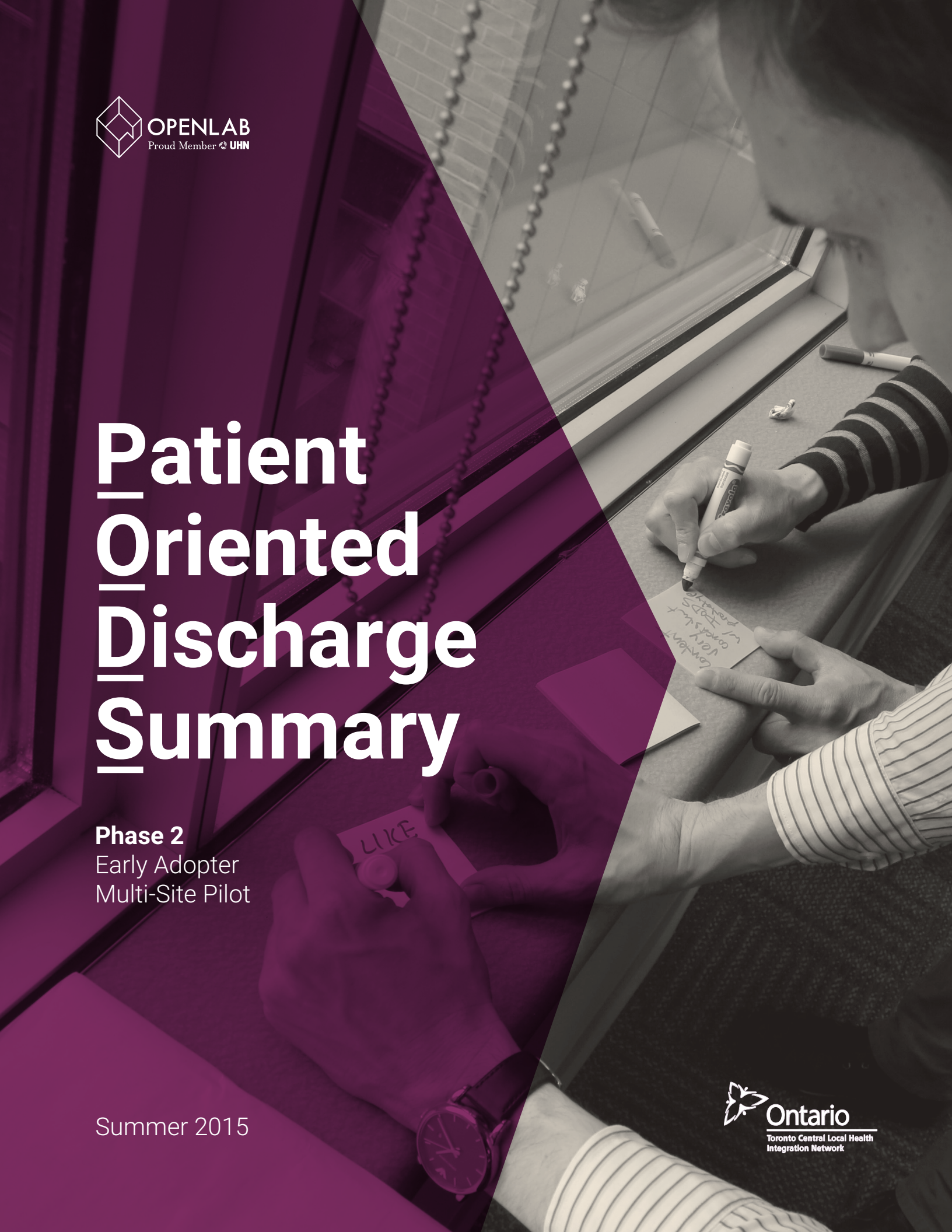

OPENLAB
Proud Member UHN

Patient Oriented Discharge Summary

Phase 2
Early Adopter
Multi-Site Pilot

Summer 2015

Ontario
Toronto Central Local Health Integration Network

PODS

PATIENT ORIENTED DISCHARGE SUMMARY

PODS is an innovative discharge summary designed with and for patients and caregivers with relevant and actionable information for them to have at discharge.
http://pods-toolkit.uhnopenlab.ca/

OPENLAB

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OpenLab is a design and innovation shop dedicated to finding creative solutions that transform the way health care is delivered and experienced.

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Abbreviations

ABI	Acquired Brain Injury
BH	Bridgepoint Healthcare
BMT	Blood and Marrow Transplant
Cardio	Cardiology
CCAC	Community Care Access Centre
CEO	Chief Executive Officer
CHF	Chronic Heart Failure
COPD	Chronic Obstructive Pulmonary Disease
DIPS	EHR documentation system from Norway (Used at BH)
EHR	Electronic Health Record
HBKR	Holland Bloorview Kids Rehabilitation hospital
HQT	Health Quality Transformation (annual conference by Health Quality Ontario)
HSC	Hospital for Sick Children
MSH	Mount Sinai Hospital
PDSA	Plan Do Study Act
PODS	Patient Oriented Discharge Summary
Q&A	Questions and Answers
SCI	Spinal Cord Injury
SJHC	St. Joseph`s Health Centre
SMH	St. Michael`s Hospital
SMS4SCI	Self-Management Support for Spinal Cord Injury
SODR	Specialized Orthopedic and Developmental Rehabilitation
TC LHIN	Toronto Central Local Health Integration Network
TEGH	Toronto East General Hospital
TRI	Toronto Rehabilitation Institute
UHN	University Health Network

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Overview

Early Adopter meeting. March, 2015.

Poor communication of information with patients and caregivers before hospital discharge can lead to a negative experience, confusion at home and potential for adverse events and avoidable hospital visits. This has been an issue in the Toronto Central Local Health Integration Network (TC LHIN) hospitals, spurring the TC LHIN to fund the Patient Oriented Discharge Summary (PODS) project.

In 2014, OpenLab worked with patients, caregivers and providers to co-design a simple tool, PODS (download report that describes the development of PODS here: http://pods-toolkit.uhnopenlab.ca/pods-external-report/) with the vision that one day, all patients leaving hospital would consistently receive five key pieces of information (medications I need to take, how I might feel and what to do, changes to my routine, appointments I need to go to, and where to go for more information), communicated in an easy-to-understand manner.

