Breakout Session #12:
Ensuring Safety at Transitions of Care:
Lessons Learned from Consumer Research and Testing

Speaker: Marie Dotseth
Date: Friday, Oct. 24, 2014
Location: Minnesota Ballroom
Time: 10 – 11 a.m.
Marie Dotseth, MHA

Marie Dotseth is the executive director for the Minnesota Alliance for Patient Safety (MAPS). She has been in this role since July 2012. Marie was instrumental in helping organize MAPS in 2000 while working for the Minnesota Commissioner of Health at the state health department and remained active in various MAPS committees and work groups throughout its history.

Prior to MAPS Marie was an independent consultant specializing in health organization quality improvement, patient safety, organizational culture change and public policy.

Marie was the senior advisor for patient safety at the Minnesota Department of Health and was responsible for implementing the first of its kind state adverse events reporting law and producing Minnesota’s first public adverse events report.

Marie has a B.S. in Biomedical Engineering and a Master’s in Health Administration. Marie has more than 20 years of experience working in engineering and health care including; hospitals, health plans, academic and government institutions.
Ensuring Safety at Transitions of Care: Lessons from Consumer Research and Pilot Testing

October 24, 2014

Marie Dotseth
Executive Director,
Minnesota Alliance for Patient Safety

Presentation Roadmap

• The Problem
  – Why a campaign is needed

• The Research
  – Formative research for the campaign
    ❖ Katherine Galligan, Galligan & Associates

• The Solution
  – Our campaign
    ❖ Joe Loveland, Loveland Communications

• The Pilot and Evaluation
  – The survey and feedback
    ❖ Cihan Behlivan, KareOutcomes
    ❖ Grant consulting team
The Problem: Why is a Campaign Needed?

Transitions, the Problem

• Patient/resident 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.

— National Transitions of Care Coalition
Transitions, the Problem - Cost

- Failures of Care Coordination = $35 bill ($5 bill private)$^1$
- Failures of Care Delivery = $128 bill ($92 bill)$^1$
- Overtreatment = $192 bill ($115 bill private)$^1$
- Patients w/o skills to manage their care cost 21% more$^2$
- Survey of adults visiting physician in last 2 years – test was unnecessarily ordered$^3$
  - 22% of time if seeing one physician
  - 43% of time if seeing 4 or more physicians


Transitions, the Problem - Harm

- Up to 67% of hospital patients experience medication discrepancy. Result = 33% moderate harm, 6% severe harm$^1,2$
- Literature review found that in over 66% of cases primary care physician treated post-hospital patients before discharge summary – adversely affecting 24% of patients$^3$

Transitions, the Problem – Harm (cont’d)

- An estimated 60 percent of medication errors occur during times of transition
- 20% Medicare pts experience 30 day readmission, 75% of those potentially avoidable\(^1\)
- 19% of patients had an adverse event following discharge from a hospital, 62% avoidable & due primarily to inadequate communication with follow-up provider\(^2\)

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Transitions, the Problem - Prevalence

- Study of referrals by 122 pediatricians in 34 states found\(^1\)
  - No Info Primary \rightarrow \text{Specialist 49\% of time}
  - No Info Specialist \rightarrow \text{Primary 55\% of time}
- 14\% of patients never make specialist appointment\(^2\)
- 38\% of hospital discharge summaries did not include lab results, 21\% did not list discharge medications\(^3\)
- 75\% of physicians do not routinely contact patients about normal test results, 33\% don’t consistently notify about abnormal results\(^4\)

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Safe Transitions – Related Concepts

- Patient Activation Measures
- Care Coordination
- Patient Centered Care
- Interoperable HIT
- Patient and Family Advisory Committees
- Health Care Homes

Largely provider or health care system focused – Necessary, but not sufficient

Working the Problem from Both Sides

- Health Care Provider Improvement Processes
  - Discharge planning
  - Patient education
  - Care Coordinators
  - Interoperable EMR

