

## Teach-Back SCI

Patient-Oriented Discharge Strategy (PODS):

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

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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 and health literacy best practices led by a neutral clinician facilitator.
- 2. Occurs 1 week prior to Discharge
- 3. Patient / family, facilitator, member of team participate
- 4. SCI-focused **document** written in the **patient's own** words.
  - \*Care Plan
  - \*Signs, Symptoms and What to do's
  - \*Individualized Contact List







#### **Teach Back SCI PODS Template**

9	ш	IN	Toromo Rehabilitation Institute
45			Institute

MASTER TEMPLATE's Discharge Summary

I came to Lyndhurst and am leaving	I had my meeting on (date) with I can	me in
because I have inc/ complete quadri/par	raplegia or other. I am going to my (home/ co	ondo,
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 (GU prescription) has (not yet) been reviewed with Nurse or Doctor. I need to choose a vendor and arrange delivery or pickup of my supplies.

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

What if I Have	What to do
Dysreflexia	
New swelling	
Much worse spasms	
A red mark on my skin	
A change in bowel function	
A change in bladder function (bladder infection)	
Much worse pain	
A fall	
Feel very sad or overwhelmed	
A problem with my wheelchair	

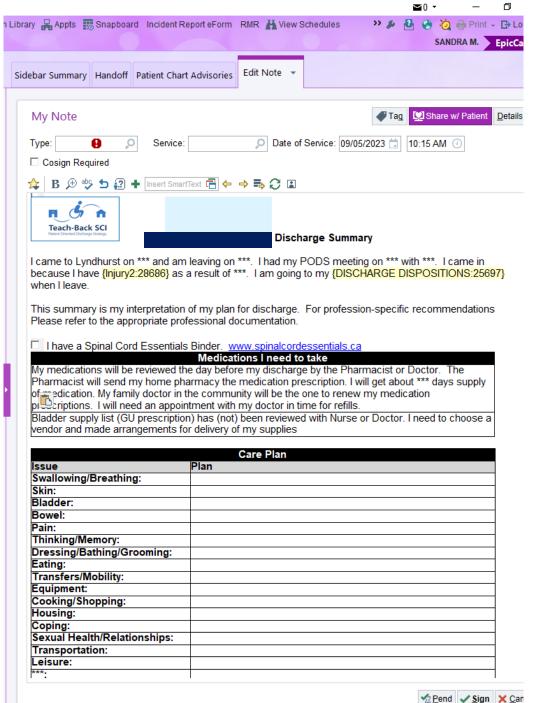
#### Outpatient Referrals Completed

OT SW Nursing Other: TR.Psy.Chap Location:	
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Appointments I have to go to		
These are my Lyndhurst appointments only- can get a printed list from Outpatient Reception		
Go to see	For	Date and Time
Dr.	Physiatry Follow up	
Robson Clinic	Bladder Follow up	
Bone Density Clinic	Bone Density Follow up	
Private PT, CCAC, SCI-O	Community Services	

My Contacts		
For Questions about	Contact	At
Medications prescribed here		
Meds more than 3 months after leaving, refills		
Bladder supplies		
Changes in prescriptions or symptoms		
Surgery / Neurology follow-up		
Physiatry follow-up		
Lyndhurst Outpatient Services		
To cancel/reschedule Outpatient appointments		
Equipment		
Housing / Finance / Home modification / Employment		
Other Social Work Questions		
CCAC		
Speaking / swallowing		
Breathing		
Spinal Cord Injury Resources		
Mental Health (Psychologist)		
Mental Health Services	Mental Health hotline	
Physiotherapy Questions		
Occupational Therapy Questions		
Research Studies	Central Recruiter	

My Notes and Questions	



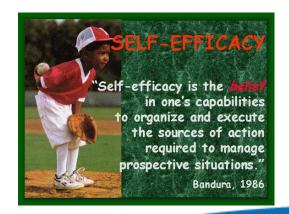
### Built new template for EPIC

#### Aim of Teach-back SCI PODS:

Consolidate rehab learning



- Identify outstanding needs before discharge
- Reduce anxiety prior to discharge
- Enhance self-efficacy







#### **SCI Rehab PODS: Current State**

- Full implementation from 2015
- SCI rehab standard of care for all patients
- 7 trained neutral facilitators
- Allied health clinicians participate
- 2 PODS schedulers
- Resource neutral, no additional \$
- Positive feedback from patients and staff

