WHAT WAS THE CHALLENGE, OPPORTUNITY OR ISSUE FACED?
The period following discharge from a hospital is a vulnerable time for patients. This transition has been found to be a driver for adverse events and readmission to hospital, which is even more pronounced for patients with language barriers or low health literacy, particularly in ethnically diverse communities such as Toronto where over 60% speak languages other than English or French at home.

The purpose of the PODS project was to work with patients, caregivers and providers to understand the patient experience at discharge and redesign the way in which information is communicated in order to create and evaluate PODS.

WHAT DID YOU DO TO ADDRESS IT?
Overall a wide range of participants were involved, including 56 patients and caregivers, 30 health-care personnel, 7 patient education professionals and 8 designers.

Key methods of obtaining patient input included enlisting a patient member to the project team; using a ‘cultural probe[i]’ by giving patients a journal and camera to document their time at home after discharge; holding an inter-professional design event where teams of patients, healthcare providers, and designers worked together to create draft PODS; and holding focus groups to elicit feedback on the first version of the PODS prototype to refine the design. In particular, focus groups were held with patients that are generally harder to reach such as Cantonese speaking patients with complete language barriers and patients being treated on the psychiatry unit. Surveys were used to get more general feedback from patients and hospital personnel.

Together with the TC LHIN, we came up with a unique way of spreading it and evaluating how it would work in various healthcare settings – a group of early adopters. Early adopters are defined as people who start using a product or technology as soon as it becomes available. In our case, they were organizations who wanted to provide PODS to their patients. This group of hospitals came together to rapidly prototype PODS in the clinical environment.

OpenLab served as central communication, development of central resources, coordinating a collective evaluation framework and generally supporting all groups with the goal of successful pilot implementation of PODS in a department of each early adopter hospital within three months. One of the central resources developed was a website (http://pods-toolkit.uhnopenlab.ca/), open to all, that housed a version of the PODS tool and central resources developed for and by the early adopter group.

From January through March 2015, each early adopter hospital took PODS and modified it considering their own environment, IT constraints, and their target population of patients. Some organizations have included PODS in their strategic plan for the upcoming year.

The early adopters got together once a month at OpenLab to share and learn from each other. Participants found this helpful. One area where the forum was particularly helpful was spread. When the organizations look to spread the use of the tool to other departments in their organization, they can learn from other organizations who piloted in similar. Additionally, there was one section of the tool that posed barriers to majority of the groups. We were able to come together and create several solutions that would work. Future implementers of PODS will definitely benefit from this experience.

PODS is currently implemented in 8 hospitals across the TC LHIN: University Health Network’s Toronto Rehabilitation Institute (TRI), Mount Sinai Hospital (MSH), Holland Bloorview Kids Rehabilitation Hospital (HBKR), the Hospital for Sick Children (HSC), St. Joseph’s Health Centre (SJHC), Toronto East General (TEGH), St. Michael’s Hospital (SMH), and Bridgepoint Healthcare (BH).

WHAT WERE THE OUTCOMES?
The analysis of the patient experience of discharge revealed four overarching themes: (1) barriers to understanding and following
Implementing Patient Oriented Discharge Summary (PODS) to Improve the Patient Experience

discharge instructions, (2) patients concerns during the discharge period, (3) information patients would like to be given at discharge and (4) the role of family and caregiver. Essential elements to communicate at discharge were:

- Medication instructions
- How I can expect to feel, danger signals and what to do
- When to resume activities and other lifestyle changes
- Follow up appointments including phone numbers
- Resources and pointers to information

Results from the multi-site Pilot

Patient Experience

Patients love the PODS. Patients feel more prepared at discharge and report improvement in discharge teaching. Some of the sites asked additional questions to those shown in the charts below. In particular, patients who were asked are referring to the PODS after they get home. Some sites keep track of phone calls into the department with questions from patients after they are discharged. Preliminary results show that the number of these calls have reduced.

Provider Experience

Overall, providers were very happy with the PODS. Many groups said that it increased consistency and helped guide their discharge teaching. Time to complete the PODS varied widely from site to site, but once the systems were in place, providers did not feel like it added to their workload. Some feel that the PODS helps discharge be more timely and may even reduce LOS in hospital.

ABOUT OPENLAB

OpenLab is a design and innovation shop dedicated to finding creative solutions that transform the way health care is delivered and experienced. Our Experience Lab finds ways to dramatically improve how people experience care. This includes the patient, caregiver and provider experience. The lab uses experience and service design methods to deeply understand and respond to expressed and unexpressed needs of users.

We believe in participatory action projects, where patients are full partners in projects concerning the way they experience care.


ABOUT THE BERYL INSTITUTE

The Beryl Institute is the global community of practice dedicated to improving the patient experience through collaboration and shared knowledge. We define patient experience as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

www.theberylinstitute.org