- Patient Expectations
  - Knowledge
  - Attitudes
  - Behaviors
Patient Engagement Challenges: NOT from a Lack of Attention

• Google Search
  – “patient engagement” = About 40,600,000 results (0.29 seconds)
  – “patient centered care” = About 4,350,000 results (0.39 seconds)

• RARE
• Choosing Wisely
• Health Care Homes

MAPS Hypothesis

• MAPS decided not to try to duplicate work of others
  – Found several examples of provider efforts to improve transition processes
  – Much less on the patient side of the equation
• Can the transitions process be simplified, made actionable and consistent for any transition of care?
  – Average hospital discharge instructions = 70 pages¹
• MAPS Work Group – YES!
  – We can provide consumers an actionable tools to better engage and stay safe

¹ Hanson, Candy RN, Julie Jacobs MS, RN. StratisHealth HIT PAC (Health Information Technology – Post Acute Care) Environmental Scan. January 2013
Safe Transitions of Care – Best Practices

• Top 10 list

• Successful safety improvement centers on a plan that routinely includes 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.

What Needed to be Accomplished?

1. Best practices identification ✔
2. Key message development
3. Consumer education tactic development & refinement
4. Consumer market research validation
5. Develop education plan & produce materials (tools)
6. Public Awareness
7. Evaluation & measurement

Ultimate Campaign goal: Patients/residents/consumers will more actively manage their health care during transitions to improve health outcomes and reduced health costs
MAPS Received a Grant to do the Work

CMS Partnerships for Patients
Hospital Engagement Network (HEN)

• National public/private partnership to improve the quality, safety and affordability of healthcare.
• $218 million awarded to Partnerships for Patients Hospital Engagement Networks (HEN) December 2011
  – Minnesota Hospital Association is one of 26 HENs
• Over 3,700 participating hospitals nationally
  – 114 hospitals in the MHA HEN
CMS Leading Edge Advanced Practice Topics (LEAPT) Contract

- MHA is one of six high performing HENs awarded LEAPT contract
  - WHA, OHA, GHA, Ascension, Carolinas
- September 26, 2013 through December 2014
- MHA LEAPT topics:
  - Severe Sepsis and Septic Shock
  - Clostridium Difficile (c-diff)
  - Iatrogenic Delirium
  - Hospital culture of safety that fully integrates patient and worker safety
  - Expanding work to prevent falls, pressure ulcers and readmissions across community

Patient Research Findings
How about asking Patients:

*What would it take to motivate you?*

- Consumer market research guides us through a great deal of our lives

Research Method

- Consumer research was led by Katherine Galligan & Associates
- We conducted Online Digital Bulletin Boards (ODBBs):
  - Separate Male and Female Discussions
    - Allowed us to recruit participants statewide
    - Offered financial and logistical advantages over traditional research methods
    - Allowed us to capture reactions to communication themes on an *individual* basis prior to *group* discussion
    - Took place over 5 days → 5 hours of input x ~100 respondents
      - Discussion guide could evolve as we learned
      - Separating boards by gender → similarities and differences between women and men could be observed
Recruiting Matched MN Demographics
(Patients with Chronic Illnesses Skew Older)

Region
- Northwest
- Northeast
- Central
- Southern

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

Income
- $25,000-$34,999
- $35,000-$49,999
- $50,000-$99,999
- $100,000+
- Retired

Education
- HS or Less
- Voc/Trade/Some College
- Post Grad
- HS Grad
- College Grad

Some of “Our Participants”*

*Representative pictures, not actual participants
**Women and Men viewed themselves somewhat differently with respect to their health issues**

**Female selections:** more overwhelmed, concerned about keeping up outward appearance

**Male selections:** more assertive, self-reliant, problem-solving

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**Word clouds of respondents’ descriptions of their health conditions’ effects on their lives also revealed differences between genders**

- Women were more likely to express regret, loneliness, and concern about how others viewed them
- Men tended to accentuate the positive and focus on their determination to continue life as usual

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“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.”