From January through March 2015, a group of early adopter hospitals in the TC LHIN was identified. They worked together with OpenLab to implement PODS in selected departments, representing a cross-section of patient populations and

hospitals including acute care, academic, community, surgery, rehabilitation, and pediatrics.

The hospitals in the early adopter group included: University Health Network's Toronto Rehabilitation Institute (TRI), Mount Sinai Hospital (MSH), Holland Bloorview Kids Rehabilitation Hospital (HBKR), Hospital for Sick Children (HSC), St. Joseph's Health Centre (SJHC), Toronto East General (TEGH), St. Michael's Hospital (SMH), and Bridgepoint Healthcare (BH).

Rapid PDSA cycles were used to implement and refine PODS at each site. Many sites involved patients throughout this process. Before each monthly meeting of the early adopters, a survey was sent by OpenLab to collect barriers faced and strategies used to share with the group. Measures of the process, patient experience, and provider experience were collected pre- and post-implementation using structured surveys. PODS went live at all sites but one by April 1, 2015. SMH was the one site that did not go live because they were tasked with incorporating PODS fully into the electronic standardized discharge process. The first department went live at SMH in July 2015.

In the first month post-implementation, over 200 patients across the TC LHIN received PODS. Results from early adopters show marked improvements in patient experience, with minimal burden on providers. PODS and related resources are now freely available under Creative Commons for anyone to use, modify and improve upon.

PODS has been shown to work in different environments: acute care, rehab, surgery, and pediatrics. PODS was able to fit into the current discharge processes and result in improved patient and provider experience. The early adopter organizations expressed that each population of patients is unique and that through this process, PODS will be more sustainable because it was adapted to meet patient needs. Some organizations have included PODS in their strategic plan for the upcoming year. We have also seen interest in PODS from other organizations.

This report provides details of the early adopter process, the centralized tools developed to support PODS implementation, implementation at early adopter sites, results of patient and provider experience implementing the PODS, lessons learned, and future direction.

The Early Adopter Process

Early Adopter meeting. March, 2015.

How does one go about spreading an innovation?

The PODS is a discharge instruction tool created by patients, caregivers, health-care providers and design experts. The PODS provides a written template for providers to engage patients and caregivers when reviewing important discharge instructions on medications, activity and diet restrictions, follow-up appointments and worrisome symptoms warranting emergency care (see Appendix A). The PODS also uses plain and simple wording, large fonts, pictograms, and includes white space for patients to take notes and provides the option for translation of major headings into the most common spoken languages. We knew that patients and providers liked PODS and we knew it was important. It was refined to the point where it could be tested in the clinical environment. 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.

The steps of the early adopter process were as follows:

1. Identifying Participants
2. Mutual Commitment
3. Design and Prototyping
4. Identifying Barriers and Sharing Strategies
5. Centralized Tools
6. Evaluation

IDENTIFYING PARTICIPANTS

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.

Once the plan for developing a team of early adopter sites was decided, the plan for the first phase of PODS was presented at the TC LHIN to HealthLinks leads, hospital CEOs, and at Health Quality Transformation (HQT) 2014. From that process hospitals self-identified through stating their interest as early adopter sites. Many of these hospitals were already working to improve the discharge experience for patients and often had other initiatives underway that aligned well with PODS. Those sites were able to fit the PODS implementation into ongoing initiatives and existing project teams.

MUTUAL COMMITMENT

All organizations that self-identified as potential early adopters were brought together to discuss the process and the commitment required. OpenLab prepared a package that outlined the requirements and timelines. Interested hospitals had to complete the package and return it two weeks in order to join the early adopters group.

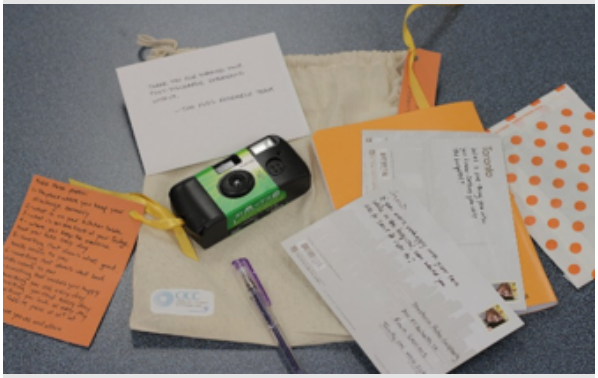
Each group had to provide their rationale for wanting to be an early adopter, a senior management champion, a project lead, an identified department where PODS would be piloted, a general outline of how PODS would be implemented, and information about their current discharge processes in that department.

OpenLab served as the coordinating centre, developing central resources, coordinating a collective evaluation framework and generally supporting all groups.

The TC LHIN provided monetary support for each early adopter site to kick start the pilot; however, early adopter sites would need to find ways to support the initiative past the pilot phase.

DESIGN AND PROTOTYPING

The early adopter group was finalized in December 2014 with the goal of successful pilot implementation of PODS in a department of each early adopter hospital within three months (March 31 2015) – a tall order. The short time frame (3 months)



Cultural Probe Kit.

to implement motivated the group to get a large amount of work done very quickly. Organizations were forced into very rapid implementation cycles. Many include patients throughout this process. 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 in select departments.

Early Adopter meeting. April, 2015.

IDENTIFYING BARRIERS AND SHARING STRATEGIES

Too often, communication between healthcare organizations is lacking, and innovations being developed and trialed in one place, are not shared across the board. The early adopter model attempts to combat that by collaborating early and sharing learnings within the group and with the community as a whole.

The early adopters got together once a month at OpenLab to share and learn from each other. Each month, OpenLab created a survey of 10 questions that was filled out by project leads prior to the monthly meeting. Questions focused on the process of implementing PODS, barriers, and strategies. Survey results were disseminated to the early adopter group in preparation for each meeting.
Participants found this helpful. One area where the forum was particularly helpful was with respect to "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 areas. Additionally, there was one section of the tool that posed barriers to the 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.

CENTRALIZED TOOLS

Tools needed to support the implementation at the early adopter sites were created by OpenLab with input from the early adopter teams. Tools included a dynamic version of the PODS form available in multiple languages, posters, pamphlets, training materials, and tip sheets. One of the

central resources developed was a website, open to all, that housed a version of the PODS tool and central resources developed for and by the early adopter group.

