



Low Intensity Rehab (UT4) Staff Independent Learning

Go-live Date:
Sept. 28, 2017



Learning Objectives

1. Understand the components of Patient-Oriented Discharge Summary (PODS) and the rationale for changing our discharge education process
 - 6 content areas
 - 6 design elements
2. Describe the interprofessional process for completing the PODS form and teaching
3. Identify which form to use for patients who prefer a language other than English
4. Describe aspects of teach back techniques and examples of questions to ask



What is PODS?

The patient-oriented discharge summary (PODS) is a simple tool that arms patients with 5 key pieces of information they need to know in order to effectively manage their health after a hospital discharge:

Signs and symptoms to watch out for

Medication instructions

Appointments

Routine and lifestyle changes

Telephone numbers and info to have handy

PODS was designed with the help of many patients and is being adopted in 8 Toronto-area hospitals.



Why do this?

- 88% of adults over the age of 60 do not have adequate health literacy skills (Rootman and Gordon-El-Bihbety, 2008) and many discharge summaries are written in a way that is difficult to understand.
- Language, cognitive impairment and mental health issues can be barriers to understanding health information.
- Not understanding health information can lead to more ED visits and readmissions.



The Evidence

The PODS was designed with patients and staff, and is being implemented across the province.

The PODS is also designed according to **best practices in patient education** and is designed for limited health literacy.

The PODS also gives consideration to the **cognitive processes** involved in information processing and retention by including white space in the margin for patients to jot down their own notes, which has been found to improve information recall.

PODS

6 DESIGN ELEMENTS:

- 1 Large fonts
- 2 Clear language
- 3 Directed to the patient
- 4 Distinct & easy to follow headings
- 5 Point form
- 6 Whitespace for note taking

_____'s Care Guide

1

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

my own notes

6

2

Medications I need to take

Name	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"/>
		<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:

5

4

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

Where to go for more information

For medication instructions call/go to pharmacist ☎ _____

For _____ call/go to _____ ☎ _____



How it is
working at
other
hospitals.

Patient experience

- Patients find PODS useful and refer to it at home
- Greatest improvement in knowing danger signs to watch out for and what to do
- Phone calls to the hospital unit have been reduced

Health care provider experience

- Discharge is more timely
- Teaching is more consistent
- PODS is a good guide and easy to use
- PODS doesn't involve more work

UT4 Discharge Summary



Patient Discharge Summary

's Care Guide

 *my own notes*

I came to Low Intensity Rehab on and left on

I came in because I



Medications I need to take

My medications, their purpose and side effects have been explained to me ☐

Refer to the Patient Friendly Medication List



How I might feel and what to do

I might feel	What to do	Go to Emergency if:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Symptoms		



Changes to my routine

Getting out of bed/into bed

Getting on and off the toilet

Walking or moving around

Getting dressed

Supports for me in the Community (or when I leave hospital)

Community Care Coordinator

Region & Phone Number

Name (if known)

Services

Agency

Comments

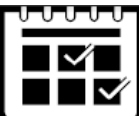
Additional Services

Other Services to Support You

Services

Agency

Comments



Appointments I have to go to

Call your family doctor or nurse practitioner for an appointment by

for follow up and to get a prescription refill

Phone number

Go see

for

on

Location

Phone

☐

Booked

Additional Appointments



Where to go for more information

For information about the supports such as:

- rides to appointments or visits
- exercise groups
- caregiver support
- housekeeping and meals

Call your Community Care Coordinator

UT4 Process

Initiate Document

Any team member opens template in PODS Project Shared Folder (Lotus Link), adds content and saves file in the folder with patient initials as the filename

Write down Date Started on Patient Discharge Process Tracking Sheet



Add Content

Team members add content and checks off when completed. The nurse assigned with the patient the day before discharge checks and ensures that the PODS is complete. Content due by end of day the Day Before Discharge.



Discipline Specific Teaching

Each staff member provides teaching with caregiver present whenever possible and with teach back.

Medications: Pharmacist provides medication teaching using Patient Friendly Medication List and teach back.

Pharmacist will print 2 copies of Medication List, and provide extra page for patient or caregiver to make notes if needed

Pharmacist will highlight new medications or changes to meds. In comment section, write in what it's for and any key side effects

UT4 Process continued

Select Patient Education Resources

Team members may print off other teaching materials from Shared folder

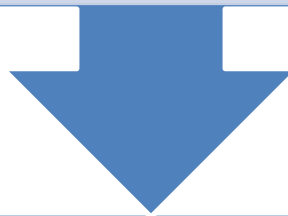


Print Discharge Summary

Nurse on night shift (night before discharge) prints 3 copies of summary (even if incomplete). First minimize Tracking section at the bottom of form (for staff only)

If translation needed, copy and paste information into web translation version and print. Also print "Supports for Me" section from the original document.

