Ensuring Safety at Transitions of Care:

Minnesota Alliance for Patient Safety
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“You: Your Own Best Medicine” was a campaign sponsored by the Minnesota Alliance for Patient Safety (MAPS) to empower health care patients to actively manage their own health care. A focus of the project was to assist Minnesotans partnering with their health care teams to stay healthy and safe.

The MAPS campaign was conducted with funding from the Center for Medicare & Medicaid Innovation (CMMI) under an expansion of the grant received by the Minnesota Hospital Association (MHA) Leading Edge Advanced Practice Topics (LEAPT). Although the terminology most often used throughout the report references patients, the campaign also involved residents and consumers.

This report highlights the background, process, findings and next steps regarding the grant. The timeline for the grant was October 2013 through December 8, 2014 with an award of roughly $500,000.

The project began with patient research. Using the patient research findings, MAPS designed a patient packet which was distributed to 1000 patients in 12 pilot organizations. To supplement the packet, a communications campaign was added. The project was evaluated through a 25 question survey. Sustainability will be accomplished through the website www.ownbestmedicine.mn, additional packets, as well as smart phone and tablet apps.
Background
The Minnesota Alliance for Patient Safety is a non-profit, member based, diverse stakeholder coalition of healthcare organizations and consumers seeking to promote “Safe Care Everywhere”.

In December of 2012 the Minnesota Alliance for Patient Safety (MAPS) Board of Directors selected new strategic priority areas for MAPS to significantly impact in the next 3 to 5 years. Improving safety at transitions of care was one of those priorities. MAPS began work by convening an exploratory work group comprised of local experts with knowledge of reducing harm at transitions of care.

This work group concluded that much activity was already underway in the community aimed at addressing specific transitions and harm. The group also concluded that the best way for MAPS to compliment the existing work locally and nationally would be to focus on improving the understanding patients, families and consumers have about their roles and responsibilities for safety at transitions of care.

Transitions - the Problem: Confusion

In reviewing the literature, it was noted that patients and caregivers alike are concerned about limited information shared during times of care transitions. This leads to:

- Patient or caregiver confusion about the patient’s condition and appropriate care,
- Lack of follow-through on referrals,
- Medication errors, overuse of narcotics, and sub-optimal use of medicines,
- Inconsistent patient monitoring and
- Increased financial impact and duplication of resource utilization\(^1\)

\(^1\) http://www.ntocc.org/WhoWeServe/HealthCareProfessionals.aspx
Transitions - the Problem: Cost

The issue of poor transitions also largely impacts healthcare expenses and cost:

- Failures of Care Coordination cost $35B\textsuperscript{2}
- Failures of Care Delivery cost $128B\textsuperscript{2}
- Overtreatment costs $192B\textsuperscript{2}
- Patients without skills to manage their care cost 21% more\textsuperscript{3}
- A survey of adults visiting physicians in the previous 2 years revealed tests were unnecessarily ordered\textsuperscript{4}
  - 22% of time if seeing one physician
  - 43% of time if seeing 4 or more physicians

Transitions - the Problem: Harm

Of grave concern is the harm patients experience during transitions:

- Up to 67% of hospital patients experienced medication discrepancies. The result showed 33% with moderate harm and 6% with severe harm\textsuperscript{5,6}
- A literature review found that in over 66% of cases, primary care physicians treated hospital discharged patients before receiving a discharge summary; thus adversely affecting 24% of patients\textsuperscript{7}

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Transitions - the Problem: Harm (cont’d)

- An estimated 60 percent of medication errors occur during times of transition.
- 20% of Medicare patients experience readmission within 30 days; 75% of those were potentially avoidable.
- 19% of patients had an adverse event following discharge from a hospital. 62% were avoidable & due primarily to inadequate communication with the follow-up provider.

Transitions - the Problem: Prevalence

- Problems with transitions is not always a rare event.
  - A study of referrals by 122 pediatricians in 34 states found:
    - No information was shared from the Primary Provider to the Specialist 49% of the time.
    - No information was shared from the Specialist to the Primary Provider 55% of the time.
  - 14% of patients never make specialist appointments.
  - 38% of hospital discharge summaries did not include lab results. 21% did not list discharge medications.
  - 75% of physicians do not routinely contact patients about normal test results. 33% don't consistently notify about abnormal results.