EVALUATION

Process, patient experience, and provider experience feedback was collected pre- and post-implementation using structured surveys.

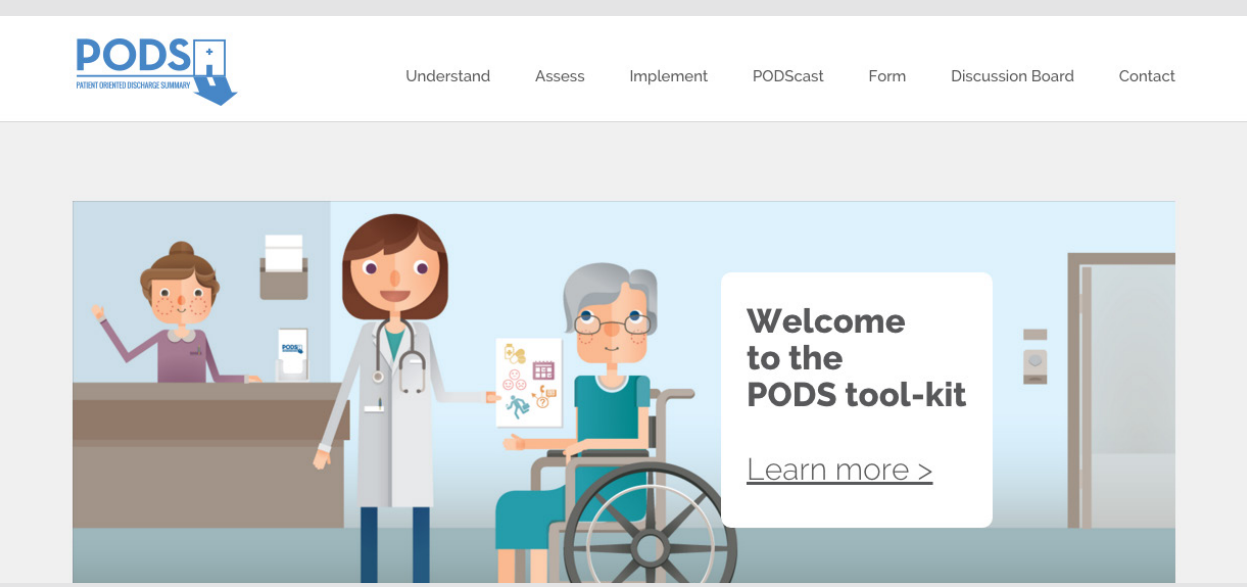
To ensure baseline data related to patient experience, each site continued asking questions to patients that they were using before joining the project.

Co-design event. February, 2014.

Results were collected through the monthly early adopter surveys and through surveys at each site given to patients who had received a PODS and providers who had completed and delivered PODS.

The various early adopter organizations expressed that each population of patients is unique and that through this process, PODS will be more sustainable because it was adapted to meet patient needs. Participants benefitted from having central resources on hand. Some organizations have included PODS in their 2015/16 strategic plan.

Centralized Tools



PODS website.

The PODS website - http://pods-toolkit.uhnopenlab.ca/ contains information about the project and many tools to support PODS implementation. The site also includes a PODScast section with project updates, news, and a dynamic PODS form available with headings in 15 languages.

In particular, the list of tools available on the website are:

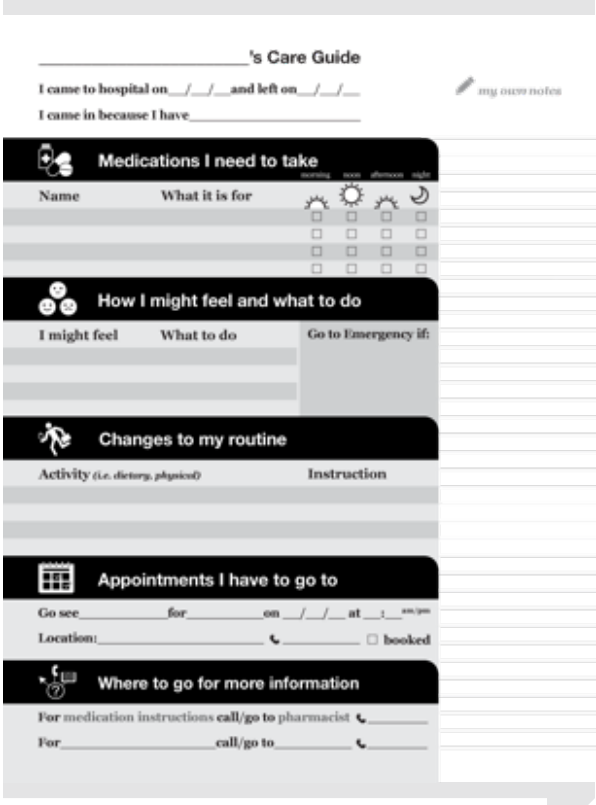
- Background about the design of PODS and Q&A.
- A form that can be used to evaluate current discharge information provided to patients.
- A pamphlet geared towards providers.
- A pamphlet geared towards patients.
- A poster geared towards adult patients.
- A poster geared towards pediatric hospitals.
- An animated version of the poster for posting on electronic screens or social media.
- A slide deck for training staff.
- A report describing the rational and design of PODS.
- How to fill out PODS with content patients can understand: A guide for providers.
- How to deliver PODS in a way patients can understand: A guide for providers.
- Language barriers: A guide for providers.
- Language barriers: A guide for patients.

- Health literacy: A guide for providers.
- Health literacy: A guide for patients.
- A scenario showing how language barriers can cause communication to break down.
- Common discharge instructions translated from medical language into language patients can understand.
- A dynamic version of the PODS form available with headings in 15 languages that are commonly spoken in Toronto (English, French, Italian, Chinese, Portuguese, Urdu, Arabic, Bengali, Hungarian, Italian, Korean, Spanish, Tagalog, Tamil, and Vietnamese.

The dynamic PODS form can be customized with the number of lines in each of the five sections:

- Medications I need to take
- How I might feel and what to do
- Changes to my routine
- Appointments I have to go to
- Where to go for more information

Completed, it can be printed or saved as a pdf.



PODS form.

