

PODS

PATIENT ORIENTED DISCHARGE SUMMARY





OPENLAB

a proud member of UHN

Outline

Background

Current State

Primary Care

Discussion

BACKGROUND



- Patients do not understand medical terms
- Patients are not fluent in English
- Patients cannot memorize verbal instructions
- Patients are too stressed at time of illness to absorb information



Patient experience mapping exercise, Nov. 2013




Cultural probe kit.




PODS co-design workshop, February 2014


_____ 's Care Guide

I came to hospital on / / and left on / / I came in because I have _____


 my own notes

 **Medications I need to take**


My medication list has been provided to me and explained

 **How I might feel and what to do**

I might feel	What to do	Go to Emergency if:

 **Changes to my routine**

Activity (i.e. dietary, physical)	Instruction


 **Appointments I have to go to**

Go see _____ for _____ on / / at : am/pm

Location: _____ booked Go

see _____ for _____ on / / at : am/pm

Location: _____ booked

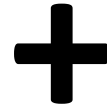
 **Where to go for more information**

For _____ call/goto _____ ☎ _____

For _____ call/goto _____ ☎ _____

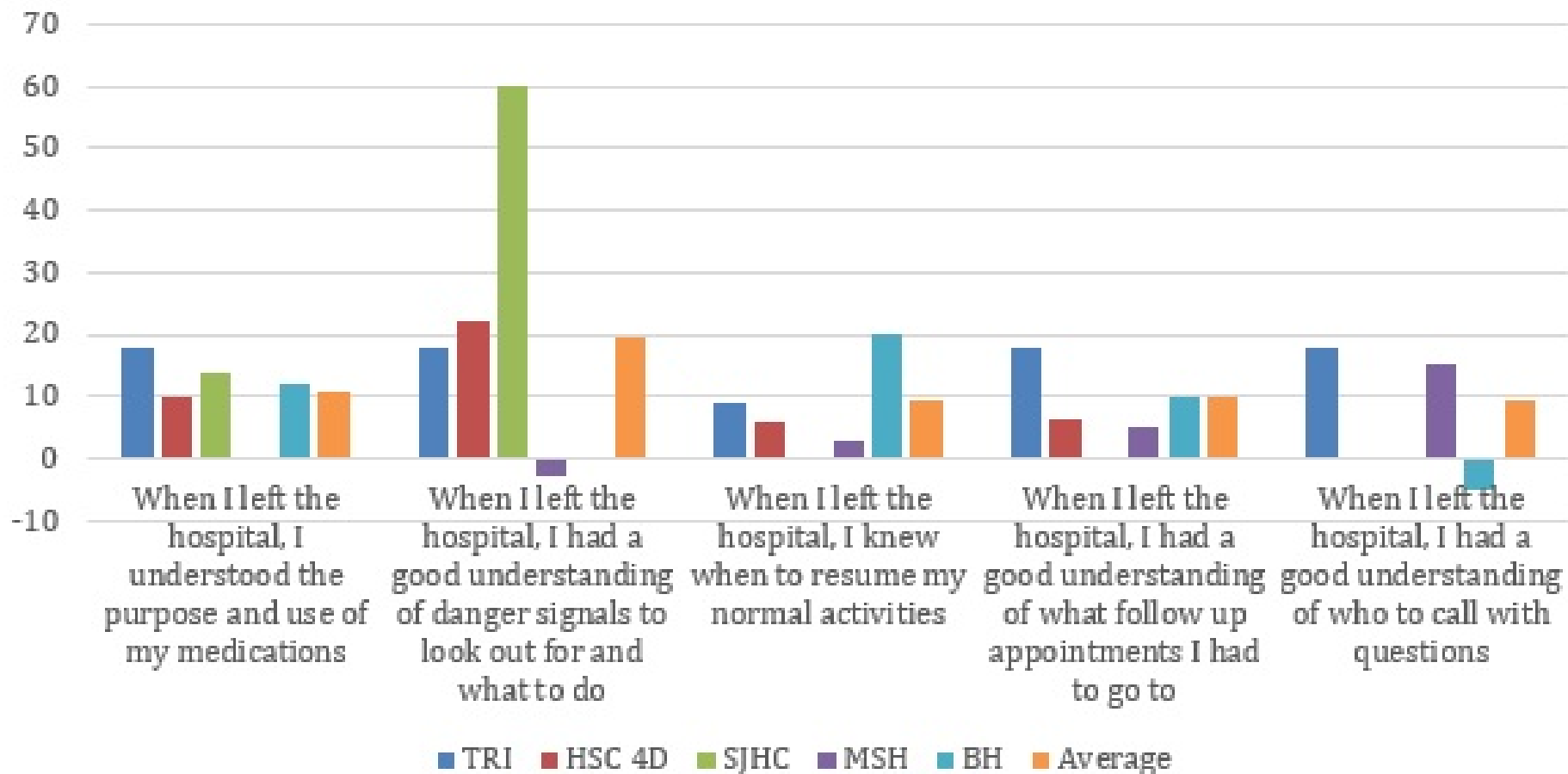
For _____ call/goto _____ ☎ _____

Patient Signature: _____



Local Practice Changes

Patient experience results: % change pre and post PODS implementation



Current State

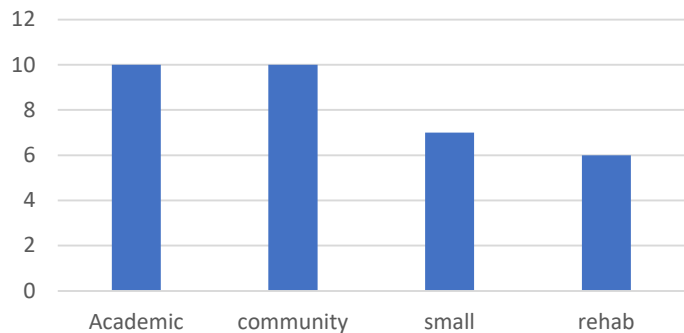