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MAPS’ Project Plan
MAPS Project: Goals and Problem Statement

MAPS was determined to avoid duplicating the work of others. Several examples were found regarding provider efforts to improve transition processes but much less was available about patients’ involvement.

This project focused activating patients so they could prevent harm at transitions. The goal was to make critical information sharing and follow up the norm. Experts have grappled with this problem for years and while there is no silver bullet, MAPS felt strongly that critical components for patient activation have been missing. Historically, patients have remained sporadically engaged and not adequately activated regarding the steps they must take at every transition of care. MAPS proposed to work with patients to identify simple and universally applicable information for every and any care transition and make the case for why patients need to be more engaged for safer care.

The goals were identified knowing that literature and experience showed that average hospital discharge instructions were 70 pages long.  

Safe Transitions of Care: Best Practices

Safety doesn’t have to be complicated! Successful safety improvement plans routinely include the following elements:

- Medication reconciliation,
- Communicating test results,
- Understanding the warning signs that a medical condition is worsening, and
- Completing next steps or follow-up appointments.

14 Hanson, Candy RN, Julie Jacobs MS, RN. StratisHealth HIT PAC (Health Information Technology – Post Acute Care) Environmental Scan. January 2013
What Needed to be Accomplished in the Project?

There were many steps to be accomplished in the project.

1. Best practices identification
2. Key message development
3. Consumer education tactic development & refinement
4. Consumer market research validation
5. Education plan & materials (tools) development
6. Public awareness focus
7. Evaluation and measurement results

Ultimate Campaign Outcome: *Patients/residents/consumers will more actively manage their health care during transitions, leading to improved health outcomes and reduced health costs.*

Research Method

To begin the project, consumer research was conducted using Online Digital Bulletin Boards (ODBBs). The benefits of this method included:

- The ability to separate male and female discussions
- Statewide recruitment of participants
- Financial and logistical advantages over traditional research methods
- Allowed MAPS to capture reactions on an individual basis prior to group discussion
- Over 500 hours of interviews (5 days with 5 hours of input each day x 100 respondents)
Project Recruiting Reflected MN Demographics

Region
- Metro
- Northwest
- Central
- Northeast
- Southern

Age
- 21-24
- 25-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80

Income
- $25-$34,999
- $35-$50
- $50,001-$99,999
- $100-$124,999
- $125-$159,999
- $160,000+
- Retired

Education
- HS or less
- Voc/trade/Some College
- Post Grad
- HS Grad
- College Grad
Patient Research Findings
Gender Differences

The patient research showed there were gender differences when describing the impact of their health conditions on their lives.

Women were more likely to express regret, loneliness, and concern about how others viewed them.

“I feel as though things are happening to me and I have no control over them and what they are doing to my life.”

“I pretend that I’m feeling well when really I’m not, so I feel like I have to put a different ‘face’ on.”

Men tended to accentuate the positive and focus on their determination to continue life as usual.

“My daily thoughts always focus on the future and if I am strong, I will be able to be here to enjoy those days.”

*photos not actual participants and are for representative purposes only
Developed a “To Do” List

A “To Do” list was derived from evidence-based best practices including the actions below. The list was then presented to the participants for their reactions.

- Keep a list of medications
- Act on follow up instructions (write a list)
- Watch for warning signs (write a list)
- Bring copies of test results

Reactions to “To-Do” List…

Most women and men thought the list contained the right number of tasks (6)

“This is a good number. It’s thorough without being overwhelming, and it’s also divided into three easy to read and understand sections.”
Patients were asked to identify activities they were personally most likely to do.

Likelihood to Follow the “To-Do” List

Of the tasks listed on the “To-Do” list, women and men claimed to be most likely to:
- Act on the next steps list
- Watch for warning signs

They seemed somewhat less likely to:
- Write a next steps list
- Write a warning signs list
- Bring a medication list

Both women and men were least likely to:
- Bring copies of their test results

Keeping an up to date list of all the medications I take.

Patients Were Less Likely to Bring a Medication List (Many counted on their providers)

“Extremely likely to do”
- Women: 0%
- Men: 10%
- Combined: 8%

“Somewhat likely to do”
- Women: 10%
- Men: 15%
- Combined: 12%

“Neither likely nor unlikely to do”
- Women: 20%
- Men: 25%
- Combined: 23%

“Somewhat unlikely to do”
- Women: 30%
- Men: 20%
- Combined: 25%

“Extremely unlikely to do”
- Women: 40%
- Men: 45%
- Combined: 43%

“Extremely Likely to Do”
- Women: 0%
- Men: 10%
- Combined: 8%

“Somewhat Likely to Do”
- Women: 10%
- Men: 15%
- Combined: 12%

“Neither Likely Nor Unlikely to Do”
- Women: 20%
- Men: 25%
- Combined: 23%

“Somewhat Unlikely to Do”
- Women: 30%
- Men: 20%
- Combined: 25%

“Extremely Unlikely to Do”
- Women: 40%
- Men: 45%
- Combined: 43%

“I expect the doctor to do this, not me.”

