

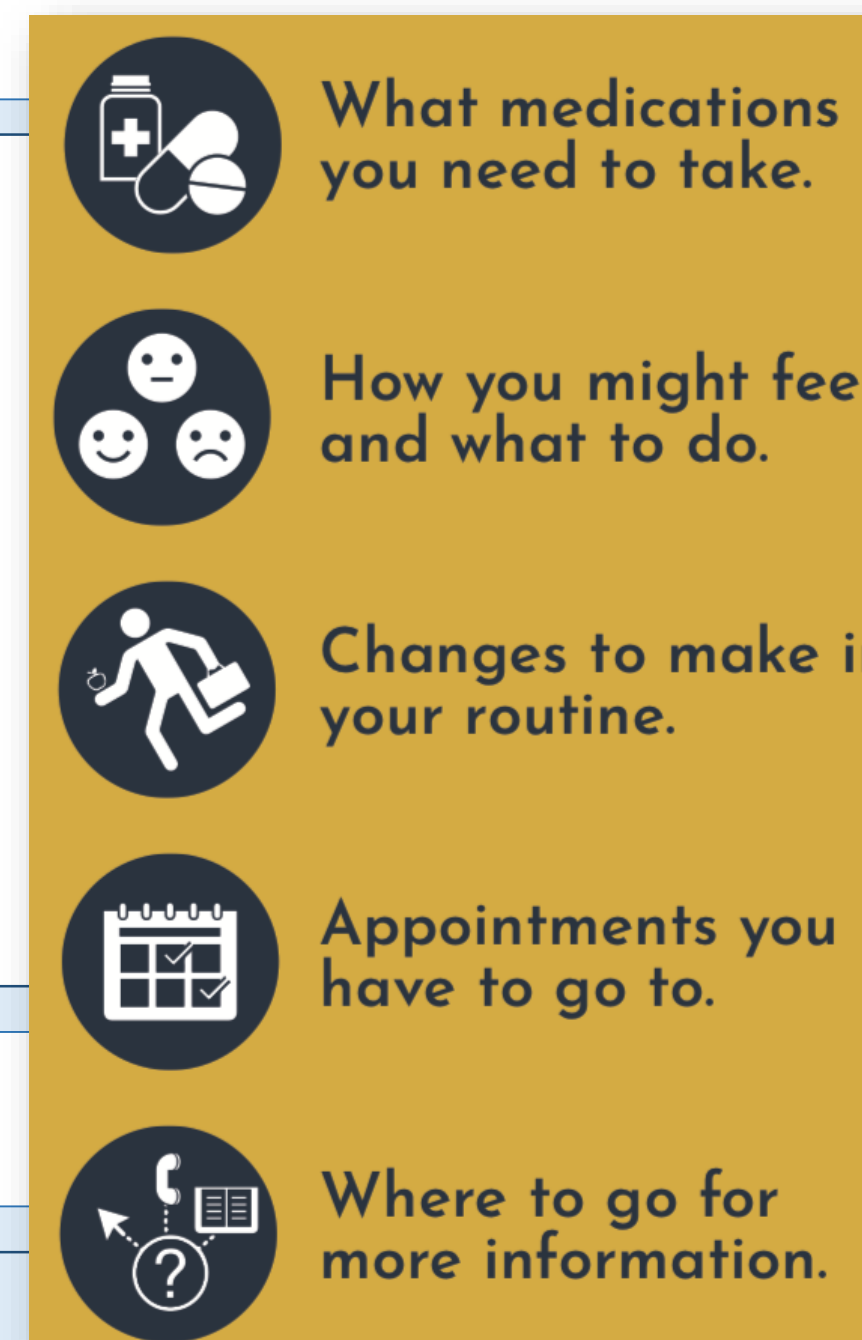
Background

- Each year, more than 62,000 strokes occur in Canada¹. Readmission rate for persons with stroke is about 14%; estimating 13% of readmissions are preventable².
- Patient-Oriented-Discharge-Summary (PODS) has shown to reduce readmission rates³.
- In 2017, Toronto Rehab Inpatient Stroke Rehab Services implemented PODS in collaboration with a Patient Partner.



What is PODS?