Implementation at Each Site

This section summarizes the implementation and evaluation across all of the sites. Eight hospitals comprised of nine hospital groups made up the early adopter group. The early adopter group contained acute and rehabilitation hospitals, adult and pediatric hospitals, and they implemented PODS in a variety of different patient populations. The hospitals in the early adopter group included: University Health Network's Toronto Rehabilitation Institute (TRI), Mount Sinai Hospital (MSH), Holland Bloorview Kids Rehabilitation Hospital (HBKR), Hospital for Sick Children (HSC), St. Joseph's Health Centre (SJHC), Toronto East General (TEGH), St. Michael's Hospital (SMH), and Bridgepoint Healthcare (BH). PODS went live at all sites but one by April 1, 2015. SMH was the one site that did not go live because they were tasked with incorporating PODS fully into the electronic standardized discharge process. The first department went live at SMH in July 2015. Results from the pilot at SMH are not included in this report.

Table 1, provides a description of the early adopter sites who ran a pilot of PODS by March 31 2015. Information is provided about the department including demographic and other information such as the percent of patients discharged with CCAC support (denoted by CCAC below). Information is also provided about the type of initiatives being implemented pre-PODS, and other information about the current state of the discharge process pre-PODS. U in the table stands for unknown. At TEGH and MSH, the listed percent of patients with language barriers refers to those who clearly specified a language other than English as their preferred language (an estimated 50% of patients are unknown).

Table 1: Description of Early Adopter Sites

	TRI	HSC 4D	SJHC	TEGH	MSH	HBKR	BH	HSC 8B
Department Information								
Dept. Name	SCI	Cardio	COPD	All	Ortho	SODR	ABI	BMT
Surgery (Y)		Y		Y	Y			
Rehab (Y)	Y					Y	Y	
Pediatrics (Y)		Y				Y		Y
Acute Care (Y)		Y	Y	Y	Y			Y
Demographics & Other Characteristics								
Min Age	16	0	50	17	14	0	18	0
Max Age	80+	18	90	114	93	18	90	18
Average Age	65	5	75	60	62	12	50	U
Male (%)	60	50	70	45	40	U	60	50
CCAC (%)	85	30	95	11	11	U	30	95
Language Barriers (%)	30	40	10	6	3	20	30	10
Pre-PODS								
Other discharge initiatives in progress (Y/N)	Y	N	Y	Y	Y	Y	N	Y
Discharge Teaching								
Nurse			Y	Y				
Multi-disciplinary	Y	Y			Y	Y	Y	Y
Discharge Materials								
Binder	Y		Y			Y		
Handouts	Y	Y	Y	Y	Y	Y	Y	Y
Verbal	Y	Y	Y	Y	Y	Y	Y	Y
Patient Centeredness								
Patient Advisors						Y		
Patient Meeting	Y					Y	Y	
Navigator			Y					
Interpreter	Y	Y	Y	Y	Y	Y	Y	Y

The next table, Table 2, summarizes how PODS is implemented at each site. It details how the content compares to the content of the PODS template and guidelines.

- Y indicates that the content in a specific section is used as intended and that enough information is given,
- M indicates a medium level of correlation,
- N denotes that the content is not as intended.

In terms of the medication section, there are three options:

- As in template;
- Refer to other, which means that the medication section is used to refer to another medication list provided to the patient; and
- Subset, which means that the section is used for a subset of the patient's medications.

After content, we detail whether or not the PODS at each site conforms with the design guidelines provided, such as using a large font, plain language, visual symbols, a section where patients can take notes, and providing an appropriate amount of information so as not to over or underwhelm the patient. In terms of language barriers, we note whether the site provides a translated PODS and/or an interpreter is used.

We then look at many aspects of the process used when delivering PODS to the patient.

- Whether a caregiver is present when the PODS is delivered.
- If patients are using the notes section.
- Several aspects that make a discharge process patient centered:
  - whether patient advisors are involved
  - whether the patient is given the PODS at a team meeting
  - if a patient navigator is used
  - whether the design is patient centered (having at least two of a notes section, visual symbols, and large font)
  - whether the language is patient centered (having both plain and an appropriate amount of information)
  - whether the teach back method is used.
- The professional role of the person who fills out the PODS.
- The mode of the PODS.
- Pre-filled information in any or all of the sections.
- If there is a to-do list.

The table finishes with an overall rating of the PODS form. The ratings reflect how well they conform to the guidelines presented with the PODS template, developed in the first phase of the PODS project: http://pods-toolkit.uhnopenlab.ca/pods-external-report/

Table 2: Description of PODS at Each Site

	TRI	HSC 4D	SJHC	TEGH	MSH	HBKR	BH	HSC 8B
Content								
Appts with #s	M	Y	Y	M	Y	M	Y	M
Expected Symptoms	M	Y	Y	N	Y	M	Y	Y
Danger Signals	Y	Y	Y	Y	Y	Y	Y	Y
Lifestyle	Y	Y	Y	Y	Y	M	Y	Y
Resources	Y	Y	M	M	M	M	Y	M
Medications								
As in Template		Y						
Refer to Other	Y		Y	Y		Y	Y	Y
Subset					Y			
Design								
Font	Y	M	Y	N	Y	N	Y	Y
Plain Language	M	Y	Y	Y	M	Y	Y	Y
Visuals	N	Y	Y	N	Y	N	Y	Y
Notes Section	Y	Y	Y	N	Y	N	Y	Y
Amount of Info	Y	Y	Y	Y	Y	N	Y	Y
Language								
Interpreters	Y	Y	Y	Y	Y	Y	Y	Y
Translated		Y						

Table 2: Description of PODS at Each Site (continued)

	TRI	HSC 4D	SJHC	TEGH	MSH	HBKR	BH	HSC 8B
Process								
Caregiver present (%)	88	100	20		80	90	100	100
Pt Notes (%)	75	90	10		5	20	10	100
Patient Centered								
Pt Advisors	Y					Y	Y	
Pt Meeting	Y					Y	Y	
Navigator			Y					
Design	Y	Y	Y		Y		Y	Y
Language	Y	Y	Y	Y	Y		Y	Y
Teach-back		Y	Y			Y		Y
Who Fills Out								
Team	Y						Y	
Nurse				Y	Y	Y		Y
Patient/Family		Y						Y
Pt Navigator			Y					
Mode								
Electronic	Y				Y			
Paper		Y	Y					Y
EHR				Y		Y	Y	
Prefilled Info								
All					Y			Y
Symptoms		Some	Some					
Activities	Some						Some	
Resources	Y	Some	Some				Y	
To-do List	Y	Y					Y	
Ratings (0-5)								
Accessible	4	5	5	3	5	3.5	4	4
Understandable	4.5	5	5	3.5	3.5	4	4.5	4
Usable	4.5	5	5	3.5	3.5	3.5	4	4.5

