TEMPLE UNIVERSITY

Lewis Katz School of Medicine

Iterative Input to Optimize Transition of Care Curriculum: Achieving Patient Centered Care with Multi-Stakeholder Contribution

Matan Arnon, DO ; Dharmini Shah Pandya, MD, FACP
Department of Medicine, Lewis Katz School of Medicine at Temple University, Philadelphia, PA

Background

Background: Post hospitalization discharge instructions have been established as integral for guidance and communication for patients in this vulnerable period[1,2].

At our academic institution there is no standardized accepted practice amongst providers regarding the contents of the discharge instructions.

As health care and medical education models are changing to achieve equitable care, it is imperative to utilize patients, sub-specialists, trainees, clinician educators and expert informatics clinicians to help guide curricular and institutional changes[3].

Objective

To obtain baseline trainee behaviors regarding contents of discharge instruction, assess patient-level difficulty in identifying critical components of the discharge instructions.

Obtain clinical educator and sub-specialty input on quality of discharge instructions.

Utilize this data to drive electronic changes to institutional after visit summary (AVS), and to guide curricular innovation for internal medicine residents.

Methods

Trainees from multi-institutional academic medical centers, patients from Patient and Family Advisory Council (PFAC), Clinical educators (Medicine inpatient/outpatient, curriculum directors), and sub-specialists provided a combination of qualitative and survey based quantitative assessment.

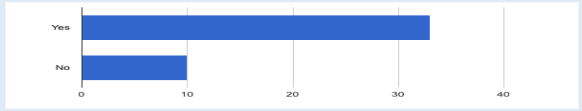
Reviewed same AVS with mentioned stakeholders and obtained qualitative feedback.

Discussed with informatics specialists (CMIO, Associate CMIO, Performance Improvement Chair, Co-Chief patient experience) limitations and application of findings.

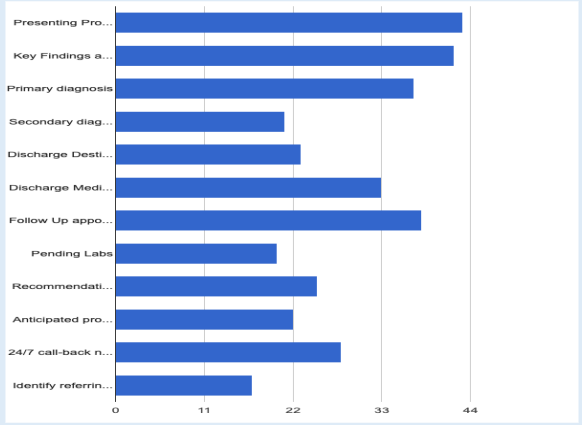
Results

Provider Survey

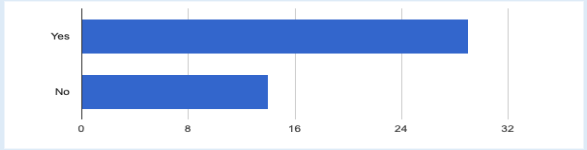
Do you use a smart phrase for discharge instructions?



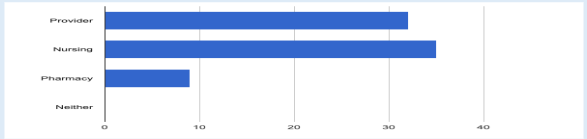
What do you include in your discharge instructions?



When you write discharge instructions, is the rationale for medication changes explained?

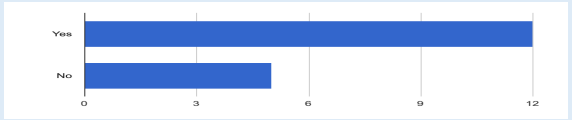


Who do you believe should go over the discharge instructions with the patient at the time of discharge?

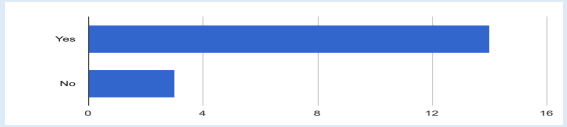


Patient Survey

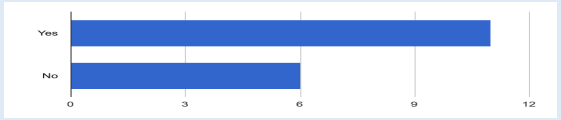
In review of the after visit summary example/previous hospitalization, were you able to identify what do to if patient experienced problems at home?



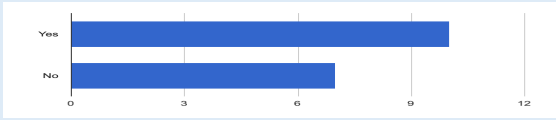
In review of the after visit summary example/previous hospitalization, were you able to identify which medications were changed during this hospitalization?



In the after visit summary example/previous hospitalization were you able to identify a telephone number or name of a person to call if you need help after you returned home?



In the after visit summary example/previous hospitalization, were you able to identify when/where the upcoming appointments and follow ups are?



Interpretation of Survey Results

1. There is variability in use of smart phrases in the EMR
2. There is variability in documentation practices of discharge instructions
3. Patients discharged from hospital remain uncertain with regards to critical information of their hospital stay resulting in problems post hospitalization

Conclusion

1. To deliver patient centered care input from multiple parties is vital.
2. Lack of consistency and standardization in discharge instructions has resulted in both missed information written by the provider and patient difficulty in identifying integral information.
3. This assessment has led to curricular changes in the internal medicine residency focusing on practice changes related to TOC and emphasis on these skills.
4. Currently, we are in the process of changing our system wide AVS and have implemented a series of workshops for interns at the beginning of the year and as they transition to their leadership roles as upper years to reiterate standardized evidence-based patient directed practices.

Clinical Implication

1. Moving towards quality and value-based care as the ultimate model for care delivery, it is increasingly important to align patient, faculty, and trainee input to guide curriculum change and system wide improvements in the discharge process.
2. Creating a culture of ownership, safety and shared goals of the system and educational models is the ultimate way to achieve equitable care.
3. Through creating a standard for discharge instructions, educating providers regarding contents required in the discharge instruction, we will reduce unwarranted practice variability, improve care transitions, and reduce avoidable ED use and re-hospitalization.

Next steps:

1. Transition of care workshop with incoming interns to establish gold standard practices
2. Optimize after visit summary with informatics team based on multi-stakeholder contribution and follow up survey

REFERENCES

1. Horwitz LI, Moriarty JP, Chen C, Fogerty RL, Brewster UC, Kanade S, Ziaeian B, Jenq GY, Krumholz HM. Quality of discharge practices and patient understanding at an academic medical center. JAMA Intern Med. 2013 Oct 14;173(18):1715-22. doi: 10.1001/jamainternmed.2013.9318. PMID: 23958851; PMCID: PMC3836871.

2. Waniga, H. M., Gerke, T., Shoemaker, A., Bourgoine, D., & Eamranond, P. (2016). The impact of revised discharge instructions on patient satisfaction. Journal of Patient Experience, 3(3), 64–68. https://doi.org/10.1177/2374373516666972

3. Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. JAMA. 2022;327(6):521–522. doi:10.1001/jama.2021.25181