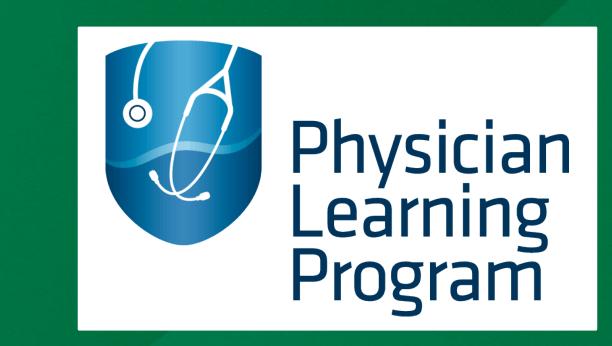


Understanding the Educational Needs of Patients with Adrenal Insufficiency

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Our QI Team

Our Division has created a Quality Improvement (QI) team

- To provide an opportunity to educate our members about the QI research process
- To facilitate the design, implementation and advancement of QI research projects within our Division

Adrenal Insufficiency QI Project

Guided by the EPIQ Program

Step 1: Identify The Problem

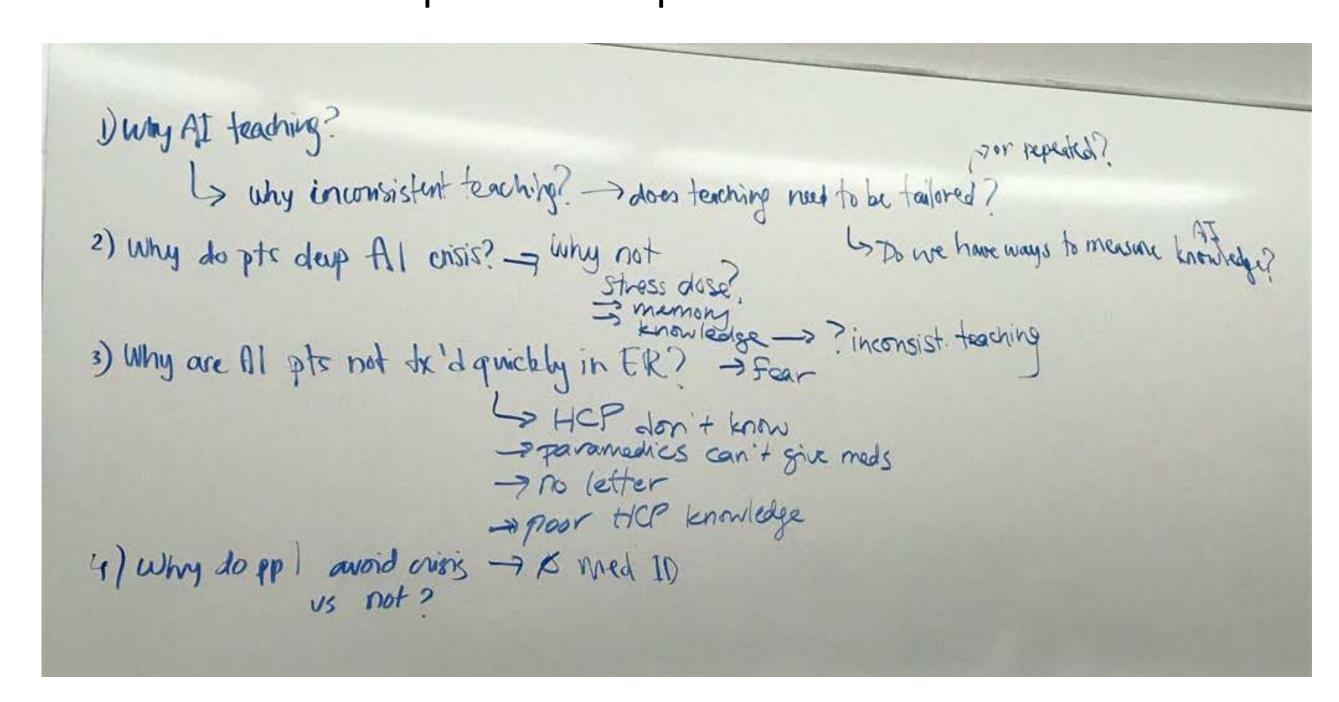
 We identified the need to improve patient education for those living with Adrenal Insufficiency (AI)

Step 2: Select Your Team

Endocrinologists, patients and designers

Step 3: Brainstorm Causes

- Variation in education provided
- No consistent set of tools provided
- Variation in patient comprehension



Step 4: Choose A Priority

- Common educational toolkit with checklist ✓
- Cellphone picture of Al instructions
- Endocrinology-Emergency Department communication