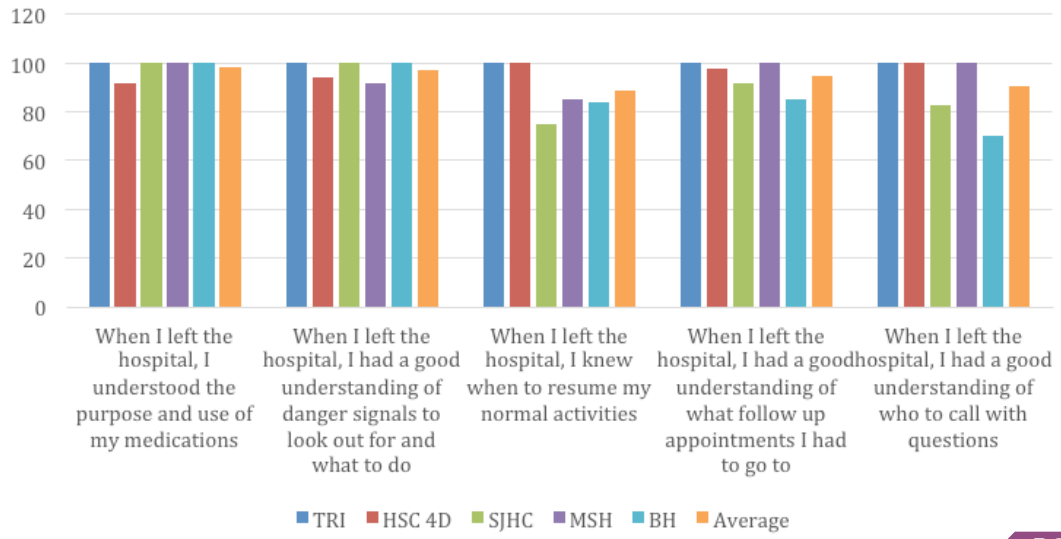
PATIENT EXPERIENCE RESULTS

The next group of tables and figures describe the patient and then provider experience results at the early adopter sites. The majority of the patients loved the PODS. Patients felt more prepared at discharge and reported improvement in discharge teaching. Some of the sites asked additional questions to those shown in the charts below. In particular, when asked, patients stated that they were referring to the PODS after they get home. Some sites kept track of phone calls into the department with questions from patients after discharge. Preliminary results showed that the number of these calls was reduced.

In the first month post-implementation across the 8 early adopter sites, over 200 patients across the TC- LHIN received PODS. Results showed marked improvement in patient experience, with minimal burden on providers. Among patients given PODS, discharge communication experience was overwhelmingly positive across multiple dimensions. The average percent of patients who agreed or strongly agreed to statements regarding understanding their discharge instructions was 92 percent. Please Note that each site asked different patient experience questions, so not all sites could be combined in the summary tables and figures.

The average improvement for the 5 areas pre- and post-PODS implementation ranged from 9.3 to 19.4 percent. It's worth noting that relative to LHIN-wide scores, the early adopters were already good performers. Improvement would likely be higher in hospitals with lower baseline performance.

Figure 1: Patient experience results: % of patients who responded strongly agree or agree.



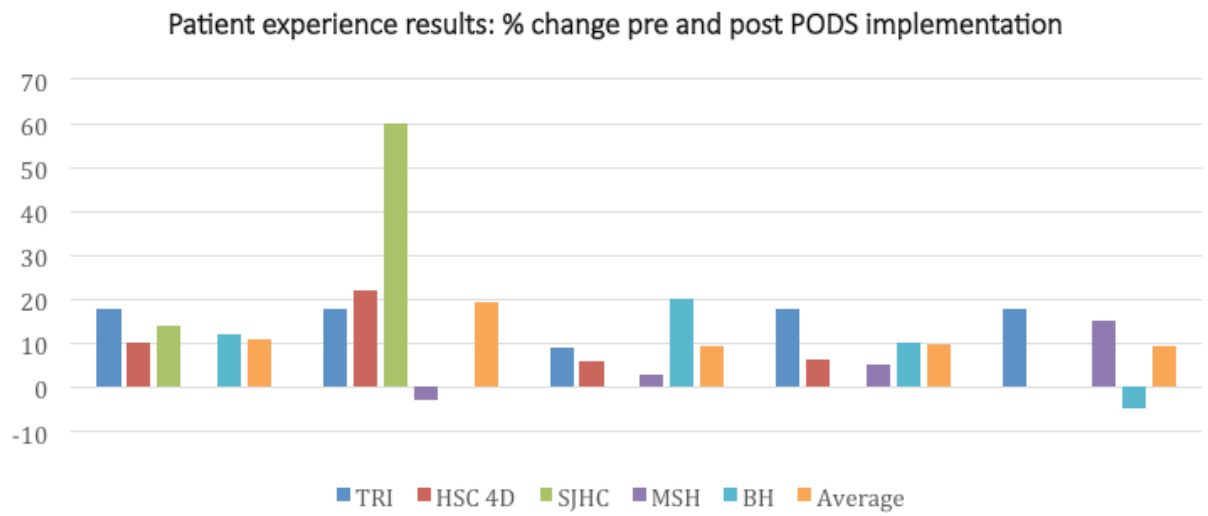


Figure 2: Change in Responses Pre and Post PODS

Table 3: Overall Patient Experience Results

	When I left the hospital, I understood the purpose and use of my medications.	When I left the hospital, I had a good understanding of danger signals to look out for and what to do.	When I left the hospital, I knew when to resume my normal activities.	When I left the hospital, I had a good understanding of what follow up appointments I had to go to.	When I left the hospital, I had a good understanding of who to call with questions.
TRI (n=9)					
% change	18	18	9	18	18
% agree*	100	100	100	100	100
HSC 4D (n~30)					
% change	10	22	6	6.5	Unknown
% agree*	92	94	100	97.5	100
SJHC (n=12)					
% change	14	60	Unknown	Unknown	Unknown
% agree*	100	100	75	92	83
MSH (n=13)					
% change	0	-3	3	5	15
% agree*	100	92	85	100	100
BH (n=12)					
% change	12	0	20	10	-5
% agree*	100	100	84	85	70
Total (n=76)					
% change	10.8	19.4	9.5	9.9	9.3
% agree*	98.4	97.2	88.8	94.9	90.6

* agree includes those who responded agree or strongly agree.