- Co-developed by patients and health care providers⁴.
- Specifies 5 key areas to include during discharge teaching
- Provides easy-to-understand instructions to guide discharge
- Supports use of teach-back



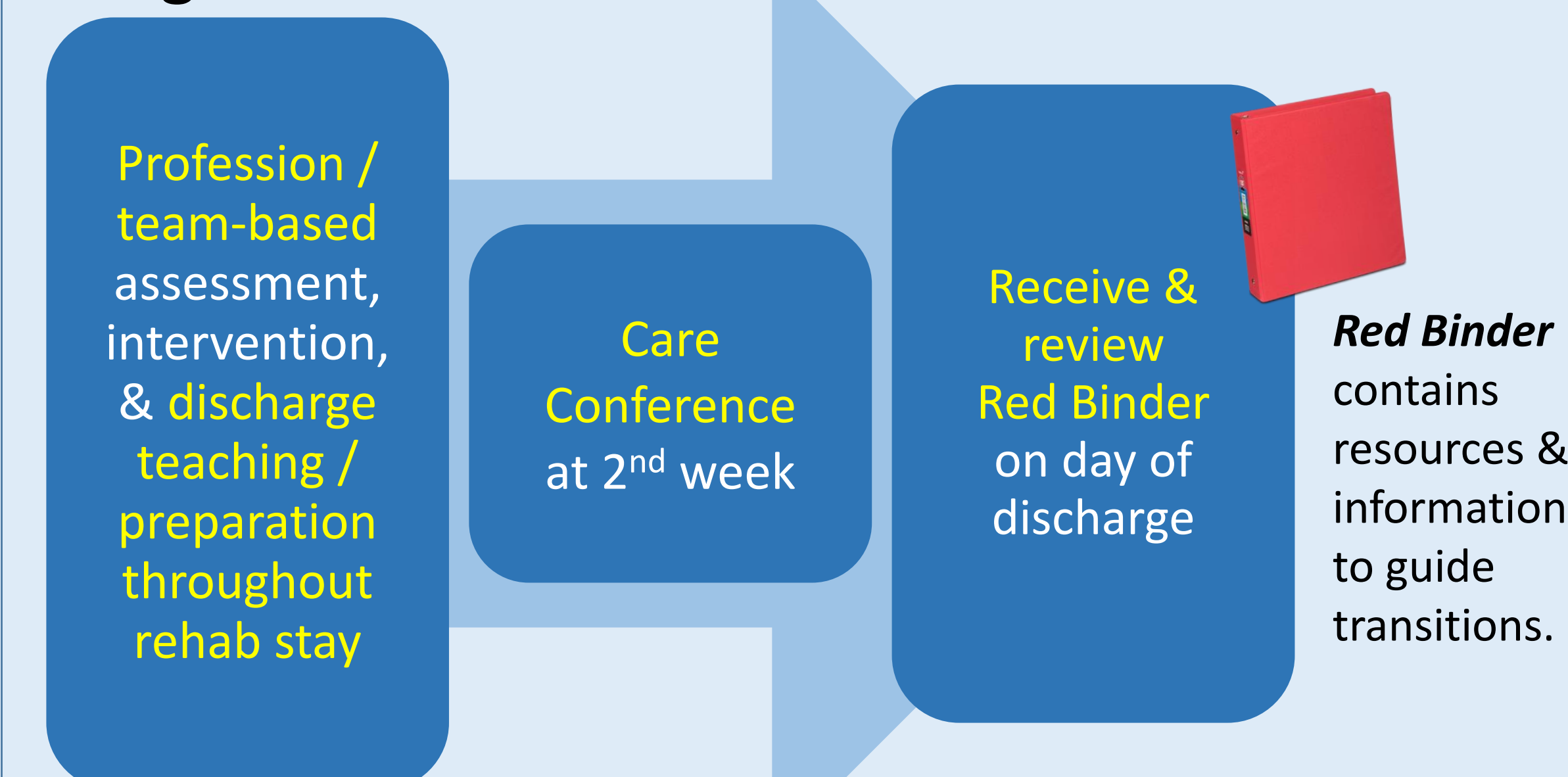
Implementation of Patient Oriented Discharge Summary (PODS)

1. Forming the team

- A Stroke Inpatient clinician (an Occupational Therapist) was recruited to lead this quality improvement initiative.
- The team consisted of Nursing, Social Work, Speech Language Pathology, Rehab Therapy, Physiotherapy, Occupational Therapy, Service Coordinator, Advanced Practice Lead, Service Manager, and a Patient Partner.
- Others, such as physicians, pharmacist, dietitians, and Patient Family Education team, provided input & consult.
- OpenLab provided resources, guidance, and support.