“I have all this info in my chart already.”

“It’s too much work to bring with to your Dr appt no matter what your ailment is... It’s not gonna get done.”
Bringing written copies of all major medical tests to all medical appointments.

Most Patients Expected Their Providers to Have Test Results

"I do not routinely keep test records, as the ratios and numbers they contain mean nothing to me. These medical records I expect to be kept on file by my clinic, where they won’t get lost, and where people with access to medical desk reference books and pharmacopoeia can decipher the meaning of the cryptic numbers of the test results."

"If this a serious condition I bring the information, if not a major problem or condition I default to their record keeping."

"My doctor already has access to this on the computer."

"I go to the same network of clinics that have access to the records."

"I always carry my latest tests, because sometimes they have not received results from another provider that may be necessary for them to diagnose and treat you correctly."

Keep Test Results

[Bar chart showing responses to the question of whether patients keep test results.]

Women | Men | Combined
---|---|---
Extremely Likely to Do | | |
Somewhat Likely to Do | | |
Neither Likely nor Unlikely to Do | | |
Somewhat Unlikely to Do | | |
Extremely Unlikely to Do | | |
Keeping a complete list of all follow-up steps recommended by my doctor or other medical professional.

Acting On Next Steps Was Most Highly Rated

“I care about my well being and my care begins with me. If I don’t comply with treatment I would only harm myself.”

“Because I have so many appointments, meds, tests at different clinics I keep a daily planner which I have with me at all times.”
Patients Also Claimed to Watch for Warning Signs

“I probably wouldn’t make a list, but if I have concerns I would alert the doctor.”

Watch for Warning Signs

- EXTREMELY LIKELY TO DO
- SOMEWHAT LIKELY TO DO
- NEITHER LIKELY NOR UNLIKELY TO DO
- SOMEWHAT UNLIKELY TO DO
- EXTREMELY UNLIKELY TO DO

“For me this is very important because if I don’t care about my body who will. AFTER my last surgery I ended up with a staph infection which thanks to me I pushed the panic button and lucky caught it early before it got out of control.”

“I always do this so definitely this one, even if hypochondriac-ish ;).”
Patients’ Willingness to Accept Responsibilities:

When presented a list of questions asking participants what they might be willing to do, the list below is ranked from 1, most willing to 8, least willing.

1. Report immediately to my doctor when something happens that is associated with warning signs
2. Fill and re-fill prescriptions for all recommended medications
3. Keep a list of all major warning signs associated with all of my conditions
4. Ask for written copies of major medical tests
5. Make appointments for all examinations, consultations and recommended tests
6. Keep a complete list of all follow-up steps recommended (examinations, medications, tests)
7. Keep an up-to-date list of medications
8. Bring written copies of all major medical tests to all medical appointments
Patients Evaluated Text, Logos, Icons, Colors and Tones
### Patients’ Reactions to Themes and Logos

#### Women
- Liked the checklist ("I'd think about what I could check off…")
- Preferred a "matter of fact," "direct" but "gentle" tone
- Liked how it refers directly to YOU
- Considered it empowering and supportive
- Stated it "Doesn't talk down to me"

#### Men
- Found the check list memorable and manageable
- Liked a "direct," "logical," "not preachy" tone
- Agreed philosophically with "You are your own best medicine"
- Said it appears to put the patient in charge
- Addressed the problem "You need to get involved"

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**YOU: YOUR OWN BEST MEDICINE**

**BEFORE YOUR APPOINTMENT:**
- **BRING MEDICATION LIST.** Bring a complete, accurate list to share.
- **BRING TEST RESULTS.** Bring all recent test results to share.

**DURING YOUR APPOINTMENT:**
- **WRITE A WARNING SIGNS LIST.** Ask about warning signs. Write them down.
- **WRITE NEXT STEPS LIST.** Ask about recommended next steps. Write them down.