PROVIDER EXPERIENCE RESULTS

One of the early concerns with PODS was potential pushback from clinicians for fear of additional workload. Time to complete the PODS varied widely from site to site, but once the systems were in place, our provider experience surveys indicate that these concerns did not materialize. Results showed that over 90 percent of providers found PODS easy to use and valuable for patients. Over 80 percent felt it did not add to their workload, but rather improved discharge teaching by ensuring consistency and supporting communication with the patient. Some felt that the PODS helped discharge be timelier and might even reduce LOS in hospital.

Table 4: Provider Experience Results

	UHN (TRI)	HSC 4D	SJHC	MSH	HBKR	BH	HSC 8B	TEGH
N	6	12	1	8	11	7	7	2
# of PODS Completed								
1 - 5	6	2	0	8	11	3	6	2
6 - 10	0	8	0	0	0	4	1	0
Over 10	0	2	1	0	0	0	0	0
Profession								
Nurse	0	12	1	8	11	2	6	2
Allied Health	6	0	0	0	0	3	1	0
Physician or Resident	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	2	0	0
Experience Questions								
Was PODS easy to use (%Y)	100	100	100	75	54	100	100	100
Do you think PODS would be helpful to patients (%Y)	100	100	100	Unknown	18	100	100	100
Did PODS add to your workload (%N)	100	83	100	62.5	0	100	100	100
Estimated time to fill and deliver (min)	40	0	2 to 3	8 to 15	19	60	5	10

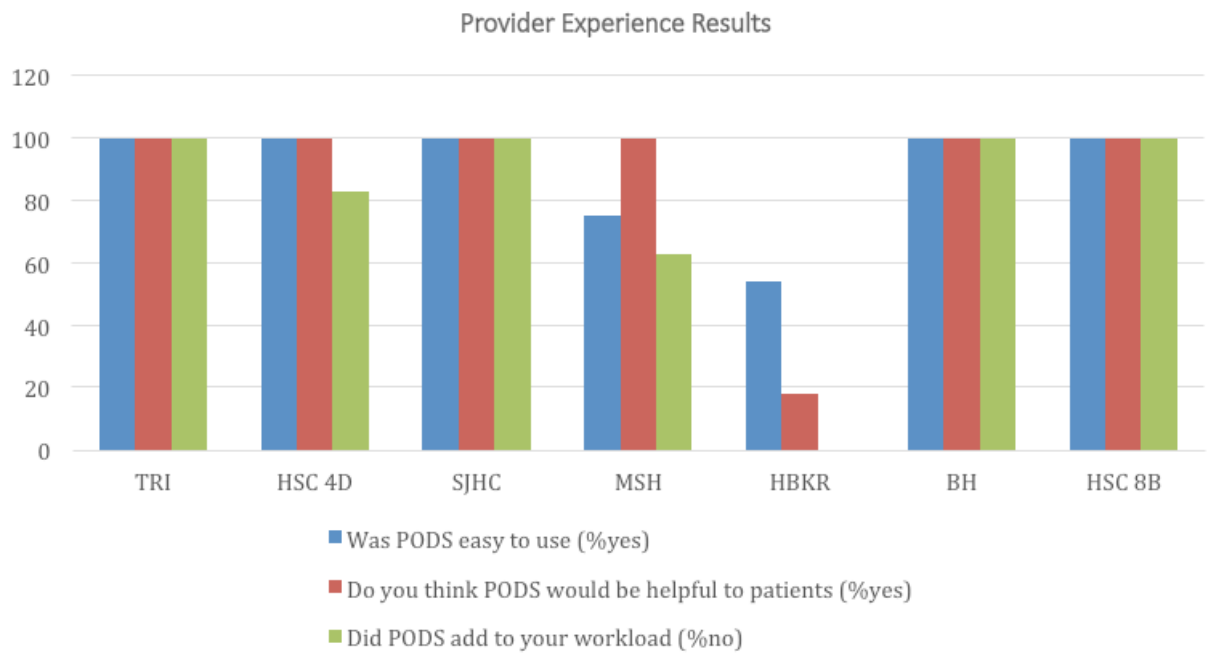


Figure 3: Provider Experience Results

The poor provider results at HBKR after the first month of the PODS pilot implementation reflected the need for further PDSA cycles, which are ongoing. At first nurses were being asked to fill out too much information that required them to consult with other caregivers in order to fill out. Since then, further refinements have been made and the providers are satisfied with the results.

Lessons Learned

Throughout the early adopter process, the sites were able to share barriers and strategies, with many lessons learned. These lessons have been grouped into four sets of guidelines geared towards helping other organizations who would like to implement PODS and improve the patient experience at discharge:

1) WHAT TO HAVE IN PLACE BEFORE IMPLEMENING PODS

- Executive and local buy in is a must.
- Emphasize how PODS organizes and shortens discharge process.
- Understanding each facility's discharge process (areas for improvement e.g. teaching/format, and areas of excellence e.g. good information) – Can PODS assist in the knowledge gaps during discharge teaching?
- Who does the work now and does anybody own it?
- Emphasize PODS as an aid to refer to at home and also to guide discharge teaching. Regardless of who fills it out, the person who delivers it is the one doing the teaching.
- Create a working group with a mix of stakeholders that includes patients. Consider possible barriers or enablers such as technology.
- Find common/repetitive information that can be pre-populated into the PODS.
- Understand workload of healthcare providers that will be implementing the tool and being aware of the pamphlets/tools already available.
- Create awareness/understanding of the purpose of PODS for the healthcare providers and recipients.
- Think about sustainability. Resources needed vary with site and process, but it can be made sustainable and fit into any discharge regimen. We recommend a dedicated staff member to guide design and implementation for three months and a part time staff to transition to a sustainable process for the next three months.
- Provide ongoing feedback to your teams as you implement.

2) PODS CONTENT

I came to hospital because I have

- Keep this section visually separate from other sections.
- Don`t forget to use plain language.

