Self-Care Instructions for Home: Transitioning to a Patient Friendly Form

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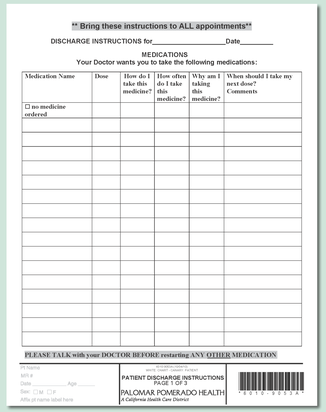
Problem Statement

- The Cardiovascular (CV) Best Practice Team identified that the current CV discharge form did not contain all heart failure core measure elements. The form lacked clarity and principles of health literacy. It was not applicable to all discharged patients.
- Transitioning from hospital to home should provide the patient with tools for self care to prevent readmissions.
- 90 million Americans are unable to understand basic health information.



** Bring these instructions to ALL appointments**

DISCHARGE INSTRUCTIONS for_____Date_____

MEDICATIONS

Your Doctor wants you to take the following medications:

Medication Name	Dose	How do I take this medicine?	How often do I take this medicine?	Why am I taking this medicine?	When should I take my next dose? Comments
☐ no medicine ordered					

PLEASE TALK with your DOCTOR BEFORE restarting ANY OTHER MEDICATION

PATIENT DISCHARGE INSTRUCTIONS PAGE 1 OF 3

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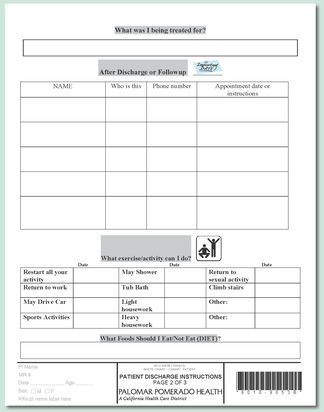

What was I being treated for?

After Discharge or Follow up

NAME	Who is this	Phone number	Appointment date or instructions

What exercise/activity can I do?

	Date		Date		Date
Restart all your activity		May Shower		Return to sexual activity	
Return to work		Tub Bath		Climb stairs	
May Drive Car		Light housework		Other:	
Sports Activities		Heavy housework		Other:	

What Foods Should I Eat/Not Eat (DIET)?

PATIENT DISCHARGE INSTRUCTIONS PAGE 2 OF 3

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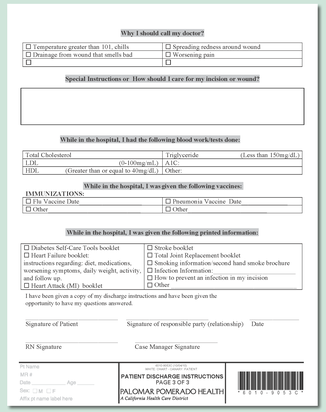

Why I should call my doctor?

☐ Temperature greater than 101, chills	☐ Spreading redness around wound
☐ Drainage from wound that smells bad	☐ Worsening pain
☐	☐

Special Instructions or How should I care for my incision or wound?

While in the hospital, I had the following blood work/tests done:

Total Cholesterol (Less than 150mg/dL)	Triglyceride
LDL (0-100mg/mL)	A1C
HDL (Greater than or equal to 40mg/dL)	Other:

While in the hospital, I was given the following vaccines:

IMMUNIZATIONS:

☐ Flu Vaccine Date	☐ Pneumonia Vaccine Date
☐ Other	☐ Other

While in the hospital, I was given the following printed information:

☐ Diabetes Self-Care Tools booklet	☐ Stroke booklet
☐ Heart Failure booklet: instructions regarding: diet, medications, worsening symptoms, daily weight, activity, and follow up.	☐ Total Joint Replacement booklet ☐ Smoking information second hand smoke brochure ☐ Infection Information: ☐ How to prevent an infection in my incision ☐ Other
☐ Heart Attack (MI) booklet	

I have been given a copy of my discharge instructions and have been given the opportunity to have my questions answered.

Signature of Patient | Signature of responsible party (relationship) | Date

RN Signature | Case Manager Signature

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Approach

- Clinical Nurse Specialists performed 300 retrospective chart audits. Findings: Discharge instructions illegible, incomplete, and not patient-centric.
- CV Best Practice team engaged in the Institute of Healthcare Improvement expedition of "Preventing Heart Failure Readmissions." Teach-back techniques and patient friendly forms were emphasized.
- A nursing educational electronic health literacy program was created for staff education.
- Jointly, the CV Best Practice team, the Advanced Practice Nurses, the Health Literacy Specialist, and nursing created and piloted a new patient-centric form.

Practice Innovation

- **Setting**: Palomar Pomerado Health is a Magnet® – Recognized Health System located in San Diego, CA and represents the full continuum of care, including Palomar Medical Center and Pomerado Hospital with 425 acute care beds.
- **Target Participants**: Registered Nurses and Discharged Patients
- **Intervention**: A patient-centric hospital discharge form allowing patients to know how to care for themselves past discharge.

Evaluation Method

- **Design**: A retrospective chart audit and a post discharge patient interview were utilized to measure the effectiveness of the intervention.
- **Performance Improvement Model**: Plan-Do-Check-Act
- **Measurement Tool**: Follow-up discharge patient telephone questionnaire.

Results

3 month PILOT: 20 post-discharge phone calls were made

- Patient was able to teach-back on their:
  - » Medications 95%
  - » Follow up plan 90%
  - » Signs & Symptoms of when to call MD 100%
- Form was helpful to patient for self-care 100%

Implications for Clinical Practice

- A discharge form that is patient-centric can be utilized to effectively communicate discharge instructions.

Next Steps

- Staff Education on health literacy and teach-back techniques.
- Incorporation of paper discharge form into the electronic health discharge record.
- Assess readmission rate and causes.
- Examine Transitional Care Models and Roles.