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

- “To Do” List was derived from evidence-based best practices
  - 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...

Number of Items on List is Right

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

   Women's Response
   - Right number
   - Too few
   - Too many

   Men's Response
   - Right number
   - Too few
   - Too many

This is a good number. It's thorough without being overwhelming, and it's also divided into three easy to read and understand sections.
Likelihood to Take Steps

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

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

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

Patients are polarized in terms of likelihood to bring a medication list (many count on their providers to have)

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>Combined</th>
</tr>
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<tbody>
<tr>
<td>EXTREMELY UNLIKELY TO DO</td>
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<tr>
<td>SOMEWHAT UNLIKELY TO DO</td>
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<tr>
<td>NEITHER LIKELY NOR UNLIKELY TO DO</td>
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<tr>
<td>SOMEWHAT UNLIKELY TO DO</td>
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</tr>
<tr>
<td>EXTREMELY UNLIKELY TO DO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- I expect the doctor to do this, not me.
- I have all this info in my chart already.
- This is most important to me because of the large # of meds I take.
- A must, as you may see multiple providers, and they may not be aware of the actions of another doctor.
- It's too much work to bring with to your Dr. apt no matter what your ailment is...it's not gonna get done.
Most patients also expect their providers to have test results

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

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.

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.

Acting on next steps is the step that most patients (say they) comply with

Because I have so many appointments, meds, tests at different clinics I keep a daily planner which I have with me at all times.

I care about my well being and my care begins with me. If I don't comply with treatment I would only harm myself.
Patients also claim to watch for warning signs

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

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 staff infection which thanks to me I pushed the panic button and luckily caught it early before it got out of control.

I always do this so definitely this one, even if hypochondriac-ish ;)

MAPS

Patient’s Accepted Responsibility Scale

- My responsibility only
- Mostly my responsibility, but also someone else’s
- Split Responsibility; half mine half someone else’s
- Mostly someone else’s responsibility, but also mine
- Someone else’s responsibility only
**Patients’ Accepted Responsibilities – Rank Order**

1. Immediately reporting to my doctor when something happens that is associated with warnings signs
2. Filling and re-filling prescriptions for all recommended medications
3. Keeping a list of all major warning signs associated with all of my conditions
4. Asking for written copies of major medical tests

**Patients’ Accepted Responsibilities – Rank Order (cont’d)**

5. Making appointments for all examinations, consultations, tests recommended
6. Keeping a complete list of all follow-up steps recommended (examinations, medications, tests)
7. Keeping an up-to-date list of medications
8. Bringing written copies of all major medical tests to all medical appointments
We asked patients to evaluate a variety of concepts (text, logos, icons, color combinations, tones)

Reactions to Themes and Logos

For Women
- Some women liked check list ("I'd thinking about what I could check off...")
- Seems most do-able
- Tone is “matter of fact,” direct but “gentle”
- Compelling (talks directly to YOU)
- Empowering, supportive
- “Doesn’t talk down to me”

For Men
- Memorable (check list)
- Some men liked check list ("sounds manageable")
- Tone is “direct,” “logical,” “not preachy”
- Many agreed philosophically with “you are your own best medicine”
- Puts patient in charge (appealed to Warriors)
- Addresses the problem (“you need to get involved”)
Reactions to Reminder Product Concepts

- Few want a wallet card (or think it would succeed as reminder tool)
- Refrigerator Magnets are more likely to be displayed (but maybe not (always) read)

Information from healthcare professionals is likely to receive attention (at least when first disseminated)

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 that a specific appointment and time would keep my attention. I would probably start a folder to keep it in and reference as needed.

I tend to keep papers from the doctor in one central location so it may be saved but by there being so many it might also get lost “in the pile”

I am a paper free (as much as possible) type of person.
Reactions to Smartphone App are split

I don't complicate my life, I use my telephone for making and receiving calls.

It would certainly be handy but I am not a techie person 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!

"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!"