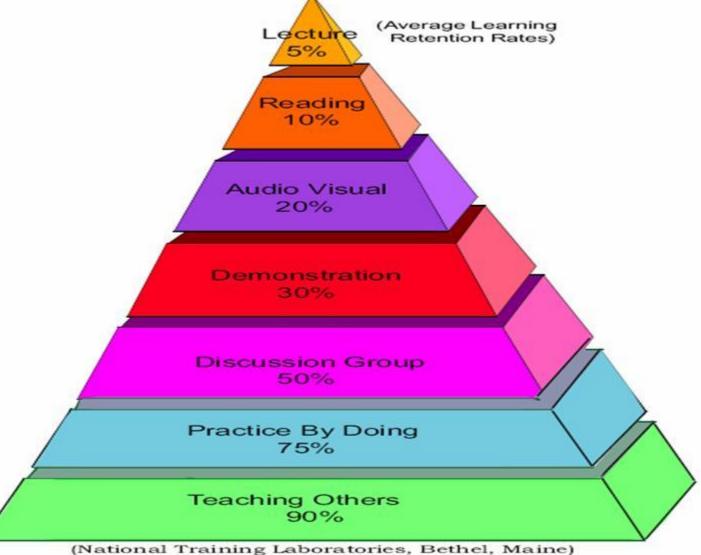
"I feel like I am ready to go home now."

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





#### Learning **Pyramid**



#### Teach-back is...

- An evidence-based approach to improving patientprovider communication and patient health outcomes (Schillinger, 2003)
- Asking patients to repeat in their own words what they need to know or do, in a non-shaming way.
- NOT a test of the patient, but of how well you explained a concept.
- A chance to check for understanding and, if necessary, re-teach the information.

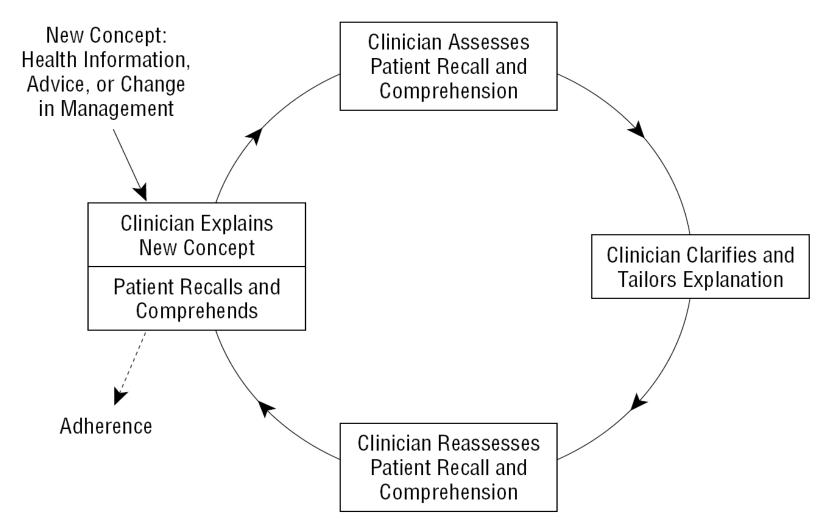


#### Teach-back is Supported by Research

- "Asking that patients recall and restate what they have been told" is one of 11 top patient safety practices based on the strength of scientific evidence." AHRQ, 2001 Report, Making Health Care Safer
- "Physicians' application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients." Schillinger, Arch Intern Med/Vol 163, Jan 13, 2003, "Closing the Loop"
- Ninety-eight percent of medical errors are communication-related. (AMA, 2007)
- Patients say the healthcare environment can make it hard to tell a provider they do not understand. (AMA, 2004)



#### **Teach-back Loop**





### **Teach-back Examples**

Asking patients to demonstrate understanding, using their own words:

- "It is my responsibility to ensure you have the information you need. Can you please tell me what you understand / learned so I can be sure I gave you the information you need?"
- "That was a lot of information! When your partner comes in this evening, what will you tell them about the changes we made to your blood pressure medicines today?"
- "We've gone over a lot of information today. In your own words, please tell me what we talked about."



# Thank you!

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