Hospitals across Ontario are implementing a Patient-Oriented Discharge Summary for an improved patient experience.

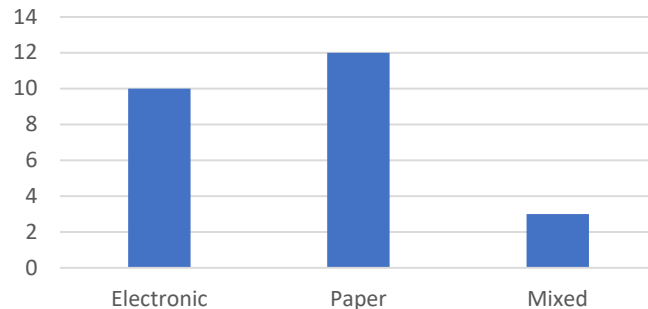
Join us.



Count by hospital type



count of mode n=25



Demographics (Q3)	Values
Number discharged	450.1 (23 – 1536)
Age	64.6 (32.9- 80)
% male	51.7 (35 – 58.5)
% with language barrier	8.7 (0 – 89)

Site Type	Number	Implementation requirement	Data requirement
Partner	20	Large target group identified in year 1 and 2	Surveys and full aggregate data
Participant	5	Any target group identified in the letter	Core measures only
Volunteer	2 +	None	None


CASE STUDIES

WHEN	<ul style="list-style-type: none">• Part of the discharge summary process• Separate process/meeting/teaching session• From admission
WHO	<ul style="list-style-type: none">• Inter-professional team• Single responsible provider• Patient and family
HOW	<ul style="list-style-type: none">• EHR/portal• Paper• Mobile
WHAT	<ul style="list-style-type: none">• Pre-filled content• Individualized

Original vs. CAMH PODS Templates

Original PODS Template

_____ 's Care Guide

I came to hospital on dd/mm/yy and left on dd/mm/yy  my own notes

I came in because I have _____

Medications I need to take

Name	Dose	What it is for	morning	noon	afternoon	night
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How I might feel and what to do

I might feel	What to do	Go to Emergency if:

Changes to my routine

Activity (i.e. dietary, physical)	Instruction

Appointments I have to go to

Go see _____ for _____ on dd/mm/yy at 00:00 am/pm

Location: _____ ☎ _____ booked


Where to go for more information

For medication instructions call/go to pharmacist ☎ _____

For _____ call/go to _____ ☎ _____

CAMH PODS Template

Patient-Oriented Discharge Summary (PODS)
Test Patient's Care Guide

 Centre for Addiction and Mental Health

I came to CAMH on the 13 of June, 2017
I came in because I was feeling stressed

Medications I need to take

Medications to be taken every day

MEDICATION DETAILS	MORNING	MID-DAY	EVENING	BEDTIME	REASONS FOR TAKING NOTES
Bupropion	1 pill				Quit Smoking

Last updated on November 28, 2017 at 01:56 PM

NOTES:

Appointments I have to go to

GO SEE: MRI Clinic
FOR: MRI Scan
ON: Monday, January 01, 2018 at 12:00 PM
LOCATED: 100 Stokes St, Toronto
TEL: 416-535-8501

SPECIAL INSTRUCTIONS: Avoid wearing jewelry

NOTES:

How I might feel and what to do

Things to notice and plan for, including a crisis.

IF I	WHAT TO DO	REACH THEM
Notice I'm gaining weight	Call my family doctor and make an appointment	Dr. Sue, 416-111-1111
I am in crisis and I need help now	Call 911 or go to CAMH Emergency Department	
Have suicidal ideation	Call crisis support line right away 211	

NOTES:


My goals and community help to reach them

I WANT TO	HOW	REACH THEM	NOTES
I need to reinstate my driver license	I am going to Service Ontario	846 Dundas St W.	Going there Tuesday, June 20 th

NOTES:

My supports after discharge

SUPPORT NAME	WHO IS	REACH THEM	PERMISSION TO SHARE DOCUMENT
John Doe	My brother	416-111-222	Yes

My notes 

Teach-Back SCI Example



Ella Lyndhurst's Discharge Summary

I came to Lyndhurst on February 18 and am leaving on May 4, 2017. I had my meeting on April 27 with Sandra and Nelly (OT). I came in because I fell and broke my back, they took me to Sunnybrook and I had fusion from T6-8. I have complete paraplegia. I am going to my home when I leave. I live in Toronto, 2-story home but I will be living on the 1st floor, I have an office that we have changed into a bedroom, luckily I have a big bathroom on the main floor.

This summary is my interpretation of my plan for discharge. For profession-specific recommendations please refer to the appropriate professional documentation.

✓ I have a Spinal Cord Essentials Binder. www.spinalcordessentials.ca

Medications I need to take

Medications will be reviewed several days before leaving by Pharmacist or Doctor. I need a Family Doctor appointment immediately after leaving to renew prescriptions in time for refills.

Bladder supply list (GU prescription) has been reviewed with Nurse. I have a vendor and am arranging delivery or pickup of my supplies.

Care Plan

Issue	Plan
Swallowing / Breathing	No problems with that. The SLP and RT saw me and said I was fine
Skin	I had a PU on <u>bum</u> , I got it from my commode and from sitting in bed too much using my laptop. I turn in bed twice through the night. (<u>forget</u> to say in chair....) I lift myself in my chair and lean side to side and also like to lean forward on my desk (about every half hour...probably should do more)
Bladder	I do my ICs about every 5 or 6 hours unless my volume is too high. I can do my own IC but my daughter knows how to
Bowel	The nurses do my bowel treatment. I take laxatives at night and then they give me a suppository and do the dig stim thing.
Pain	I have burning pain in my legs. I was taking a lot more medications but now I use the pregabalin which helps and I get



	a lot of headaches which I use Tylenol. Getting out of my chair helps my pain too
Thinking / Memory	No problems...at least not yet but I write everything down.
Dressing/ Bathing/ Grooming	I can dress my upper body and just need help with my shoes. I need help transferring onto commode but then can bathe myself except for my back and feet.
Transfers / Mobility	Sliding board for bed to chair, bath bench. Need one person to help me on and off commode and into car.
Equipment	Manual w/c, commode, bath bench, <u>reacher</u>
Cooking / Shopping	My daughter will help with this
Housing	Going home for now but looking to put my house on market and buy a condo. Don't need all that space
Leisure	Reading, cards, grandkids, gardening