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

Reactions to Smartphone App are split

Website has appeal among heavier 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.

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.

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

I am on my computer multiple times a day, so this makes good sense for me.
Roughly half claim they would use a prepared folder (visual shown)

- Great organizational aid
- More likely to be maintained

\[
\begin{align*}
\text{Likelihood to Use Folder} \\
\text{Extremely likely to use} \\
\text{Somewhat likely to use} \\
\text{Might or might not be likely to use} \\
\text{Somewhat unlikely to use} \\
\text{Extremely unlikely to use}
\end{align*}
\]

Patients’ Advice to MAPS

- Respondents recognize that a “paradigm shift” is required, with the medical profession playing the key role

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.

It is a paradigm shift that needs to happen first. 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?

I would start with the doctor approach immediately and ads on the radio, at the same time start producing the refrigerator magnet and calendar as hand outs to patients.
The Solution; Campaign Materials

Revised Problem Statement

- **Patients under-engaged**
  - Assume “the system” has everything covered
  - Rarely told they matter in the caregiving process
- **So, care providers end up under-informed**
  - Misdiagnoses, mistreatments, delayed treatments, medicine interactions
Patient Engagement Campaign Strategy

➤ Be simple
➤ Be specific
➤ Show, don’t just tell

Be Simple

• Average hospital gives 70-pages at discharge
  — Doesn’t get read or understood
• Less is more
  — Needs to fit on a fridge magnet, because most won’t give it more time (or space)
### Be Specific

- Specific to-do list, not abstractions
  - Patient feedback: “Just tell me what to do”
- Give them tools that show remind them what do

### Show, Don’t Just Tell

<table>
<thead>
<tr>
<th>Don’t Just <strong>TELL</strong> Them</th>
<th>SHOW Them!</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Gather test results”</td>
<td>Hand them a file</td>
</tr>
<tr>
<td>“Keep lists”</td>
<td>Hand them pen and paper</td>
</tr>
<tr>
<td>“Remember”</td>
<td>Hand them reminder tools – to-do list fridge magnet and sticker</td>
</tr>
</tbody>
</table>
Patient Safety Toolkit Contents

• Provider gives to patient at transition

Folder

• To prompt gathering and sharing of test results
Sticker On Folder

- To provide reminder about to-dos

Refrigerator Magnet

- To provide daily in-home reminder about to-dos
Notepad and Pen

- To prompt list-keeping, info sharing and follow-ups

One-Page Explanation

- To ensure patients understand the “what” and “why”
Website (OwnBestMedicine.mn)

- For patients who want to learn more

Web Video

- For patients to learn and share with others
Public Awareness Messaging

- Ads to change attitudes and behaviors
  - Radio ads, online ads, other
  - Dramatically broaden the reach
- Drive many more to the website
- Supports and complements the work being done on the ground
- MPR, Star Tribune, Pioneer Press, Good Age...

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 healthcare journey — visit a free patient safety smartphone app — go to www.ownbestmedicine.mn.

Sponsored by the Minnesota Alliance for Patient Safety (MAPS)
The Pilot & Evaluation

Pilot Organizations – Testing the packet

- Best time to get info = from provider at time of transition
- Assembled 1000 packets
- Developed evaluation survey
- Recruited organizations to distribute
Pilot Organizations – The Challenge

- Too overwhelmed – lots of other “opportunities”
- Need IRB approval, HIPAA, etc. – evaluation survey, we added our own barrier
- “We already do patient education” ... 70 page discharge instructions...
- “Need to drive traffic to our own website/EMR” – Meaningful Use
- This could take a lot of time if patients really ask for ______ (medication lists, test results, warning signs...)

