

## **2007 PATIENT CARE AWARD FOR EXCELLENCE IN PATIENT EDUCATION INNOVATION**

This annual award is presented by the Society of Teachers of Family Medicine to a health professional or not-for-profit organization involved in developing patient education strategies for primary care. The award acknowledges creative, cutting-edge strategies developed to deliver patient education targeted to patients in an office setting. In addition to innovation and creativity, submissions are judged on the demonstrated capacity to communicate important health concepts to patients, and to positively impact patient behavior.

### **AWARD CITATION**

#### **"Re-Engineered Discharge: A Patient-Centered Transition from Hospital to PCP"**

Submitted by

**Brian W. Jack, MD**

**Boston University Medical Center / Department of Family Medicine**

The hospital discharge is a ‘hand-off’ characterized by errors resulting from the discontinuity and fragmentation of care at discharge that place patients at high risk of post-discharge adverse events and rehospitalization. Using process mapping, failure mode effect analysis, qualitative analysis and iterative group process, the Re-Engineered Discharge (RED) was created, which is a set of eleven discrete and mutually reinforcing components that should consistently be part of every hospital discharge. The components of the RED were endorsed by the National Quality Forum (NQF) Consensus Standards Maintenance committee and in October of 2006 the national members of the NQF voted to endorse the RED as the basis for the NQF “Safe Practice” on the hospital discharge.

Working with design and health literacy consultants, the After Hospital Care Plan” (AHCP), a spiral-bound, color booklet was designed as a tool to clearly present the components of the RED. The AHCP lists upcoming appointments and tests; provides a color-coded calendar of upcoming appointments; and includes prompts and questions to help the patient prepare for his/her upcoming appointment. Each AHCP is individualized, including the patient’s name, contact information for his/her primary care physician, a color-coded medication schedule tailored to the patient’s medication regimen, and an illustrated informational page describing the discharge diagnosis. The information included in the booklet is presented and organized in a manner designed to be accessible to individuals of all literacy levels.

The use of the AHCP as a tool to deliver the RED was then tested in a randomized controlled trial among 750 subjects comparing the RED delivered by a nurse to usual care. The AHCP was shown to (1) be highly reliable in delivering a comprehensive discharge; (2) be highly acceptable to patients; (3) improve self reported ‘readiness for discharge’ and “understanding of

medications and appointments”; (4) be especially effective in patients with limited health literacy; (5) improve follow-up with primary care physicians; and (6) decrease emergency room visits. These results have important implications for quality of care at discharge and lowering costs.

One of the main barriers to dissemination of this program is the amount of time needed to deliver the RED intervention. The RED team is now actively working on a system that will deliver the elements of the RED using health information technology (HIT). We look forward to telling you more about this new HIT system in the future.