Signs and Symptoms and What to do

What if I Have...	What to do
A red mark on my skin	Try to stay off of it, keep a close eye on it with a mirror. If it is bad, I would go to my doctor or see if I could come here for you guys to have a look at it.
A change in bowel function	If I couldn't go, I would probably try taking more laxatives and eat more <u>ibre</u> . If it was a few days I would go to my doctor or <u>emerg</u>
A change in bladder function (bladder infection)	I got really cloudy urine last time, and it got smelly and then I got a fever and felt like crap. I would try to drink more water and cranberry but if it wasn't better, I would know I had an infection so I would call my doctor
Much worse pain	Go to see my family doctor.
A fall	I am terrified of that...that's how I ended up her. I am not sure if I could get up by myself it would depend if I was hurt. I will talk to my PT. I also always have my cell phone.
When to go to Emergency: Much worse numbness, weakness or loss of bowel or bladder function; serious injury from fall	

Appointments (my child have to go to)			
1	Go see	For	On At
	Location		Booked No.
2	Go see	For	On At
	Location		Booked No.
3	Go see	For	On At
	Location		Booked No.
4	Go see	For	On At
	Location		Booked No.
5	Go see	For	On At
	Location		Booked No.

Where to go for more information		
For	Call / go to	Phone Number
1	Cardiology Clinic 4A ward (9:00am – 5:00pm)	416-813-5848
2	Cardiac Inpatient Unit 4D ward	416-813-6901
3	Medication questions Cardiac inpatient pharmacists (8:30am – 4:00pm Mon-Fri, feel free to leave a voicemail) or Cellular dispensing pharmacy	416-813-7654 Ext. 207636 http://aboutkidshealth.ca (Type "medications" in search engine)
4	Additional resources	http://aboutkidshealth.ca
5	CPR and resuscitation training learning opportunities	http://sickkids.ca/learning/
6	Phone #s for McMaster?	
7		

My Own Notes

Anything specific we should do or avoid doing considering his condition – like for example
Turns time or is it ok to hold him over the shoulder for burping? NO he's fine, passed 5 day post-op treat him as a reg. newborn

"To Do" List

- Discharge Summary
- Prescriptions (filled)
- Discharge Pamphlets (Read and reviewed with nurses)
- Safe mode of transportation
- Passed car seat test
 - Not applicable
- Frozen breast milk packaged and ready on unit 4D
 - Not applicable
- Home medications in 4D's refrigerator
 - Not applicable

I came to hospital on _____ and left on _____.

I came into hospital because I have _____.



Medications I need to take

Please see the medication schedule provided to you by your pharmacist.



How I might feel and what to do

	How I am feeling:	What to do:
	<ul style="list-style-type: none"> • Able to climb stairs • Able to perform daily activities at home • No cough or shortness of breath 	<ol style="list-style-type: none"> 1. Avoid activities in the extreme heat or cold, or when you don't feel well 2. Avoid tasks that require heavy lifting
	<ul style="list-style-type: none"> • More short of breath than usual, or at rest • Tired all the time, unable to do my normal activities • Dry or wet hacking cough • Feeling dizzy or lightheaded 	<ol style="list-style-type: none"> 1. Consider calling your patient navigator (Janice – 647-539-8134) for guidance 2. Call your family doctor for an appointment in the next 1-2 days 3. You may use your Ventolin (blue puffer), for quick symptom relief
	<ul style="list-style-type: none"> • Severely short of breath • Coughing up large amounts of phlegm constantly • Feeling nervous, confused and/or drowsy • Having chest pain 	<ol style="list-style-type: none"> 1. Rest – stop what you are doing right away and sit or lie down 2. Relax and take slow deep breaths 3. Get help if your shortness of breath does not improve <p>Please call 911. Do not drive yourself to the hospital.</p>