**AFTER YOUR APPOINTMENT:**
- **ACT ON NEXT STEP LIST.** Schedule appointments and tests. Fill prescriptions.
- **WATCH FOR WARNING SIGNS.** Alert doctor if you have warning signs (see your list).

For more information: www.ownbestmedicine.mn

Source: Minnesota Alliance for Patient Safety (MAPS)
Patients were asked to respond to reminder products.

Patients’ Reactions to Reminder Product Concepts

- Very few wanted a wallet card or thought it would be helpful.
- Refrigerator magnets were more likely to be displayed but not always read.

Information Received From Healthcare Professionals was Likely to Receive Attention (At least when first received)

“I think information from the doctor would get special attention. I would probably scan it to electronic though and use it on iPhone or iPad or it should be in My Chart.”

“A document relevant to a specific appointment and time would keep my attention. I would probably start a folder to keep it in and reference as needed.”

“One Page Document

<table>
<thead>
<tr>
<th>Rating</th>
<th>Women</th>
<th>Men</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Not at all likely to use</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2-Not very likely to use</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>3-May or may not use</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>4-Somewhat likely to use</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>5-Extremely likely to use</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

“I am a paper free (as much as possible) type of person.”

“I tend to keep papers from the doctor in one central location so it may be used but by there being so many it might also get lost “in the pile”.”
Patient Reactions Varied Regarding Use of a Smartphone App

“It would certainly be handy but I am not a techie person and not sure that I would use it. Is there an incentive?”

“I am trying to move to more electric organization and would really like this!”

“It doesn’t complicate my life, I use my telephone for making and receiving calls.”

“YES YES YES and YES! Since we are in the era where most things are digital, this makes the most sense. I now have everything but my medical info at the touch of my finger. This would be perfect!”

Smartphone App

<table>
<thead>
<tr>
<th>Rating</th>
<th>Women</th>
<th>Men</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- NOT AT ALL LIKELY TO USE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2- NOT VERY LIKELY TO USE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3- MAY OR MAY NOT USE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4- SOMEWHAT LIKELY TO USE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5- EXTREMELY LIKELY TO USE</td>
<td></td>
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</tbody>
</table>

[Graph showing distribution of responses]

24
A Website Had Appeal Among Frequent Computer Users

"We have computers. I would certainly look up the site once, and even revisit it if I found it provided a useful service."

"I am on my computer multiple times a day, so this makes good sense for me."

"Going to a website to get more detailed information is just an extra step for me that I am unlikely to do."

"This requires going on the computer and remembering the website. I would like this in conjunction with another product, like the magnet. Then you could use the magnet for quick reminders and have the website printed on the magnet so you could visit the website if you were confused about any of the items or wanted more information."

"I am on my computer multiple times a day, so this makes good sense for me."
Many Claimed They Would Use a Prepared Folder

“This is the best idea ever - everything can be kept in one spot - divided for appointments, blood work, prescriptions, allergies, tests and so on - it can be carried to every appointment also.”

“I love to be organized, but usually don’t have the time to set up something like this for me or my family. Love it!”

“I expect the doctor to be connected electronically. I don’t want to drag all this around.”

“This seems way too clunky and overbearing.”

Great organizational aid

Likelihood to Use Folder

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Women</th>
<th>Men</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely likely to use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat likely to use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Might or might not be likely to use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat unlikely to use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely unlikely to use</td>
<td></td>
<td></td>
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</tbody>
</table>

“Great organizational aid”

“Love it!”

“I expect the doctor to be connected electronically. I don’t want to drag all this around.”

“This seems way too clunky and overbearing.”
At the end of patient interviews, patients were invited to provide ideas to MAPS regarding the project.

Patients’ Advice to MAPS

Participants recognized that a “paradigm shift” is required. Patient testimonies included:

*I think the first step is to try to get people thinking about the benefits of taking on this responsibility themselves. I think that many of us are conditioned to thinking that the doctors/clinics/hospitals/etc. have all the information and should be able to coordinate it for us. I have learned this is not the case. We need to be our own personal responsibility – it is our life and we need to take care of it.*

*I think that if you offer items like we have discussed it will help people think about it. My concern would be also the buy off from the medical service providers. Will they help provide the information to the patients in a usable form?*
Implementation
Patient Engagement Campaign Strategy

The patient research proved:
Patients are under-engaged. They assumed “the system” has everything covered. They were rarely told they mattered or played a role in the caregiving process. Therefore, care providers are under-informed which leads to:
- Misdiagnoses
- Missed diagnoses
- Mistreatments
- Delayed treatments
- Adverse medicine interactions

Patients asked that the campaign be:

Simple-
On average, patients receive up to 70 pages of instructions when discharged from the hospital. Most don't get read or aren't understood. Patients said, “Less is more”, give us the important information that can fit on a fridge magnet.