Write down Date Printed on Patient Discharge Process Tracking Sheet



Provide Teaching to Patient and Caregiver

On Day of discharge, Nurse provides copy to patient and/or caregiver with a pen for notes. Provide teaching on all content.

Use teach back for content. Invite questions.

Nurse will star in the left margin which medications still need to be taken on the day of discharge.

Write down date that PODS was provided on PODS Tracking Sheet

Patient Discharge Process Tracking

Instruction: For patients to be discharged in the next week, fill in the dates.

[illegible]

Patient Education Resources



HEART FAILURE ZONES



EVERY DAY

EVERY DAY

- Weigh yourself in the morning before breakfast. Write it down. Compare your weight today to your weight yesterday.
- Keep the total amount of fluids you drink to only 6 to 8 glasses each day. (6-8 glasses equals 1500-2000 mL or 48-64 oz)
- Take your medicine exactly how your doctor said.
- Check for swelling in your feet, ankles, legs, and stomach.
- Eat foods that are low in salt or salt-free.
- Balance activity and rest periods.

WHICH ZONE ARE YOU IN TODAY?

GREEN SAFE ZONE

ALL CLEAR - This zone is your goal!

Your symptoms are under control. You have:

- No shortness of breath.
- No chest discomfort, pressure, or pain.
- No swelling or increase in swelling of your feet, ankles, legs, or stomach.
- No weight gain of more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week.

YELLOW CAUTION ZONE

CAUTION - This zone is a warning

Call your Health Care provider (eg. Doctor, nurse) if you have any of the following:

- You gain more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week.
- You have vomiting and/or diarrhea that lasts more than two days.
- You feel more short of breath than usual.
- You have increased swelling in your feet, ankles, legs, or stomach.
- You have a dry hacking cough.
- You feel more tired and don't have the energy to do daily activities.
- You feel lightheaded or dizzy, and this is new for you.
- You feel uneasy, like something does not feel right.
- You find it harder for you to breathe when you are lying down.
- You find it easier to sleep by sitting up.

RED DANGER ZONE

EMERGENCY - This zone is a warning

Go to emergency room or call 911 if you have any of the following:

- You are struggling to breathe.
- Your shortness of breath does not improve.
- You have a fast heartbeat that does not improve.
- You have chest pain that does not improve.
- You are having trouble thinking.
- You have fainted.

The Heart and Stroke experts at British Columbia

Asthma Action Plan (Sample)

Name: _____ Hospital/Emergency Room Phone Number: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Date: _____

This Action Plan is a guide only. Always see a doctor if you are unsure what to do.

Green Zone - I have symptom-free asthma

I have no symptoms:

- I have no cough, wheeze, chest tightness or shortness of breath
- I do not cough or wheeze when I exercise or sleep
- I can do all my usual activities
- I do not need to take days off work

Yellow Zone - I have asthma symptoms

■ I cough, wheeze, have chest tightness or shortness of breath during the day, when I exercise, or sleep

■ I feel like I am getting a cold or the flu

■ I need to use my reliever inhaler more than three times a week for my asthma symptom

Red Zone - I am in danger and need help

Any of the following:

- I have been in the Yellow Zone for 24 hours
- My asthma symptoms are getting worse
- My reliever does not seem to be helping
- I can not do any type of activity
- I am having trouble walking or talking
- I feel faint or dizzy
- I have blue lips or fingertips
- I am frightened
- This attack came on suddenly

To remain symptom-free, I need to take these controller medications every day

Medication	How much to take	When to take it

I need to either increase my controller medication, or add on a different controller

First Take _____ 2 puffs, every _____ hours, as needed.

Second Increase _____ to _____ day, for _____ days, or until you are back in the green zone.

If no improvement in _____ hours, call or visit your Doctor.

Go directly to the nearest Emergency Room of your local hospital

First This is an emergency. Dial 911.

Second While waiting for the ambulance, take _____ 2 puffs of _____ (Reliever Inhaler) every 10 minutes.

