



Institute of Health Policy, Management & Evaluation
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Use of health literate discharge practices to meet the needs of patients and caregivers: development of an organizational survey tool

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Health literacy

- United States and Canada have high rates of inadequate health literacy
(Kutner et al, 2006; Murray et al, 2008)
- Most research is focused on patient-level factors
- Need for health literate health care organizations (IOM, 2012)

Hospital readmission

- Low health literacy associated with increased hospital readmission rates following hospital discharge
(Mitchell et al, 2012)
- United States and Canada have high rates of hospital readmission
(CIHI, 2013; Epstein et al, 2012; RWJF, 2013)

Health literate discharge practices (HLDP)

Use of health
literate discharge
practices (HLDP)



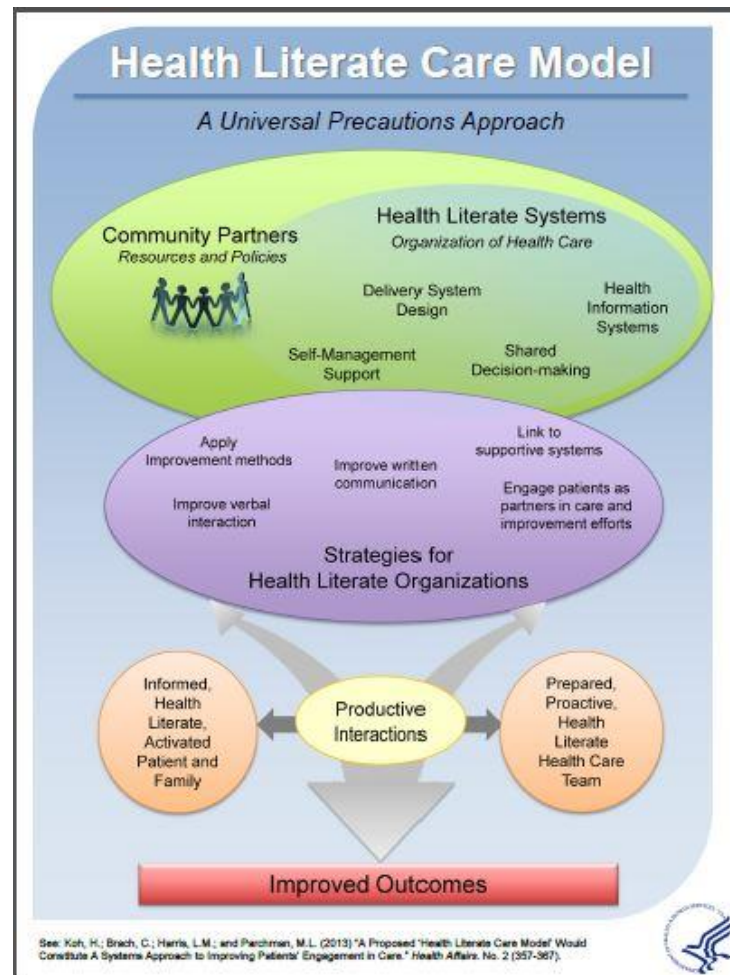
Improved health
outcomes &
decreased
readmission rates

HLDP in Ontario hospitals

- Development and administration of an organizational survey tool to measure the use of health literate discharge practices in Ontario acute care hospitals
- Health literate discharge practices based on the 34 practices of Project RED (Re-Engineered Discharge)
 - Use of practices associated with significantly decreased hospital readmission and hospital costs (Jack et al, 2009; Markley et al., 2013)

Health literate care model

(Koh, Brach, Harris & Parchman, 2013)



HLDP in Ontario hospitals

Research Questions

1. Using the components of Project RED as a guide, what are the best elements to be included in an organizational survey of health literate discharge practices in acute care hospitals?
2. To what extent do acute care hospitals in Ontario engage in health literate discharge practices?

HLDP in Ontario hospitals

- Development of organizational survey tool using Delphi method with expert panel
- Panel: 42 experts
- Two rounds
 - 1st round: all indicators rates as important or very important
 - 2 new indicators added, wording of 2 indicators changed

Indicators for round 2

- New indicators
 - Discharge summary has a standardized format so that information is easy to find.
 - Patient/family is referred to community pharmacist within 2 weeks of discharge for a medication review.

Indicators for round 2

- Re-worded indicators
 - The patient/family is given an easy-to-understand written, **prioritized** discharge plan that includes medications, medical equipment, future appointments, and future diagnostic tests to take home
 - **Patient/family is provided with a phone number where they can speak with a hospital staff member to ask** questions about the at-home care plan, hospitalization, and follow-up plan in order to help patients transition from hospital care to outpatient care setting.

Organizational survey

- Second round
 - 93% participation rate
 - Each indicator rated as important or very important
- Final survey has 36 items
 - Health literate score range 36-180
- Endorsement from Ontario Hospital Association
- Survey tool administered to hospitals in Ontario in Spring 2015 (N = 143)

Survey results & next steps

- 79 hospitals responded (55% response rate)
 - Potential scores ranged from 36 – 180
 - Range of scores 78-173, median score of 138
- Next steps
 - Factor analysis
 - Multiple regression to see relationship between hospital size, location and budget and health literate discharge score
 - Qualitative interviews

Relevance

- Little research to date into how hospitals are managing the discharge process
- Development of an organizational assessment tool
- Provide a broad understanding of use of health literate discharge practice
- Monitor hospital performance & direct quality improvement efforts

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