2. Current State Mapping & Gap Analysis

Original Process



- Pre-Implementation Evaluation:**
- ✓ 8 online patient & caregiver surveys
 - ✓ 7 patient & caregiver interviews by phone or in-person
 - ✓ 16 online staff surveys

Content of Red Binder was good. Easy to understand and use.

Teaching was provided at the right time – some liked receiving information in stages & some liked receiving it all in one session.

Reviewing the **Red Binder** on the last day was overwhelming. Anxiety was high during discharge, so did not feel like looking at the binder till a few days later.

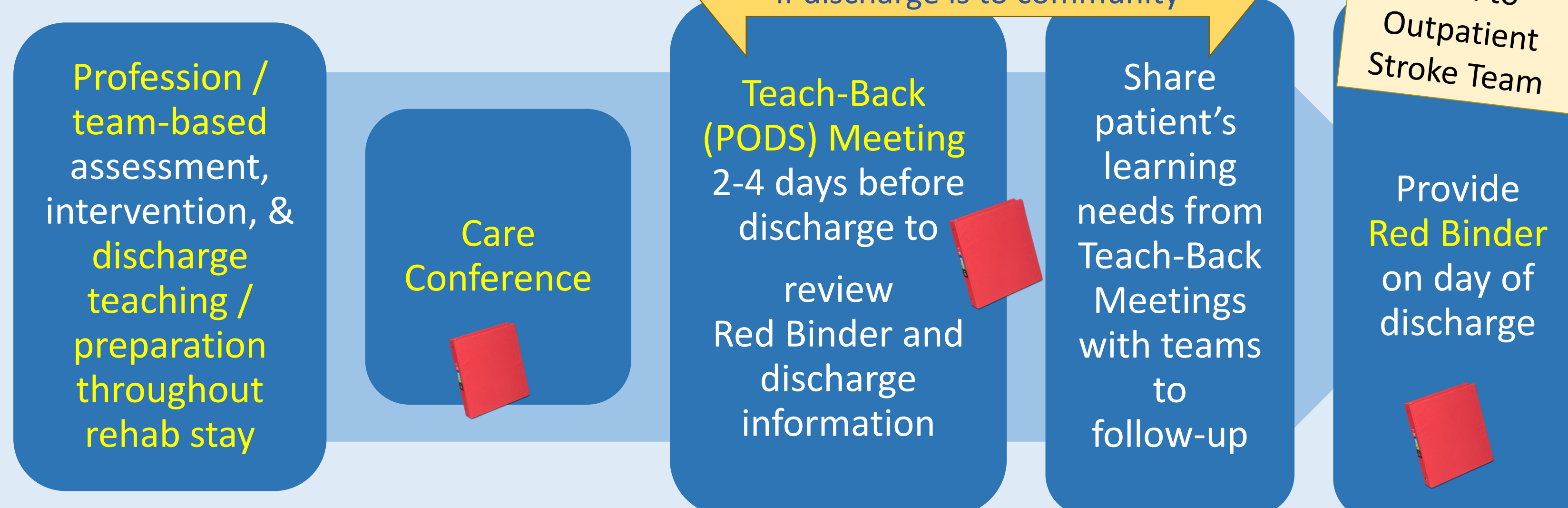
Did not know what to expect on the day of discharge.

If patient's regular team members were not present on discharge day (i.e. Saturday discharge), information may not be covered well.

3. The Cycles of Change & Improvement

Change 1: Early Communication

Current Process



- Early introduction of **Red Binder** at Care Conference
- Rehab Therapist review and discuss **Red Binder** at **Teach-Back Meeting** with patient and/or caregiver
- Provide **Red Binder** on day of discharge

Change 2: Embed teach-back in practice

Teach-Back Training completed with:

- Stroke Service team members to foster use in daily practice
- Rehab Therapists to foster use in daily practice and specifically to facilitate Teach-Back Meetings

Change 3: Refined resources to support transitions

- Co-developed PODS tool with *Patient Partner* and team to guide Teach-Back Meetings
- Facilitation guide developed to support delivery of Teach-Back Meetings
- Piloted new binder sections based on PODS 5 key areas but patients were unable to locate some resources
- Binder content recategorized and relabeled with *Patient Partner*, clinicians, and patients' inputs during each pilot cycle to improve ease of use

Outcome

Post-PODS Implementation Evaluation:
10 patient & caregiver surveys; 6 patient & caregiver interviews; 21 staff surveys

100% of patients & caregivers would recommend Teach-Back Meetings to others & found timing of Teach-Back Meetings was just right

Over 80% of patients & caregivers found discharge information easy to understand. **No change** from pre-implementation.