Step 5: Map The Process

- Variation in:
 - Physician instructions
 - Patient recall

Acknowledgements

Divisional Members: For ongoing support and feedback

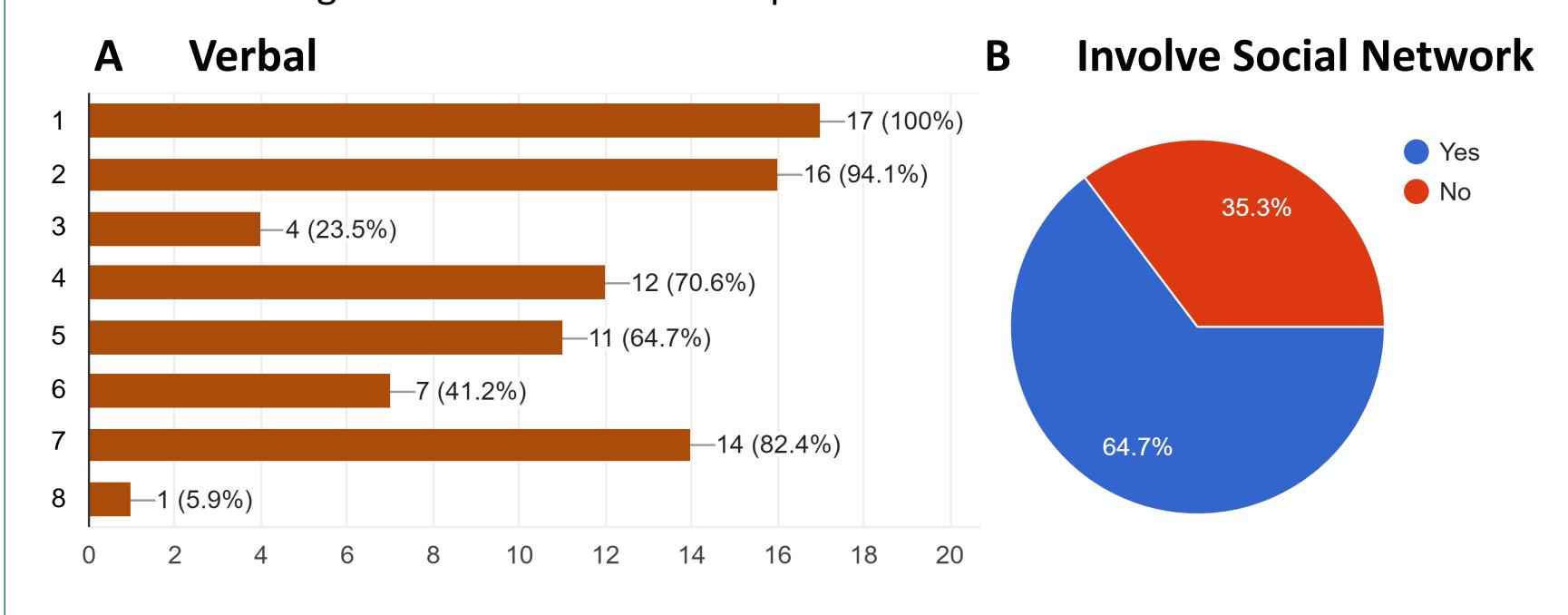
Volunteer Patients: For teaching us about what it is like to live with AI

Survey of Edmonton Endocrinologists

Step 6: Identify Indicators

To better understand the local clinical context

 We informally surveyed Edmonton endocrinologists on their current management and education of patients with AI



