Improving Discharge Instructions with Technology

Sandra Thompson, CHPQ, CPHRM, CHEP, HACP, CSHA
Administrator – Quality/Risk/Compliance
Laurens County Health Care System
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- Not for profit; Clinton, SC
- 76 beds, serves population of 66,528
- Annual patient discharges: 2809
- Annual outpatient visits: 37,710
- Annual ED visits: 26,654
- Payer mix:
  - Medicare: 62%
  - Medicaid: 17%
  - Commercial: 5%
  - Blue Cross: 7%
  - Self-Pay: 9%
The Challenge: Patient Communication & Understanding

• “Patients who understand their discharge instructions are 30% less likely to be readmitted to the hospital or visit the emergency department.”
  
  • B.W. Jack et al, Annals of Internal medicine 150, 1780187 (2009)

Improved Patient Experience

Improved Patient Understanding

Improved Patient Compliance

Improved Patient Outcomes

Reduced Readmissions
The Challenge: Patient Communication & Understanding

• Teaching patients at discharge can be challenging
  • Patients are ready to go home and may not listen to discharge instructions
  • Patients may not fully understand and may not be comfortable asking questions
  • The patient’s family or primary caregiver may not be present
  • May not be aware patient to be discharged until PM physician rounds – “Send ‘em home”
  • Too much information given – high-level “medicalese”
The Imperative: Greater Focus on Readmissions

- Value-Based Purchasing “payment incentives”
  - LCHCS was not penalized for FY2012 for excess readmissions
  - Composite Risk-Standardized Readmission Rate (RSRR) = 15.8%*
    - State RSRR = 16.2%*
    - U.S. National Crude Rate = 16.8%*
    - U.S. Top 10% Rate = 16.7%*
    - U.S. Average Rate = 18.5%*
    - U.S. Rank July 2012 = 63 of 4232**
    - State Rank July 2012 = 2 of 61**

* Source: CMS Dry Run Report, Data Period January-December 2010
**Source: SCHA Readmission Rates Analysis, Medicare 30-Day Rates – Performance Trends
The Imperative: Greater Focus on Readmissions

• 3 new HCAHPS questions 1/1/2013:
  • During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left.
  • When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
  • When I left the hospital, I clearly understood the purpose for taking each of my medications.

• Questions related to discharge included since inception:
  • During this hospital stay, did doctors, nurses, or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
  • During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
Patient-Centered Communications Standards

**PC.02.01.21:** the hospital effectively communicates with patients when providing care, treatment, and services.

**EP1:** The hospital identifies the patient’s oral and written communication needs, including the patient’s preferred language for discussing health care. *Note:* Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

**EP2:** The hospital communicates with the patient during the provision of care, treatment, and services *in a manner that meets the patient’s oral and written communication needs.*

- Must *facilitate the exchange of information* w/patient during care process
- Promote two-way communication between patient and his/her providers in manner *that meets patient’s needs*
- Patients w/communication problems are at an increased risk of experiencing preventable adverse events *
- Patients w/limited English proficiency are more likely to experience adverse events than English speaking patients**


Good – But Not Good Enough!

- Participating in SCHA/CCME PART initiative
- Ambulatory Task Force assembled
  - Hospital, Nursing Homes, DME, Home Health, School of Pharmacy, Assisted Living, Transportation Providers, Senior Options, Community-Based Physicians
- Focus: Decrease readmissions, improve patient understanding of treatment plans, improve compliance, reduce cost to patient & facilities, meet **Triple Aim**
So What Do We Do?

• Received a “gift from the ethernet”:

From: Shanna Hearon <Shanna.Hearon@lchs.org>
Date: July 3, 2012 8:15:29 AM EDT
To: Sandra Thompson <SThompson@lchs.org>
Subject: AHA Webinar Highlights Solution to Improve Patient Discharge Communication

Sandra,

More than 430 healthcare professionals participated in the "Improving Discharge Communication and Compliance" webinar hosted by AHA Solutions on June 26.

The event put the spotlight on Cullman Regional Medical Center (CRMC) in Alabama and Saint Joseph’s Hospital of Atlanta and how each facility is using_____________ to improve patient experience, outcomes, and satisfaction.

The hospitals reported these outcomes and more during the webinar.

- 7 percentage point reduction in readmissions when __________ is used

- 74% and 58.8% increases in HCAHPS scores for the question related to hospital staff discussing help needed after discharge

- 56.9% and 40% increases in HCAHPS for communication about symptoms to look for after discharge

For more information about ____________or to request a demo, click here.

Thank you,
A New Communication Solution

• Discharge sessions captured with Apple iPod devices
• HIPAA Compliant:
  • Data travels securely over SSL
  • Requires secure login credentials
• iPods act as a capture and send device
• Information does not reside on the device
• Does not sync with iTunes or personal computers
How Does It Work?

- Instructions can be accessed by patient/families/support individuals by landline, smart phone, or computer
- Patients are given access to a secure website, toll-free phone number, and a unique ID to retrieve their instructions
- Patients can also receive a text and/or email with a notification and link to their instructions
- Patients, family members, or another caregiver can access the instructions 24/7 for up to 90 days post-discharge
  - Facility determines the length of time that the information will be retained
How Does It Work?

• Educational documents and videos are easily added and attached to the patient discharge information
• Solution is easy to use, understand, and implement
• New process does not increase discharge time
LCHCS Implementation

- LCHCS identified our Stepdown unit and Ambulatory Surgery as the first to go live and pilot test
- Standardized templates in development for nursing to follow when discharging
- Two iPods purchased for each unit – one for use and one as a “spare”
- Vocera will be on-site for initial education
- Discharge instructions will be retained for 90 days
- Each patient gets a refrigerator magnet at discharge with LCHCS logo, company logo, and PIN # written in
- Potential to share discharge instructions with family, skilled nursing facilities, home health agencies, etc. – same information across the continuum
Goals of the Project

• Nurses will be more accountable for discharge teaching
• Patients will be more alert and pay more attention to discharge instructions
  • “Information is important enough to be recorded, it MUST be important for me”
• Increased feedback for staff
  • Leadership will audit recordings & provide feedback – praise or teaching as needed
• Patients will access the recordings
  • Retrieval of instructions by patients/others will be monitored
  • Patients will receive a follow-up call to ask how communication could be improved if noted that instructions were listened to multiple times
• Improved nurse satisfaction, improved patient satisfaction
Metrics to Review

- HCAHPS measures – do scores increase? (*Process*)
- Patient satisfaction – do raw scores/percentile rankings increase? (*Process*)
- Likelihood of recommending the hospital score increased? (*Process*)
- Do readmission rates decrease? (*Outcomes*)
- Rate of access to instructions per 100 discharges (*Process*)
- Better patient experience:
  - Does hearing the recording improve understanding?
  - Were they pleased that the recording was available?
Blend Technology and Best Practice!

- **The Hawthorne Effect** encourages listening and shared understanding.
- **Spaced repetition** improves patient recall and understanding.
- **Teach back** gauges patient and/or family understanding and is “an essential ‘safe practice’ to improve healthcare” outcomes — *National Quality Forum*
Questions?

Contact Info:
Sandra Thompson
sthompson@lchcs.org
864-833-9145 (O)
864-684-3063 (C)