Satisfaction with education to prepare for discharge remains at about **93%** after implementation.

Readmissions
Pre-PODS: 0 surveyed
Post-PODS: 1 surveyed due to pre-planned surgery

Staff Confidence in using Teach-Back
Pre-PODS: 6.3
Post-PODS: 7.6

Sustaining our work



Learning from Apr'18 to Sept'19 data ...

We continue to collect data to help us learn & improve, such as:

- Reason for not doing PODS
- Questions and learning gaps raised by patients and caregivers

Over 280 Teach-Back PODS meetings completed.

10 discharged to facilities (i.e. acute, long term care)

Over 300 overall discharges.

13 patients (4% of patients who meet criteria) did not receive PODS teach-back meeting.
Note: The red binder is still provided.

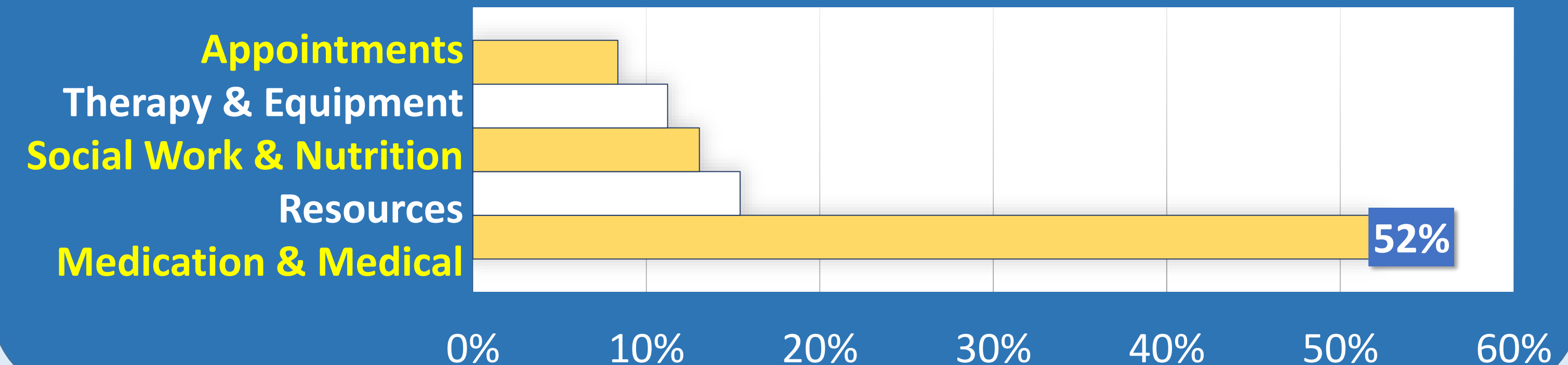
Reasons for Not Providing Teach-Back Meetings:

- Unexpected discharges or short length of stay (6)
- Cognitive or language barriers and family or patients declined or are not available (7)

We keep learning!

Over **380** questions asked ... that is about 1.4 questions per meeting!