My COPD Action Plan _____ Date _____

Patient's Copy _____ (Patient's Name)

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

My support contacts are _____ (Name & Phone Number) and _____ (Name & Phone Number)

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for at least 2 days. Yes <input type="checkbox"/> No <input type="checkbox"/>	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____	More short of breath than usual for at least 2 days. Yes <input type="checkbox"/> No <input type="checkbox"/>	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.
My Actions	Stay Well I use my daily puffers as directed. If I am on oxygen, I use _____ L/min.	Take Action If I checked "Yes" above, I use my COPD flare-up. I use my daily more short of breath take _____ puffs maximum of _____. I use my breath methods as taught to save energy. If I am on oxygen from _____ L/min	Call For Help

Notes: _____



Managing your blood glucose when you're ill

When you are sick, your blood glucose levels may fluctuate and be unpredictable. During these times, it is a good idea to check your blood glucose levels more often than usual (for example, every two to four hours). It is also very important that you continue to take your diabetes medication. If you have a cold or flu and are considering using a cold remedy or cough syrup, ask your pharmacist to help you make a good choice. Many cold remedies and cough syrups contain sugar, so try to pick sugar-free products.

When you are sick, it is VERY IMPORTANT that you:

- drink plenty of extra sugar-free fluids or water; try to avoid coffee, tea and colas, as they contain caffeine, which may cause you to lose more fluids.
- replace solid food with fluids that contain glucose if you can't eat according to your usual meal plan;
- try to consume 15 grams of carbohydrate every hour;
- if you are not able to follow your usual meal plan
- call your doctor or go to an emergency room if you vomit and/or have had diarrhea two times or more in four hours; and
- if you are on insulin, be sure to continue taking it while you are sick. Check with your healthcare team about guidelines for insulin adjustment or medication changes during an illness.

Recommended blood glucose targets for most people with diabetes*

Your target may not be the same as the examples in this blood sugar levels chart. Yours should be specific to you.

	A1C**	Fasting blood glucose/ blood glucose before meals (mmol/L)	Blood glucose two hours after eating (mmol/L)
Target for most people with diabetes	7.0% or less	4.0 to 7.0	5.0 to 10.0 (5.0 - 8.0 if A1C** targets not being met)

* This information is based on the Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada and is a guide.

** A1C is a measurement of your average blood glucose control for the last 2 - 3 months and approximately 50% of the value comes from the last 30 days.

Talk to your healthcare provider about YOUR blood glucose target ranges.

You should have your A1C measured every 3 months, when your blood glucose targets are not being met or when you are making changes to your diabetes management.

A1C, before meal and after meal blood glucose levels are all important measurements of your diabetes control.

Across the country, the Canadian Diabetes Association is leading the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure. Our community-based network of supporters help us provide education and services to people living with diabetes, advocate for our cause, break ground towards a cure and translate research into practical applications.

*This document reflects the 2013 Canadian Diabetes Association Clinical Practice Guidelines. ©2013 Copyright

Related articles: Low and High: Blood glucose levels



diabetes.ca | 1-800 BANTING



Language Barriers



Tech tip for Copy & Paste

Hold left mouse button down, drag across text you want to copy, right click to see action choices, left click to pick Copy.

Move mouse to where you want the text to go, left click, then and the right mouse click to see action choices and left mouse click to pick Paste.

- 1) Ask all patients about their **preferred language at admission** (and record in MDS data sheet)
- 2) Use the **online version** to change headings into one of 15 languages
(Note: The Supports After Discharge section is not part of the online version)
<http://pods-toolkit.uhnopenlab.ca/form/>
 - Copy and paste the completed regular version (from shared folder) into the web translation version on the night shift (Print web version)
 - Print 'Supports for Me in the Community' page from original version
- 3) If there is a language barrier, use a medical interpreter whenever possible, avoiding the use of family and friends.
- 4) When speaking, ask one question at a time and speak slowly

Language Translations Available

PODS Languages

★ Portuguese

★ Spanish

Russian

Hungarian

★ Polish

★ Chinese

★ Arabic

Bengali

Tamil

Urdu

★ Vietnamese


Italian

Tagalog

Korean


French

Sample Portuguese Version



Medicamentos que preciso de tomar:

My medications, their purpose and side effects, have been explained to me ☐



O que poderei sentir e o que devo fazer

I might feel :

1


What to do :

1

Go to Emergency if :

1

Add



Mudanças na minha rotina:


Activity (e.g. dietary, physical)

1

Instruction

1

Add




Consultas marcadas:

1 **Go see**


Location

for

 **Phone Number**

on **at**


booked ☐



Onde dirigir-me para obter mais informação:

1 **For**

call/go to

 **Phone Number**

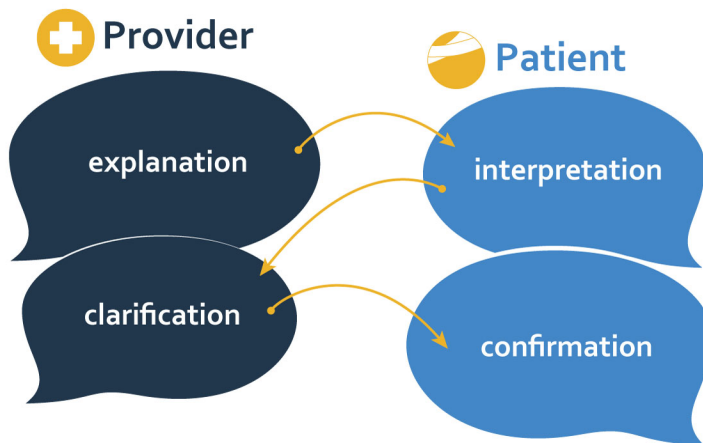
Other Discharge Situations

Sudden discharge

- Primary contact to complete as able and ask team members for input.
- Nurse to print and provide teaching.

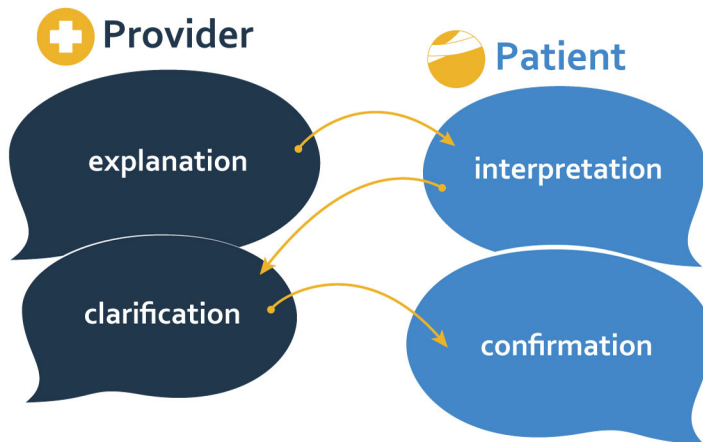
Discharge to another facility

- PODS is not required



1. Deliver the PODS in the presence of family or caregiver.
2. Screen for limited health literacy by asking, ‘how confident are you in filling out medical forms by yourself?’
3. Use simple language.

Common Instruction	Plain Language Version
Take this medication 4times a day	Take this pill with breakfast, lunch, and dinner, and at bedtime
Go see your primarycaregiver within the next seven days	You need to have an appointment with a doctor who knows you by next Monday



4. Use teachback

5. Encourage questions.

- **Solicit** questions: “What questions do you still have?”, “That was a lot of information. What do I need to go over again?”, “Did you get a chance to ask all your questions?”
- **Avoid** asking, “Do you Understand?” or “Do you have any questions?” This often leads to a quick “no,” even if they do have questions.

About Teach Back

- It can also be called the “show me” method.
- Teach-back is an evidence based approach used to ask patients to repeat in their own words what they need to know or do using a non-shaming approach (Tamura-Lis, 2013).
- It is a way to make sure the health care provider explained information clearly.
- It is not a test or a quiz for the patient.



Elements of Teach Back

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language.
- Ask the patient to explain back, *using their own words*.
- Use non-shaming, open-ended questions.
 - What questions do you have for me?
 - I want to make sure that I explained your new medication clearly. Can you tell me what your medication does and when you should take it?
 - What are you going to do when you get home?
 - How would you explain this to your spouse/family/friend?
 - Can you tell me in your own words, what is our plan?
- Emphasize that the responsibility to explain clearly is on the health care provider.
- If the patient is not able to teach back correctly, explain again and re-check.

Ask the patient to explain it back to you

“What will you tell your husband about the changes we made to your medicines while you were here?”

“I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?”

Do **not** ask yes/no questions, such as:

- “Do you understand?”
- “Do you have any questions?”

“We’ve gone over a lot of information and several things you can do to get more exercise in your day. In your own words, can you go over what we talked about. How will you make it work at home?”

Thanks for reading this module!

1. Please complete this 1 minute quiz
<https://www.surveymonkey.com/r/WZ967D7>
2. Check the sign-in book for which day you will have an demonstration of how to complete the electronic PODS form in the Lotus Link Shared Folder
3. Implementation Date is September 28th for Discharges starting September 29th