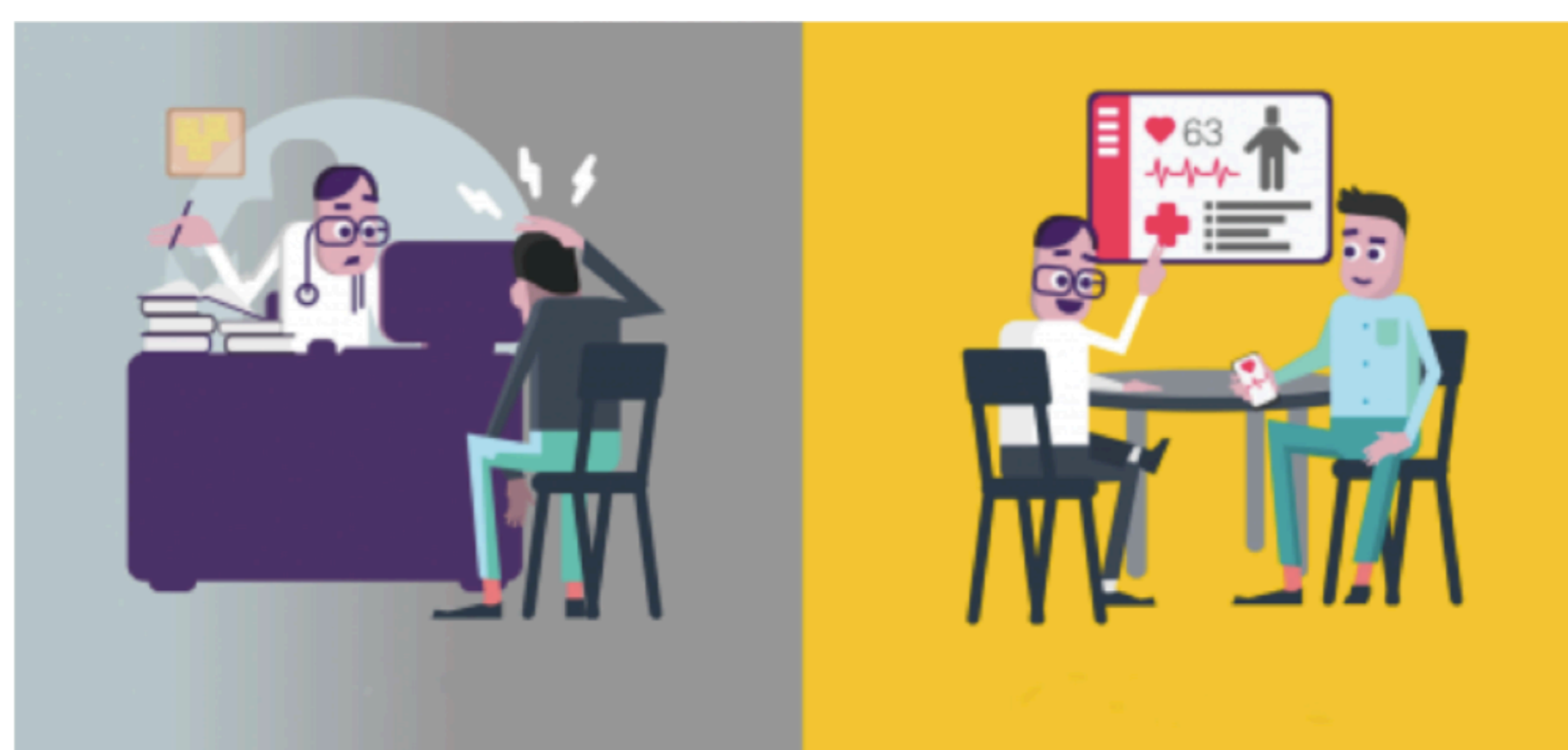


Closing the loop: patient retention of discharge instructions in urgent care, a quality improvement study

Background

- Studies have shown that patients immediately forget 40-80% of what has been discussed in consultation.
- In urgent care, remembering discharge instructions (DI) is essential to treatment.
- The “teach-back” technique has been shown to help patients recall DI.
- Residents receive little training in how to deliver effective DI.