Questions raised at PODS Teach-Back Meetings



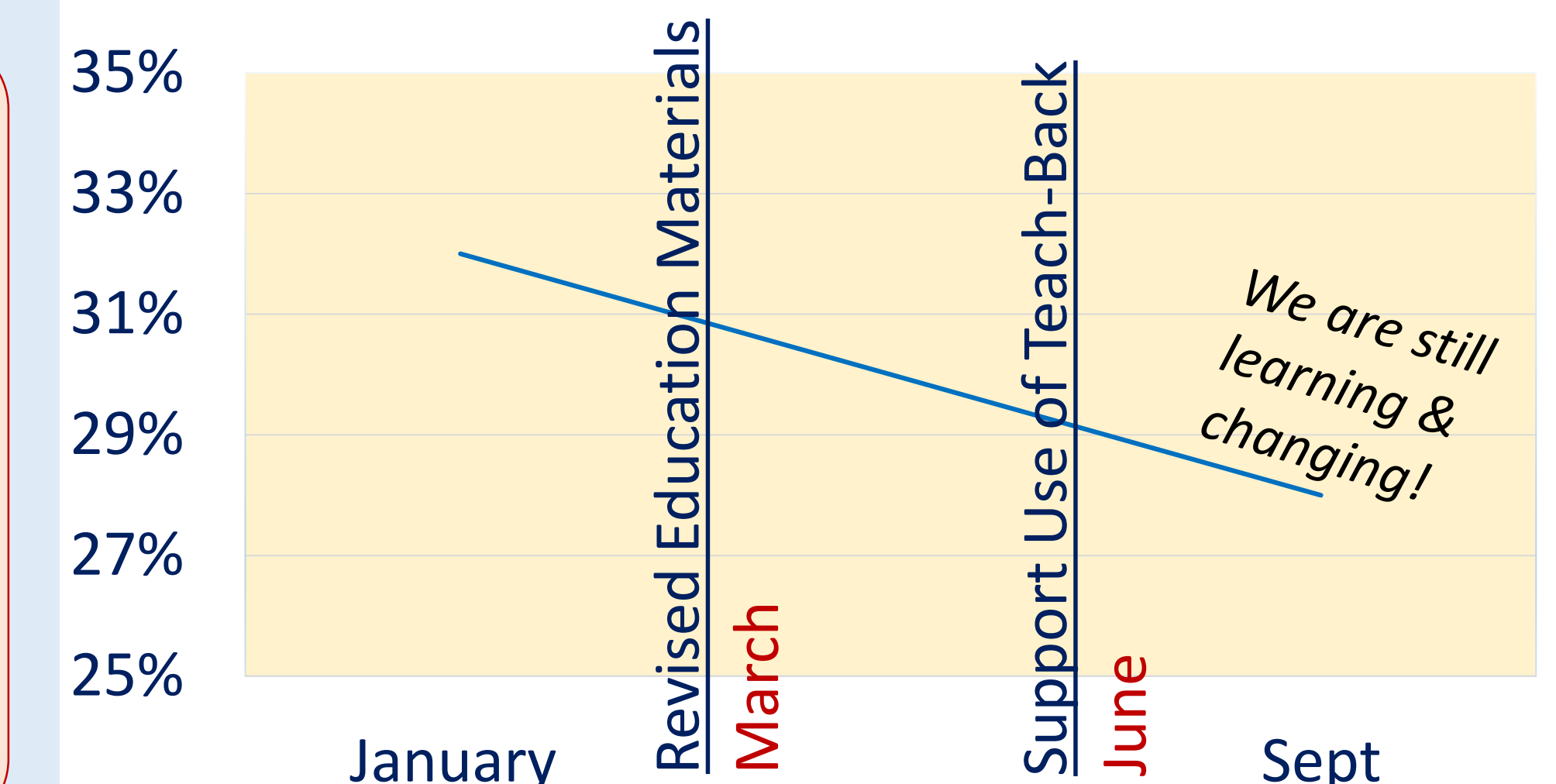
About **50%** of the Medication & Medical questions were related to:

- Needing education on medications
- Requesting prescription to be faxed to community pharmacy

The need of education prompted 2 cycles of change:

- | March 2019 | June 2019 |
|---|---|
| Collaboration between nursing & pharmacy to revise patient medication education materials | Supporting nurses to use teach-back during medication education |

Percent of patients with identified need of medication education



Conclusion

- Co-creating PODS with *Patient Partner*, the teams, and patients/caregivers who have provided feedback during the pilot phases of this initiative have made the outcome meaningful for patients and for the teams.
- Patients and caregivers said the addition of PODS teach-back meetings helpful.
- Using Teach-Back and the PODS teach-back meeting have allowed the teams to identify and address learning gaps to better support discharge transitions.
- Patients' and caregivers' learning needs and questions gathered during teach-back meetings can help inform quality improvement initiatives to better support transitions.
- Some of the Inpatient PODS initiative members, including Lara, *Patient Partner*, have joined the Outpatient PODS initiative to foster continuity during transitions between services.

References

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Being able to see teach-back in action during the PODS sessions was great!
Teach-back really works!

Said **Lara** Patient Partner

Lara met with patients and worked with the teams to develop PODS!