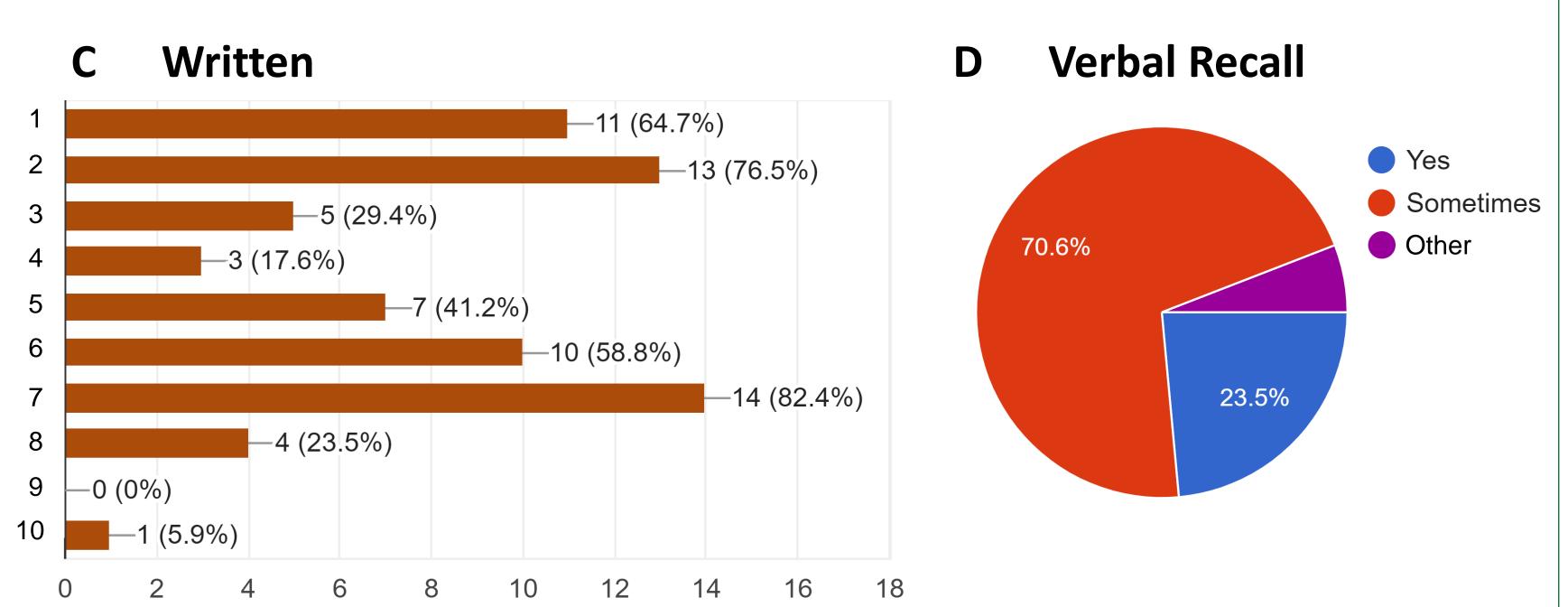


Figure 1: Summary of 17 Survey Results from 15 Edmonton Endocrinologists. A. Percentage who give verbal instructions about: 1: Sick day management (SD), 2: Medical Alert (MA), 3: Wallet card (WC), 4: Surgery/Dental procedures (SD), 5: Emotional Stress (ES), 6: Side effects (SE), 7: IM glucocorticoid (IG), 8: Nuances of mineralocorticoid replacement (MR). B. Percentage who recommend involving social network in sick day care. C. Percentage who give written instructions about: 1: SD, 2: MA, 3: WC, 4: ES, 5: SD, 6: Carry letter, 7: IM glucocorticoid prescription, 8: IM glucocorticoid administration instructions, 9: MR, 10: SE. D. Percentage who ask for verbal recall.

Step 7: Explain Your Aim

Our aim is to improve quality of care for those living with AI by:

- Engaging patients to identify current needs and barriers in patient education
- Providing standardized education
- Assessing the impact of patient education tools

Step 8: Engage Partners

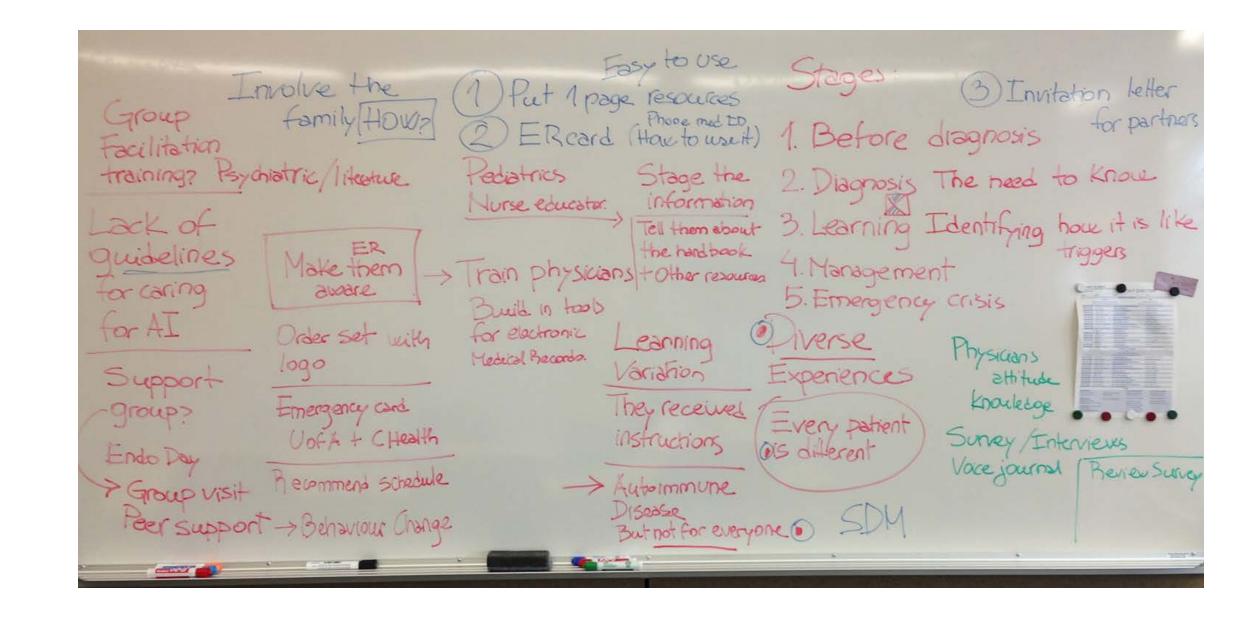
In order to better understand the patient experience, patients were invited to join the QI process