Specific-
“Show us what to do” and give us the tools to remind us.
Campaign Materials
“Show Us, Don’t Just Tell Us”

Don’t Just Tell Them

Gather test results

Show Them

Folder
For saving and sharing healthcare information

Notepad and Pen
For list-keeping, info sharing and follow-ups

One Page Explanation
To explain the “what” and “whys”

Fridge magnet and sticker
An in-home reminder about “To-Do’s”

Remember

Keep lists
In addition to the folder, pen and printed materials, electronic access to the information was also made available.

Website, Video and Apps
www.ownbestmedicine.mn
Public Awareness Messaging

In addition to the packets, website and apps, a multiple media campaign (printed, online and radio) was created. The goals of the campaign were to:

- Change patient attitudes and behaviors through increased awareness
- Broaden the reach of the project
- Drive many more to the website
- Support and complement the work being done at the pilot organizations

Color Print Ad

You have the power to be your own best medicine!

For a short list of simple things every patient can do to stay safe on their health care journey — and a free patient safety smart phone app — go to www.ownbestmedicine.mn.

Sponsored by the Minnesota Alliance for Patient Safety (MAPS)
Project Results: Feedback from Pilot Organizations
Over 1000 packets were distributed to patients, residents and clients of the organizations listed below.

Pilot Organizations List

- Arrowhead Area Agency on Aging, Duluth
- Cambridge Medical Center Behavioral Health Unit, Cambridge (Allina)
- Central Minnesota Council on Aging, St. Cloud
- The Colony at Eden Prairie Senior Living, Eden Prairie (Tealwood)
- Essentia Health—St. Joseph’s Medical Center, Brainerd
- Fairview Lakes Medical Center, Wyoming
- Glacial Ridge Health System, Glenwood
- Land of the Dancing Sky Area Agency on Aging, Warren
- Metropolitan Area Agency on Aging, North St. Paul
- Minnesota River Area Agency on Aging, Mankato
- Southeastern Minnesota Area Agency on Aging, Rochester
- Benedictine Health Center at Innsbruck, New Brighton

Pilot Organizations: Testing the packet

- Patients stated the best way to receive the information was from their provider at the time of transition
- 12 pilot site organizations volunteered to distribute the materials.
Pilot Organizations Feedback: Organization Challenges

Many organizations expressed interest in participating yet declined. Some of the feedback included:

- Many other Quality Improvement projects competing for their time
- Would need Internal Review Board approval and it would take too long
- “We already do our own patient education”
- “We need to drive traffic to our own website/EMR” (Electronic Medical Record)
- This could take a lot of time if patients asked more questions about medication lists, test results, warning signs, etc.

Pilot Organizations: Feedback from Patients and Staff

- Patients and staff liked the red folders
- Many thought the printed survey was long
- Patients enjoyed the information.
- A group session was ideal for explaining everything.
- Patients were already overwhelmed with the paperwork at discharge
- Patients thought the folders were a good idea and they helped them keep track of all their papers
- Some patients did bring their folders back for follow-up visits
- One pilot organization noted increased patient satisfaction scores during this timeframe.
Project Results:
Survey Information
Patient Survey Tool:

- Packets from the pilot organizations included a patient survey.
- Patients were given a 25 question survey. The response method was intended to be electronic but due to concerns about confidentiality, paper surveys were most often used.
- Survey questions asked about the packet materials, whether patients did the “To Dos”, if they would be likely to do so after receiving the materials, etc. It also asked about patient satisfaction with the “discharge” process.
- A few demographic questions were also included.
- Fifty-seven surveys were completed and returned.

