

Teach-back SCI: Patient-Oriented Discharge Strategy (PODS)

**A Process for Optimizing Transitions from
Inpatient SCI Rehab to the Community**

Sandra Mills, Patient and Family Educator
Lyndhurst Spinal Cord Rehab
Toronto Rehab Institute
University Health Network

HCEA Reaching New Heights in Patient Powered Care
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Background: Spinal Cord Injury (SCI)



- Complex, multi-system, life-altering condition
- People with SCI identify the transition from rehab to the community to be overwhelming
- Hospital LOS are shorter and transitions between the phases of care are faster

What is Teach-back SCI PODS?

1. Teach-back style PODS meeting that uses self-management best practices led by a neutral clinician facilitator

2. An SCI-focused PODS document

- ✓ Medications
- ✓ Care Plan
- ✓ Signs, Symptoms and What to do's
- ✓ Appointments
- ✓ Individualized Contact List

3. **When:** 1 week prior to Discharge

4. **Who:** patient / family, facilitator, member of team

UHN Toronto Rehabilitation Institute PODS
Mr. Lyndhurst's Discharge Summary

I came to Lyndhurst and am leaving. I had my meeting on (date) with . I came in because I have (in) complete quadri/paraplegia or other. I am going to my (home/ condo/ retirement home/ hospital) when I leave.

This summary is my interpretation of my plan for discharge. For profession-specific recommendations please refer to the appropriate professional documentation.

I have a Spinal Cord Essentials Binder.

Medications I need to take:
Medications will be reviewed several days before leaving by my Pharmacist or Doctor. I need a Family Doctor appointment immediately after leaving to renew prescriptions in time for refills.

Bladder supply list (SU prescription) has (not yet) been reviewed with Nurse or Doctor. I need to choose a vendor and arrange delivery or pickup of my supplies.

Issue	Plan
Swallowing / Breathing	
Skin	
Bladder	
Bowel	
Pain	
Thinking / Memory	
Dressing / Bathing / Grooming	
Eating	
Transfers / Mobility	
Equipment	
Cooking / Shopping	
Houseing	
Coping / Relationships	
Transportation	
Leisure	

In patient's own words



SCI Rehab PODS

- SCI rehab standard of care since May 2015!
- 9 trained ‘neutral’ facilitators
- 2 PODS schedulers
- Significant inter-professional participation
- Resource neutral, no additional \$
- Positive feedback from patients and staff

“I feel like I am ready to go home now.”

“I was so surprised he could articulate what he needs to do at home!”

Pilot Study Results

(% that strongly agreed)

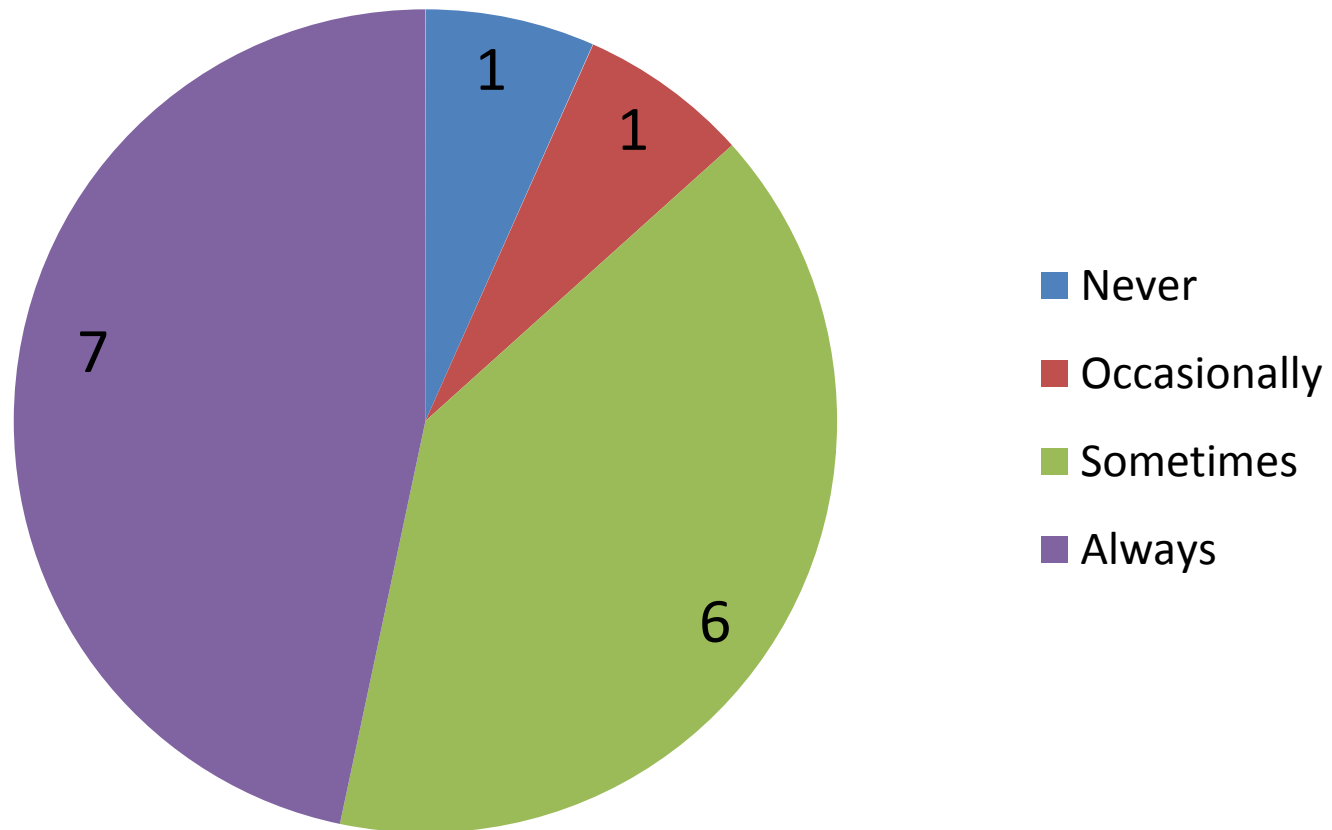
Question	Pre-PODS (Feb patients)	PODS Pilot
I understand the purpose of my medications and when to take them	42%	83%
I understand how to manage my daily care	41%	67%
I understand what symptoms to look for and what to do	33%	83%
I know my follow up appointments	42%	67%
I know who to call with questions	33%	83%
When I left hospital I felt confident about my discharge	25%	50%