Medications

- At a minimum, referring to another medication list is useful in itself.
- Provide a blank medication chart for patient to fill out if they want (available at http://pods-toolkit.uhnopenlab.ca/implement/)
- Tell patients the purpose of each medication.
- A note of when the last dose was given may be helpful.
- Provide a reminder to pick up prescriptions before discharge.

How I might feel

- Include expected symptoms and those that can be dealt with without going to the ER.
- Include significant signs, symptoms, reactions, and recommended courses of action.
- Keep the ER list separate.
- This section can often be partly pre-filled for certain conditions.

Changes to my routine

- Suggestions for content include:
  - Diet.
  - Exercise.
  - Wearing a medic-alert bracelet.
  - Daily tasks like driving, working, and school.
  - Stopping unhealthy behaviours such as drinking and smoking.

Appointments

- If you can, book appointments for the patient and fill in the date, time, and phone number.
- If not, make it clear that the patient has to book them and provide the phone number.
- Provide phone numbers for all follow up appointments and resources.
- Include a follow up appointment with the family doctor where appropriate

Resources

- Include all types of resources such as:
  - A link to patient education department in the hospital.
  - CCAC contact person.
  - Websites.
  - Community resources.
  - Links to peer support.
- Some resources can be pre-filled based on hospital site or location.

3) SPECIFIC TIPS BY PATIENT POPULATIONS

Adult rehab

- Give the PODS at a team meeting with the patient and caregiver.
- Leave an hour or more for the meeting.
- Be flexible with your meeting time to allow for family members to be present.
- Hold the meeting a few days before discharge.
- Have a peer present at the meeting, if possible.
- For this population, there should be modifications made to the "Changes to my routine" section.
  - Organize by IADLS (instrumental activities of daily living) or other care domains in a list where you can check off and only include those that are relevant.
  - For each IADL note if the patient is independent or they need help. They can use the notes section to note what kind of help they need.
  - Include driving and other key activities that may be relevant for your patient population
  - Diet type and texture may be relevant here as well

Pediatric PODS

- This population likes to use their notes section.
- To save provider time, caregivers can fill out many of the PODS sections themselves.
- Keep track of common questions post-discharge and fill in some sections of the PODS (symptoms and resources) with some pre-set content.

4) INTEGRATING PODS INTO AN EHR

There are several options for integrating PODS into the EHR. One way is to create a new form. Another way is to pull content from other sections into a new form. Either way, once the form content is created, export it into a document that has the visual and design features of the PODS.

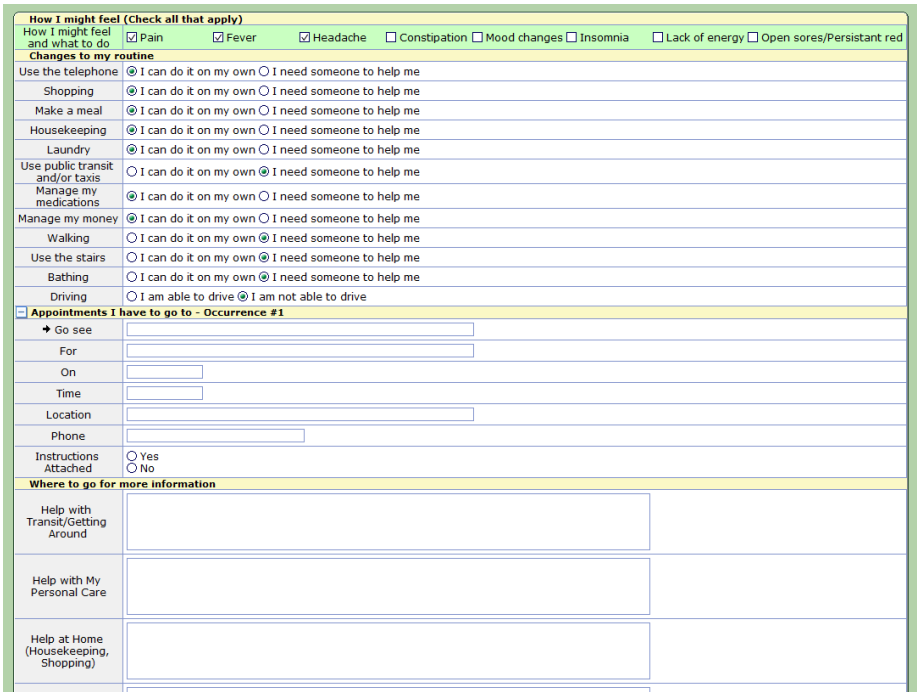
Beware of unanticipated consequences such as drop down lists with "other option". We found that sometimes when a list has almost everything, providers will not fill out an "other" option and instead resort to verbal instructions.

Include brief guidelines for providers on the type of information to put in each section of the PODS.

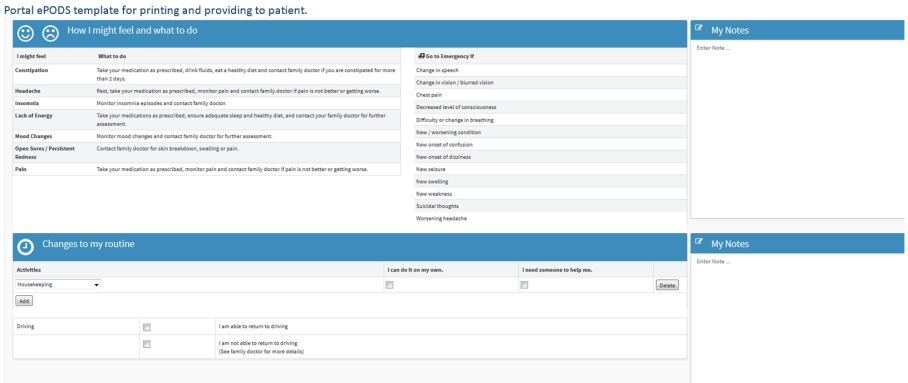
4) INTEGRATING PODS INTO AN EHR - AN EXAMPLE

BH has been successful in implementing a PODS form in their EHR, Meditech. PODS elements are being built in the system and the team will complete the PODS in Meditech. Elements will be exported to DIPS to be printed with PODS graphics and formatting.

EHR screenshot.



Filling out PODS in the system.



PODS exported to DIPS.

Ongoing and Future Work

Work on PODS in still ongoing. Key areas of focus are spreading the PODS, ensuring sustainability of the initiative, evaluating the effect of PODS on outcomes, and creating a patient education component.

