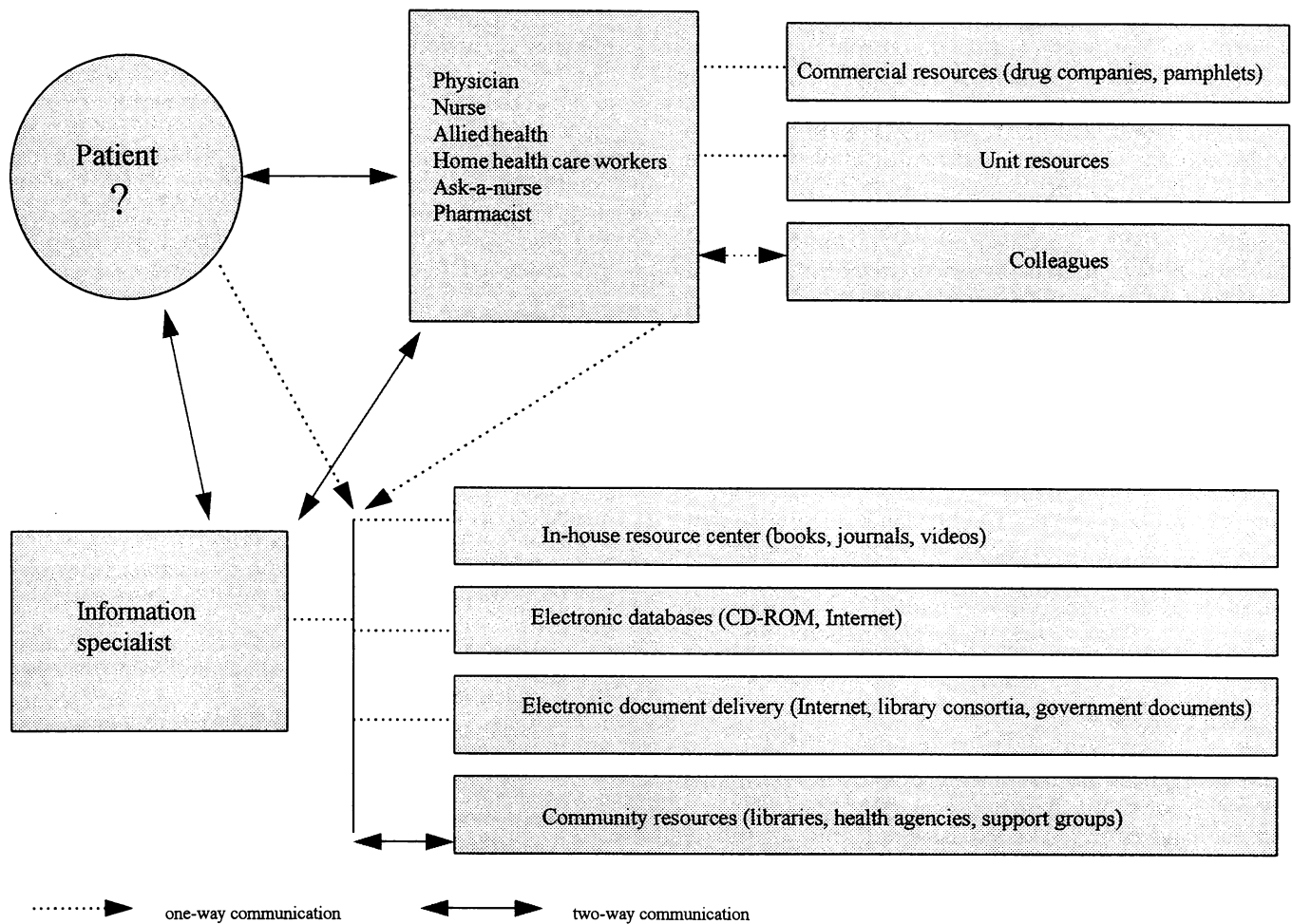
Members of the task force formed a work group to examine the development of patient information fact sheets on diagnostic tests. A standardized format was drafted; it incorporated all Crouse-specific information and was designed to be as simple as possible to read. The collaboration of physicians, nurses, technicians, and service providers produced a directory of information about thirty-eight identified tests for in-patient and out-patient use. This project dovetails with a new centralized hospital scheduling system developed for the Admitting Department.

NEXT STEPS

Sound information transfer principles will ensure efficient delivery of hospital patient education programs and effectively fill the hospital "white space," or compartmentalization, defined by Wakefield et al. [11] The management model developed at Crouse (Figure 1) il-

lustrates that these principles function best in a multidisciplinary arena where integrated services take precedence over views of ownership, and where patients' needs are paramount and can be satisfied efficiently and expertly. The model emphasizes communication links among disciplines rather than physical locations. In other words, it is unimportant where the library is physically located as long as optimal access points are maintained. Electronic communications enhance information management activities.

Preliminary findings of internal studies demonstrate the value of multidisciplinary patient education efforts. At Crouse, hospital units with high patient satisfaction scores* in areas requiring patient teaching (medications and procedures) have also successfully integrat-

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* Research conducted by the Gallup Organization, 1996.

ed the collaborative patient information services model into an existing plan of service.

The library capitalized on an opportunity for improvement by forming a partnership with Health-Match, the corporate entity that promotes Crouse's community health information services. Recognizing that many consumers need a starting point from which to obtain health care services, HealthMatch provides physician referrals and health information over the telephone. Callers speak directly to a registered nurse to obtain answers to many of their health care questions. Callers can also be put in touch with the hospital library for health research information. This is a value-added service, providing excellent access to current and accurate health information.

