Institute of Health Policy, Management & Evaluation
UNIVERSITY OF TORONTO

Adoption and use of health literate discharge practices to meet the needs of patients and families

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IHPME

Health literacy

- Health literacy is the ability to obtain, use & understand information to make decisions that maintain and promote health (Berkman et al, 2011; Nielsen-Bohlman et al, 2004)

- 60% of Canadians lack an adequate level of health literacy (Murray et al, 2008)

- Need for health literate health care organizations (Brach et al, 2012; IOM, 2012)

Health literate discharge practices

Use of health literate discharge practices (HLDPs)

→

Decreased readmission rates

Decreased costs

Improved patient outcomes

(Adams et al, 2014; Jack et al., 2009; Markley et al, 2013)

How do hospitals adopt HLDPs?

- Use of organizational learning to understand how hospitals adopt HLDPs

- Absorptive capacity
  - Learning capacity of an organization: ability of an organization to recognize, test and use new knowledge to achieve work outcomes (Cohen & Levinthal, 1989)

- Metaroutines & routines
  - Practices, procedures and customs used to carry out work and make decisions

  (Berta & Baker, 2004; Lewin, Massini & Peeters, 2011)

How do hospitals adopt HLDPs?

Methods

- Key informant interviews (n = 20) in 10 hospitals
    - 8 nursing managers
    - 2 nursing educators
    - 4 nurses focused on patient flow
    - 1 staff nurse
    - 3 senior managers
    - 2 social workers
- Hospitals: 2 teaching, 3 large community, 2 small community
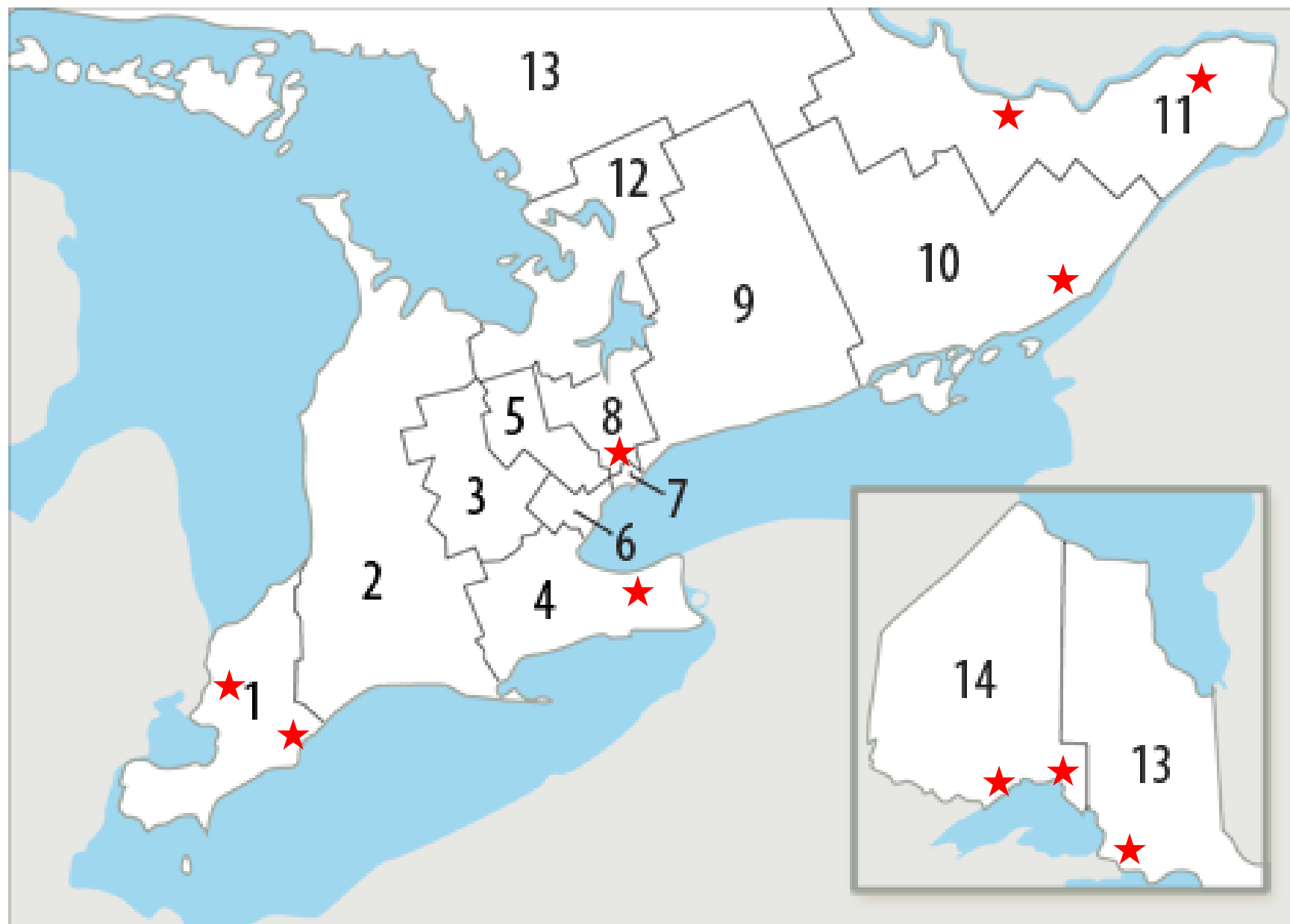
AC routines & HLDPs

- **Allocating resources**
  - Using IT to share information between hospital & community providers/services
  - Using IT to share information between hospital & patients/families
  - Establishing discharge planning staff roles
  - Staffing resources

AC routines & HLDPs

- Building & nurturing external relationships
  - Meeting regularly with partners in community organizations
  - Participating in communities of practice
- Responding to environmental mandates
  - Using accreditation as an incentive to sustain new practices
  - Working with government initiatives to improve patient care

AC routines & HLDPs

- **Standardizing processes**
  - Creating & using checklists
  - Creating & using standardized order sets

AC routines & HLDPs

- Engaging patients & families
  - Ensuring process exists for communication with patients & families about their needs & experiences
  - Including patients & families in evaluating work of hospital

AC routines & HLDPs

- **Fostering participative decision making**
  - Actively requesting feedback from staff
  - Using unit-based councils & teams to provide opportunities to participate in decision making
- **Evaluating**
  - Including patients and staff in evaluating practices
  - Responding to input of patients and staff

Questions?

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