RESULTS:

*Keeping an Up to Date List of all of Medications*

<table>
<thead>
<tr>
<th>Response</th>
<th>Response rate</th>
</tr>
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<tbody>
<tr>
<td>Have been doing this more than 6 months</td>
<td>71%</td>
</tr>
<tr>
<td>Have been doing this less than 6 months</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Have not done this but I can do this</strong></td>
<td><strong>12%</strong></td>
</tr>
<tr>
<td>Have not done this but I can not imagine to do this</td>
<td>6%</td>
</tr>
<tr>
<td>Blank</td>
<td>3%</td>
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### Asking for Written/Printed Copies of Major Medical Tests

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have been doing this more than 6 months</td>
<td>51%</td>
</tr>
<tr>
<td>Have been doing this less than 6 months</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Have not done this but I can do this</strong></td>
<td><strong>32%</strong></td>
</tr>
<tr>
<td>Have not done this but I can not imagine to do this</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Bringing Written/Printed Copies of all Major Medical Tests to Clinic Visits

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have been doing this more than 6 months</td>
<td>30%</td>
</tr>
<tr>
<td>Have been doing this less than 6 months</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Have not done this but I can do this</strong></td>
<td><strong>43%</strong></td>
</tr>
<tr>
<td>Have not done this but I can not imagine to do this</td>
<td>15%</td>
</tr>
<tr>
<td>Blank</td>
<td>3%</td>
</tr>
</tbody>
</table>
Survey Findings were Similar to the Patient Research Group

Patients reported they had been:

- Doing the follow up steps recommended by their doctor (75%)
- Making appointments for all examinations, consultations and tests (87%)
- Keeping a list of all major warning signs associated with their condition (49% were doing now and an additional 36% said they could in the future)

Patient Survey Summary

Based upon survey results, patients may become more active in 3 areas (related to attitude change) due to MAPS’ materials.

1. Asking for written/printed copies of major medical tests
2. Keeping a list of all major warning signs
3. Bringing written/printed copies of all major medical tests to clinic visits
Project Results: Observations from the Media Campaign
Website Statistics: Successes

Of the 343 measured website sessions, the following results were obtained during the last two months of the campaign:

- Site visits clearly spiked when ads were running.
- Ads generated awareness of the patient safety “To-Do’s”.
- About 75% of visitors were new visitors.
- About 75% of visitors typed the URL directly, demonstrating people learned about the website from ads.
- Most visitors were over 45 years old and most frequently in the 55- to 64-year old range.
- From a media standpoint, the campaign was very targeted. The analytics showed that those visiting the site demographically aligned with the target audience. Additionally, the materials were well received by the patient research participants.
- More females (59%) visited the website than males (41%).

Website Analysis: Challenges

Based upon the analysis of website statistics, it was determined that the volume of interest generated by ads was relatively modest.

- Website visits decreased to nearly zero when ads were not running.
- Pew Research shows younger, educated and affluent seniors use technology. However older, less affluent and those with significant health challenges are largely disconnected from digital tools\textsuperscript{15}. The first group may feel like they have their health information already organized so the message may not have resonated with them as much.
- Perhaps seniors’ overall technology usage may have played a limiting role in the campaign. Accessing the website may have been difficult for some to execute.

\textsuperscript{15} http://www.pewinternet.org/2014/04/03/older-adults-and-technology-use/
Sustaining the Efforts and Next Steps

MAPS will continue to work on ensuring safety at transitions of care. We will use the findings and materials from this project to assist organizations and individuals with safety at transitions. In addition to this continued strategic focus by MAPS,

**Organizations are encouraged to:**

- Provide a link to [www.ownbestmedicine.mn](http://www.ownbestmedicine.mn) using the click button graphic
- Distribute the tool kit to patients, families and residents
- Encourage use of the “To-Do” List
Individuals are encouraged to:

Visit [www.ownbestmedicine.mn](http://www.ownbestmedicine.mn)

Download the smart phone and tablet apps

Follow recommendations on the “To-Do” List
YOU:
YOUR OWN
BEST MEDICINE

BEFORE YOUR APPOINTMENT:
✓ BRING MEDICATION LIST. Bring a complete, accurate list to share.
✓ BRING TEST RESULTS. Bring all recent test results to share.

DURING YOUR APPOINTMENT:
✓ WRITE A WARNING SIGNS LIST. Ask about warning signs. Write them down.
✓ WRITE NEXT STEPS LIST. Ask about recommended next steps. Write them down.

AFTER YOUR APPOINTMENT:
✓ ACT ON NEXT STEP LIST. Schedule appointments and tests. Fill prescriptions.
✓ WATCH FOR WARNING SIGNS. Alert doctor if you have warning signs (see your list).

For more information: www.OwnBestMedicine.mn
Source: Minnesota Alliance for Patient Safety (MAPS)