PODS REDESIGN

Changes are being implemented based on learnings from the early adopter pilot. Key changes include: Ensuring the mediaction section is sustainable, adding a to-do list, and adding a space for a patient signature.

PODS WEBSITE

In addition to making changes to the dynamic PODS form as described above, other changes will be made to the form to make it more usable including optimizing the way it prints and saves as a pdf. Other changes are also being made to the website including the addition of a discussion board, the addition of the guidelines and lessons learned from the early adopter pilot, and allowing people to register to be notified of updates on the PODScast.

PATIENT EDUCATION

The CCAC will be engaged as partners to develop and pilot test a patient education strategy to educate patients on PODS and information they should be getting at discharge.

PODS EVALUATION

Through the multi-site pilot and a systematic review of patient-centered discharge interventions over the last 20 years, we have identified gaps that need to be evaluated. We are in the process of designing a study to determine the effect of PODS on health and utilization outcomes as well as the level and type of patient engagement required to ensure success. Plans are underway to apply for several grants to support this trial.

PODS MOBILE APP

OpenLab and the PODS team are supporting Dash MD to create a mobile application for patients being discharged from the Emergency Department. The Engage team came together at a healthcare hackathon sponsored by William Osler Health System. This experience birthed Outpatient, an Android application centered

on Emergency Department patient engagement outside the care centre.

We plan to take key lessons from launching a live application at William Osler and the PODS early adopter group, and to create an Outpatient/PODS application for the ED.

KNOWLEDGE TRANSLATION

OpenLab and the PODS team have several avenues planned and underway for spreading information and learnings from the project.

Appendices

APPENDIX A: PODS Samples.

APPENDIX B: Patient testimonials.

APPENDIX C: Images from co-design events and early adopter meetings.

APPENDIX A: PODS SAMPLES

PODS Template (OpenLab)

_____'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

Name	What it is for	morning	noon	afternoon	night
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

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**

Where to go for more information

For medication instructions **call/go to** pharmacist _____

For_____**call/go to**_____ _____

APPENDIX B: PATIENT TESTIMONIALS

About Discharge, Without PODS (obtained during PODS development):

"Given brochures and a follow up 6 weeks away. It was hard to wait." – patient

"My personal experience with family members and discharge instructions over the last 10 years has gone something like this: "call your doctor for an appointment within two weeks" or "these papers explain what to do so read this when you get home." – caregiver

"Patients lose faith in the healthcare system when they are not involved in the discharge planning. Patients would benefit from a 'patient' version of the discharge summary." – patient

"Yes, I too was surprised at how quickly I was discharged from the hospital with very little information and absolutely no follow up." – patient

"We are in crisis mode." – caregiver

"We were given verbal instructions about what we should do in certain situations, for suture care, etc. Printed instructions would have been more helpful because we were exhausted by the end of her stay; thus we were not taking in the verbal instructions very well. "If something is important enough to mention at discharge, it really should also be written down." – caregiver

"Because my family doctor is in Scarborough and I don't live there anymore, I try to look for a family doctor close to my home. It seems difficult to find." – patient

"My son helps me. He comes over and makes sure I take my meds. My daughter-in-law cooks me good food." – patient

"I didn't like my doctor because she didn't explain anything to me." – patient

"I remember feeling overwhelmed, helpless, and frightened. I think it would have been extremely helpful to have some emotional support, encouragement and guidance as part of the discharge process. I expected to be cured, but left with a chronic condition I didn't feel prepared for." - patient

"My feeling is mixed with worry. I was question[ing] myself how is my blood test? I pray the result come out good." – patient

"I was given so little notice (of discharge). I know the team had been planning, but I was not informed of their plans. I need time to prepare mentally and emotionally." – patient

"The only thing that I wish I had known before leaving was exactly who to call under what circumstances" – caregiver

"Make sure you have a couple of doses of new medications (esp. painkillers) when you leave the hospital - you may not get to a pharmacy till the next day. Find out what you are supposed to do if complications arise (other than visit the ER). Can you call a resident on-call? These are just some ideas (learned the hard way)." – caregiver

``What a terrible start to the day. (My husband) has his own agenda of what I should and should not be doing. Here again instructions from the hospital would have been helpful. Cross words have been spoken and I know neither of us is at fault. I seem to cry very easily." - patient

``Since I have been home, I haven't been able to do much. On a scale of 1 being good and 10 being bad, I feel 5. It is fun but boring to be home because I can't do activities like running, skipping, dancing, and swimming. The people who are helping me with my care are my family." – patient

``Saturday my family, my son in law, daughter, granddaughter, and grandson everybody at home. We put the Christmas tree up every one helping to put the decorations. The reason I'm writing this because when I am was sick my family they given me a lot of support and strength." – patient

``May primary caregiver is my husband. He has been amazing! From first recognizing that I needed to go to the hospital then spending a good part of every day with me. He is exhausted physically and emotionally. Today he made me macaroni and cheese for lunch (a big batch to enjoy over the next few days)." – patient

"A discharge form in 'plain English' should be standardized." – patient

About PODS (obtained during both PODS development and the early adopter pilot):

"This is a great piece. You guys are doing an awesome job. This would have saved me so much anxiety and fear of doing something wrong when I was discharged. I didn't want to bother my doctors and went

on a hope and prayer. Even my home care people weren't always sure of what to do. Again this would be a great step forward in easing patients' fears especially senior citizens. GREAT WORK. THANKS FOR CARING." – patient (during PODS development)

"Good! There are phone numbers!" – patient (during early adopter pilot)

"On our last discharge, I made [my] own notes on post-it cards. This is great! Makes it so much easier." – patient (during early adopter pilot)

"Great to have it all on one piece of paper" – caregiver (during early adopter pilot)

"Patients were feeling uninformed and overwhelmed before PODS. Also, patients had memory and attention problems. There were multiple people giving patients papers. Now, it is more cohesive, comprehensive as there is verbal and paper instructions. It is better for caregivers as well. Change was needed. Doctors were not consistent in follow-up instructions and nurses were taking on that role. Appointments used to be given to patients at random. There is now a safety check." – caregiver (during early adopter pilot)

"I like that it told me things that I didn't always get to hear because I wasn't there every day with him." – caregiver (during early adopter pilot)