The following experience best illustrates the library's collaboration with HealthMatch: After reading about a new laser surgery procedure in a popular women's magazine, a consumer telephoned HealthMatch to find out whether any local doctors performed the surgery. After calling several surgeons (who were unaware of the new procedure), the HealthMatch nurse asked the Crouse library for assistance. The caller's popular article, along with a description of the laser surgery from recent medical literature, was mailed to both the caller and HealthMatch. Using this information, the caller was able to locate specialists across the nation.

CONCLUSION

The Crouse library has received patient information inquiries for more than two years. High standards of service have produced successful outcomes. Although the average search in response to a patient request takes approximately forty-five minutes to complete, appropriate resources are located precisely and the turn-around is almost immediate. A quality improvement work group continually analyzes patient teaching resources to enhance the collection. Links between the library and community health nursing groups that assist with discharge planning at Crouse have resulted in continuity of information services for chronically ill patients living at home. These care givers reinforce the discharge teaching process by requesting supplementary material related to their patients' conditions. This practice is likely to flourish as ambulatory care centers, wellness programs, and other out-patient services develop in a managed care environment.

Under these circumstances, the use of health information contributes to improved patient satisfaction during a hospital stay and often after discharge as well. The Crouse experience clearly demonstrates the benefits of hospital-based consumer health information services. Further studies will help define consumer expectations and relationships with health care providers. Crouse continues to maximize the use of centralized resources as the library staff defines the knowledge base and investigates new methods of access. It is already clear, however, that this timely, cost-effective service, integrated throughout the hospital, has improved the quality of patient care.

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APPENDIX A

Provision of information to customers

Library	By: September 30, 1993
Title:	Extension:

1. Are there patient information resources available on your unit to give to patients? ☐ Yes ☐ No   If yes, briefly explain.
2. Do you provide information: (answer all that apply)
   - ☐ When patient makes request
   - ☐ When family makes request
   - ☐ As part of discharge plan
   - ☐ Other (explain):
   - ☐ As you perceive a need
   - ☐ When patient is admitted
   - ☐ At physician's request
3. What formats do you utilize to provide information to patients?
   - ☐ Hospital TV Channel
   - ☐ Brochures
   - ☐ Tear-sheets
   - ☐ Articles
   - ☐ Colleagues (ask another person)
   - ☐ Other:
   - ☐ Videos
   - ☐ Books
   - ☐ Reading lists
   - ☐ Models
   - ☐ Toys
   - ☐ Audiotape
4. Do you use CIMH Library to assist you in providing patient information? ☐ Yes ☐ No
5. What percentage of your workload is devoted to finding and providing patient information?
   ☐ 0–5% ☐ 5–10% ☐ 10–25% ☐ 25% or more
6. Were patient information resources you used:
   - ☐ Collected by you
   - ☐ Developed or created by you
   - ☐ Donated
   - ☐ Purchased by you or your unit
   - ☐ I obtain resources as needed.
   - ☐ Yes ☐ No ☐ Not always
7. Are you aware of other information that your patient may be receiving? (i.e., from social workers, physicians, or on their own)
   ☐ Yes ☐ No
8. Do you provide information for patient's family?
   ☐ Often ☐ Sometimes ☐ Seldom ☐ Never
9. Do you make referrals to:
   - ☐ Social service agencies
   - ☐ Health associations (i.e., American Cancer Society)
   - ☐ Self-help or support groups
10. Do you feel that your ability to obtain relevant and up-to-date patient information is:
    ☐ Very good ☐ Adequate ☐ Not adequate

Check the box which most closely represents how you feel about the following statements:

11. Patients should receive more information about their illness during their hospital stay.
    ☐ Strongly agree ☐ Somewhat agree ☐ Disagree
12. Information given to patients should always be screened for accuracy.
    ☐ Strongly agree ☐ Somewhat agree ☐ Disagree
13. Access to information improves the quality of the patient's hospital stay.
    ☐ Strongly agree ☐ Somewhat agree ☐ Disagree
14. Patients should not get too much technical information (i.e., information that would frighten or discourage them).
    ☐ Strongly agree ☐ Somewhat agree ☐ Disagree
15. Providing information is too much extra work for me to manage.
    ☐ Strongly agree ☐ Somewhat agree ☐ Disagree
16. I feel only physicians or nurse practitioners should provide information to the patient or family regarding their condition.
    ☐ Strongly agree ☐ Somewhat agree ☐ Disagree

Comments:

APPENDIX B

Crouse Hospital Library Patient Education Resources Evaluation Form

TITLE:_____

How did the patient react to this information?	(a) prompted pertinent questions (b) asked for more information (c) asked for different information (d) unresponsive
Is information accurate?	
Is information current?	
Is presentation balanced and objective?	
Is the language and material as simple as necessary?	
Do charts, diagrams, illustrations help to better understand the subject content?	
Is too little or too much information given?	
Does information proceed from simpler to more complex content in an organized, logical way?	
Did you need to interpret this information? (Did it facilitate your patient teaching?)	
Did the information promote problem-solving skills in the patient?	
Is author or sponsoring organization reputable/qualified?	
Was a different language needed?	
Is the type large enough?	
Are essential concepts covered in depth?	
For what health topic or patient would you recommend this information?	

Submitted by: _____   Date _____