- A Co-creation workshop was conducted and included:
 - A Human-Centered Designer
 - 3 Endocrinologists
 - 5 patients with AI

Al Tool Kit Co-Creation Workshop

From our workshop we learned that:

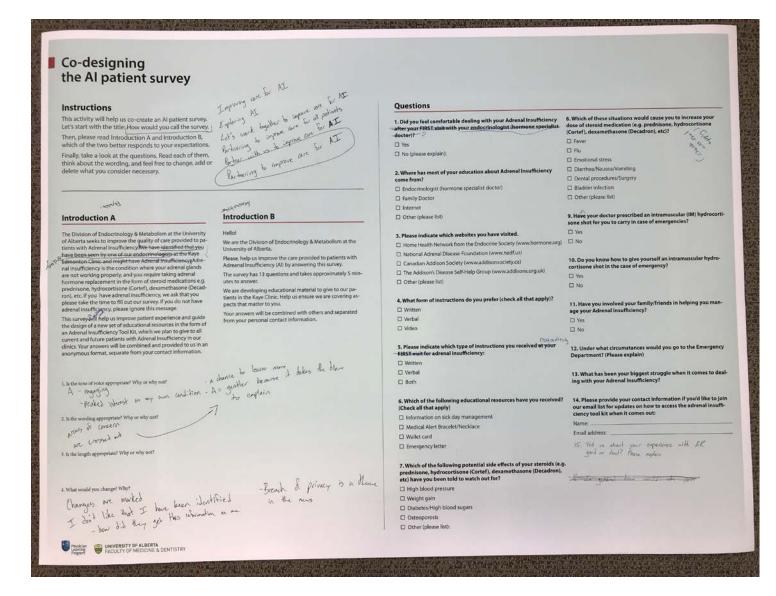
- Living with AI involves a number of stages
- Each stage requires ongoing learning



Step 9: Implement Change:

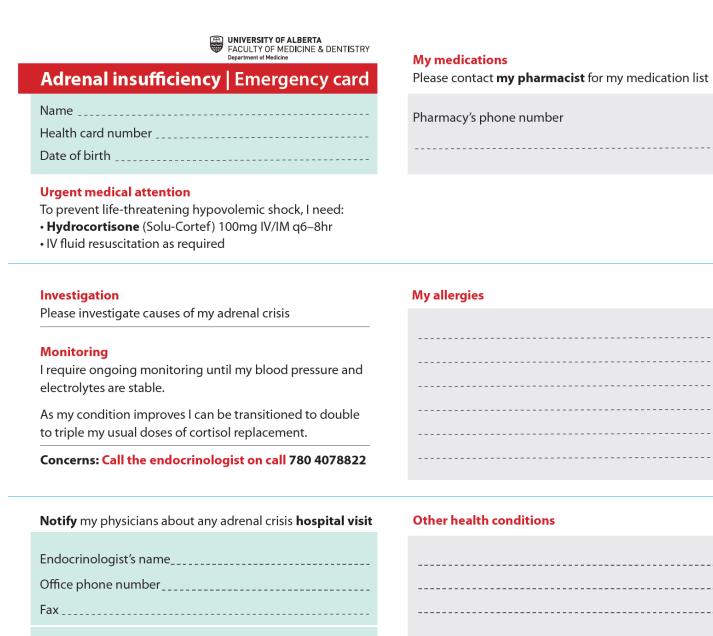
To add to our understanding:

We have developed a pre-intervention patient survey



To improve the quality of education provided, we are

developing an AI toolkit that will include:



- ER Card
- Carrying Letter
- Educational Resources
- Checklist

Step 10: Share Knowledge

- Quarterly updates provided to Division members and interested patients
- Presentation of findings at conferences/symposiums
- Manuscript(s) relating to the Al Ql project

REFERENCES

Evidence-based Practice for Improving Quality (EPIQ) www.epiq.ca

Canadian Addison Society <u>www.addisonsociety.ca</u>

The UK Addison's Disease Self-Help Group (ADSHG) www.addisons.org.uk