My Notes

Primary Care

Primary Care

- Handouts for patients and families in the community
 - What to expect from a hospital using PODS
 - What to ask for – useful information for self-care post-discharge
 - PODS tool to fill out during their stay
- How can PODS help
 - PODS may help patients understand their instructions
 - PODS may help patients understand the importance of their new condition, medications, diet, activity or follow-up with their PCP after their hospital stay
 - PODS may help structure a conversation with PCP's regarding a patient's recent admission to hospital and care needs

Early Results

- Pilot data at LHSC medicine unit found follow ups were more clear (46.8 vs 8.3) and attendance improved (63.8 vs 39.3)
- Patient understanding in early adopter pilot improved by 7%

Current Evaluation

Measure	Value
% that see patients after a hospital stay	87%
% that see patients at home or over the phone	81%
Satisfaction with discharge information for them	6/10
Satisfaction with timeliness of info	6/10
Rating of info for patients	3/10
% that send patients to hospital	81%

- Co-creation of best practice guidelines
- 7 sites reported engaging primary care in the co-design process
- Handout

When you go to the hospital, don't put too much trust in your memory. Patients are often too stressed out or not in the right state of mind to absorb a lot of information. This is especially true when you're about to leave the hospital, because this is a time when lots of important care instructions are given.

Knowing exactly what you need to do once you get home from hospital will help with your recovery and avoid potential harm from doing the wrong thing.

The Patient Oriented Discharge Summary (PODS) was created with the help of patients like you. It is a simple way to make sure that patients and their families always get the 5 key pieces of information they need to manage their health after the hospital stay:

1. Medications you need to take
2. How you might feel and what to do
3. Changes to your routine
4. Appointments you have to go to
5. Where to go for more information

Many hospitals in Ontario are using **PODS** as part of their discharge process. If your hospital is using **PODS**, you can expect that your health care provider will give you a **PODS** and go through it with you.

If your hospital is not yet using **PODS**, you can ask for one or use the accompanying worksheet to write down all of this information. And if there is something you don't understand, ask the hospital staff for help.

Supported by



CASE STUDIES



Involved LHIN Home and Community Care Coordinators from the beginning

Benefits:

- Patients and families see that it is a team helping them transition home
- Relationship building

WW – LHIN involvement, copy of the PODS and the pharmacist Patient Friendly Medication List uploaded to the Home and Community Care client record

CASE STUDIES

RVH Patient Oriented Discharge Summary (PODS)
Rapid Update Beyond Health Equity

NAME: _____
DOB: _____
MID: _____

_____ 's Care Guide
I came to hospital on _____ and left on _____
I came in because I have _____

Medications I need to take
My medications, their purpose and side effects, have been explained to me

How I might feel and what to do
I might feel _____ What to do _____ Go to Emergency if _____

Changes to my routine
Activity (i.e. dietary, physical) _____ Instruction _____

Appointments I have to go to
Go see _____ for _____ on _____ at _____
Location _____ booked Yes No
Go see _____ for _____ on _____ at _____
Location _____ booked Yes No
Please call your family doctor for follow up and bring this document to your appointment

Where to go for more information
For _____ call/go to _____
For _____ call/go to _____
For _____ call/go to _____

Is NSM LHIN Home and Community Care involved in my care?
 Yes No ☎ 705-721-8010

Tests completed during my stay:
 X-Ray MRI
 Ultrasound CT
 Bloodwork ECG
 Other: _____

Patient Signature
Reviewed by: _____

04-090-2017
17034
"Test Document"

FHT involved in initial design and how to store

Tell and on form to take with to FD appointment - helpful

"It will be used to make follow up appointments and brought to my family doctor appointment"

"The form was very helpful in prompting my memory or appointments and what to expect now that I am home."

Discussion

1. What factors (patient, organizational, system) impact the ability for PODS to be useful for improving follow up with primary care?
For usefulness of PODS at the follow up appointment?
2. What would you want to ask hospitals implementing PODS about their integration with primary care via PODS?

1. How can PODS be used to engage patients in a conversation about self-management after discharge at their follow up appointment?
2. How can PODS be used to engage patients in care discussion prior to a hospitalization?
3. What is the best way to inform/send PODS info to primary care?

CONTACT

Shoshana.Hahn-Goldberg@uhn.ca