Pilot Organizations

- Arrowhead Area Agency on Aging, Duluth
- Cambridge Medical Center Behavioral Health Unit, Cambridge
- Central Minnesota Council on Aging, St. Cloud
- The Colony at Eden Prairie Senior Living, Eden Prairie
- 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 - Feedback

- Loved the red folders
- Survey was a little long
- Patients enjoy the information. Group setting is ideal for explaining everything.
- Could have used a pre-printed document for people to fill in their meds
- There was too much time from hospital discharge to point at which they received red folders
- Patients overwhelmed with paperwork at discharge
- Consumers thought folders were a good idea - clients have hard time keeping track of all their papers
- Some patients did bring their folders back for their follow-up visits
- Noted an increase in patient satisfaction scores during this timeframe.

Patient Evaluation - Survey

- 25 question survey, intended to be electronic
- Due to pilot site concerns, used paper surveys for most
- Questions asked about materials, whether patients did the “to dos”, if they would be likely to do so after receiving the materials
- Also asked about “discharge” process
- A couple demographic questions
- Early October – 45 mailed responses
### Keeping an up to date list of all of medications

<table>
<thead>
<tr>
<th>Have been doing this more than 6 months</th>
<th>Frequency (34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Have been doing this less than 6 months</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Have not done this but I can do this</strong></td>
<td>35%</td>
</tr>
<tr>
<td>Have not done this but I can not imagine to do this</td>
<td>4%</td>
</tr>
<tr>
<td>Blank</td>
<td>12%</td>
</tr>
</tbody>
</table>

### Asking for written/printed copies of major medical tests

<table>
<thead>
<tr>
<th>Have been doing this more than 6 months</th>
<th>Frequency (45)</th>
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</thead>
<tbody>
<tr>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Have been doing this less than 6 months</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Have not done this but I can do this</strong></td>
<td>40%</td>
</tr>
<tr>
<td>Have not done this but I can not imagine to do this</td>
<td>7%</td>
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<tr>
<td>Blank</td>
<td>15%</td>
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</tbody>
</table>
## Bringing of written/printed copies of all major medical tests to clinic visits

<table>
<thead>
<tr>
<th></th>
<th>Frequency (45)</th>
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<td>11%</td>
</tr>
<tr>
<td>Blank</td>
<td>11%</td>
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## Survey Consistent with Focus Group

- Doing the follow up steps recommended by my doctor (69%)
- Making appointments for all examinations, consultations and tests (76%)
- Keeping a list of all major warning signs associated with my condition (48% now, but 38% say they can)
Preliminary Results

- Patients may become more active in 3 areas below due to MAPS materials (attitude change)
  1. Asking for written/printed copies of major medical tests
  2. Keeping a list of all major warning signs associated with my condition
  3. Bringing of written/printed copies of all major medical tests to clinic visits

Rate your overall discharge experience

<table>
<thead>
<tr>
<th></th>
<th>Frequency (45)</th>
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<tbody>
<tr>
<td>10-9</td>
<td>58%</td>
</tr>
<tr>
<td>8-7</td>
<td>20%</td>
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<tr>
<td>6-4</td>
<td>18%</td>
</tr>
<tr>
<td>3-2</td>
<td>2%</td>
</tr>
<tr>
<td>1-0</td>
<td>0%</td>
</tr>
<tr>
<td>Blank</td>
<td>2%</td>
</tr>
</tbody>
</table>
How do you rate the level of post discharge support you were provided?

![Pie chart showing the percentage of patients' ratings: Excellent 40%, Good 36%, Fair 16%, Poor 2%, None 2%, Not Answered 4%]

Only 40% of the patients are satisfied with their post discharge support...

## Next Steps

- Public Awareness
  - Google analytics
- Final evaluation
- Some additional printed toolkits available
- Electronic versions of all available @ no cost
- MAPS Patient/Provider relationship strategic focus.
Sustaining the Effort: What Can We Do?

DOWNLOAD OUR SMARTPHONE APP

One option for coordinating your four patient safety to-dos is our smartphone app. The app is a helpful tool for patients to keep and share their lists of medications, warning signs, test results and recommendations. Patients can also set reminders about important follow-up steps. Download it for FREE here!

www.mnpatientsafety.org
www.ownbestmedicine.mn

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)