What did you use your PODS summary for?

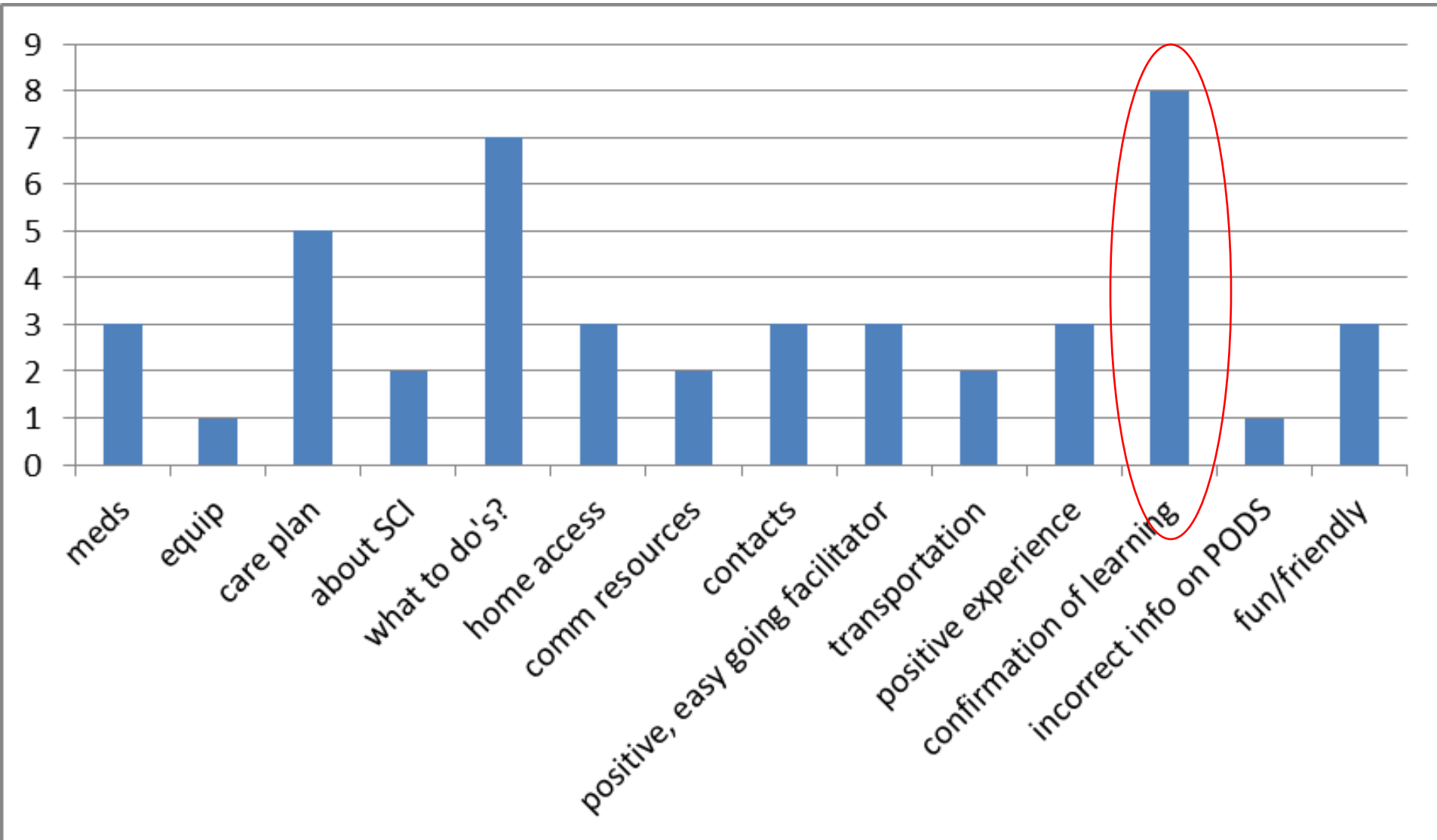
Appointments	2
Phone numbers/contacts	2
Prescriptions done	1
Gave me support	1
Reminders/refresh memory of health	2

Outpatient interviews April 2017

What extent do you use the plans/strategies you shared in meeting?



3 things that really stuck with you about your PODS meeting?



PODS Completion Rate

May 2015 – June 2017

Total D/C Patients	PODS Eligible*	Total PODS Completed	% PODS Completion
659	627	598	95%

Key Points

- Value of patient partners in co-design
- SCI PODS has significant value:
 1. Consolidates learning through teach-back & provides an individualized transition plan
 2. Patient-centred approach focusing on safety, self-management & building confidence
 3. Opportunity for professional development & reflective practice for staff and facilitators

Thank you!
Sandra.Mills@uhn.ca