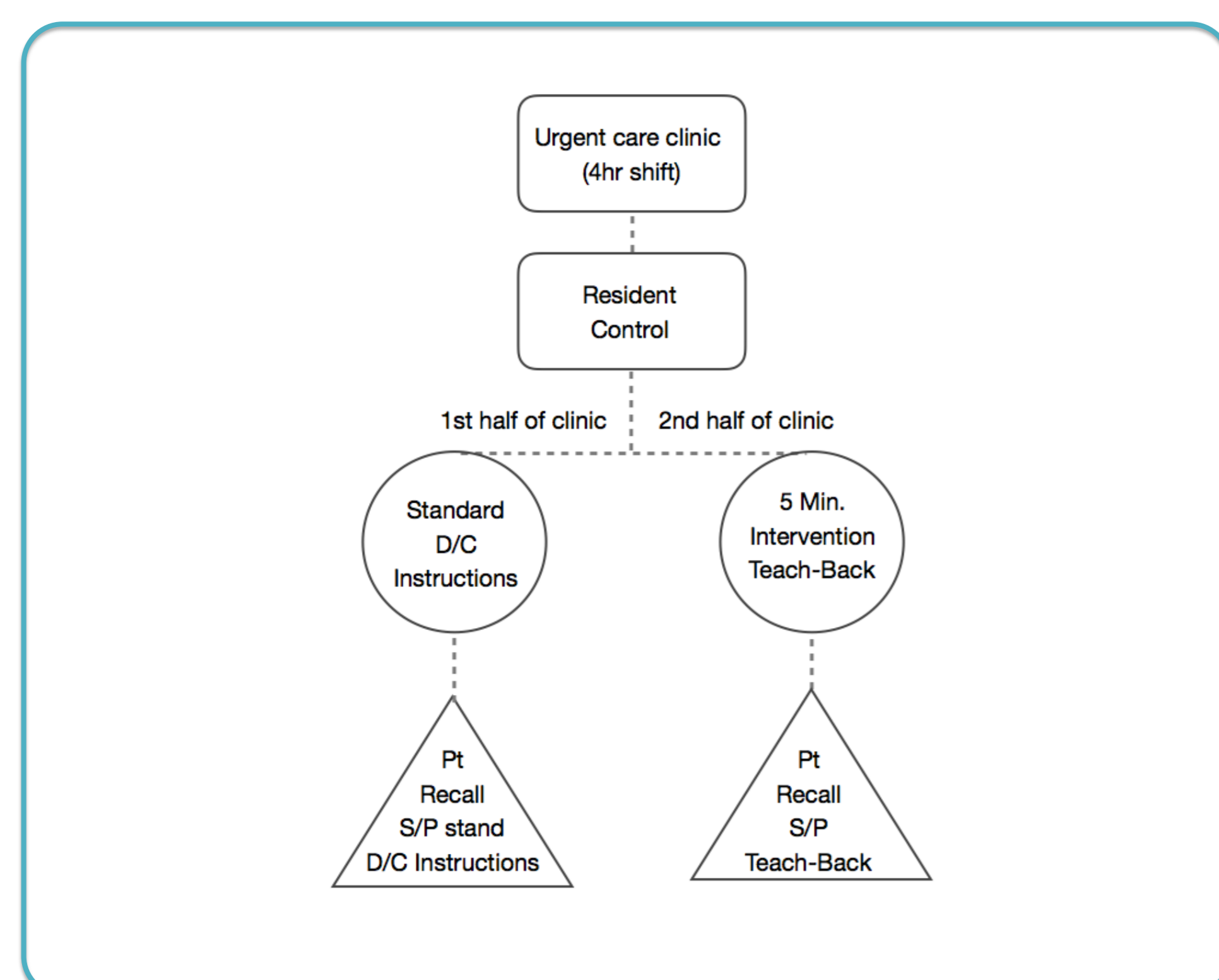


QI AIM

- To improve patients’ immediate retention of discharge instructions from Urgent Care by 20% by July 2020
- H1: Patients receiving discharge instructions from residents **trained** in giving discharge instructions using the **teach-back** technique will have **better** retention than those receiving standard discharge instructions.

Methods

Study design



Setting & Participants

- Urgent care clinic (walk-in) Saint-Mary’s family medicine center
- R1s & R2s (n=6)
- Patients (n=50 pre & n=50 post)
 - >18 years old, parents of children, english/french speaking, in urgent care for acute issue
 - Exclusion: Inappropriate UC consultations (i.e., coming in to get a form signed, or coming in for a chronic issue – i.e > 6 weeks)

Study Interventions

5 minute intervention during UC clinic

Discharge Instruction training

- Diagnosis
- Examinations
- FU care
- Treatment
 - Non pharmacological
 - Pharmacological
- Reasons to return

Teach-Back Quick Guide

- Use teach-back for ALL patients.
- Start with most important message.
- Limit to 2-4 key points.
- Use plain language.
- Rephrase message until patient demonstrates clear understanding.

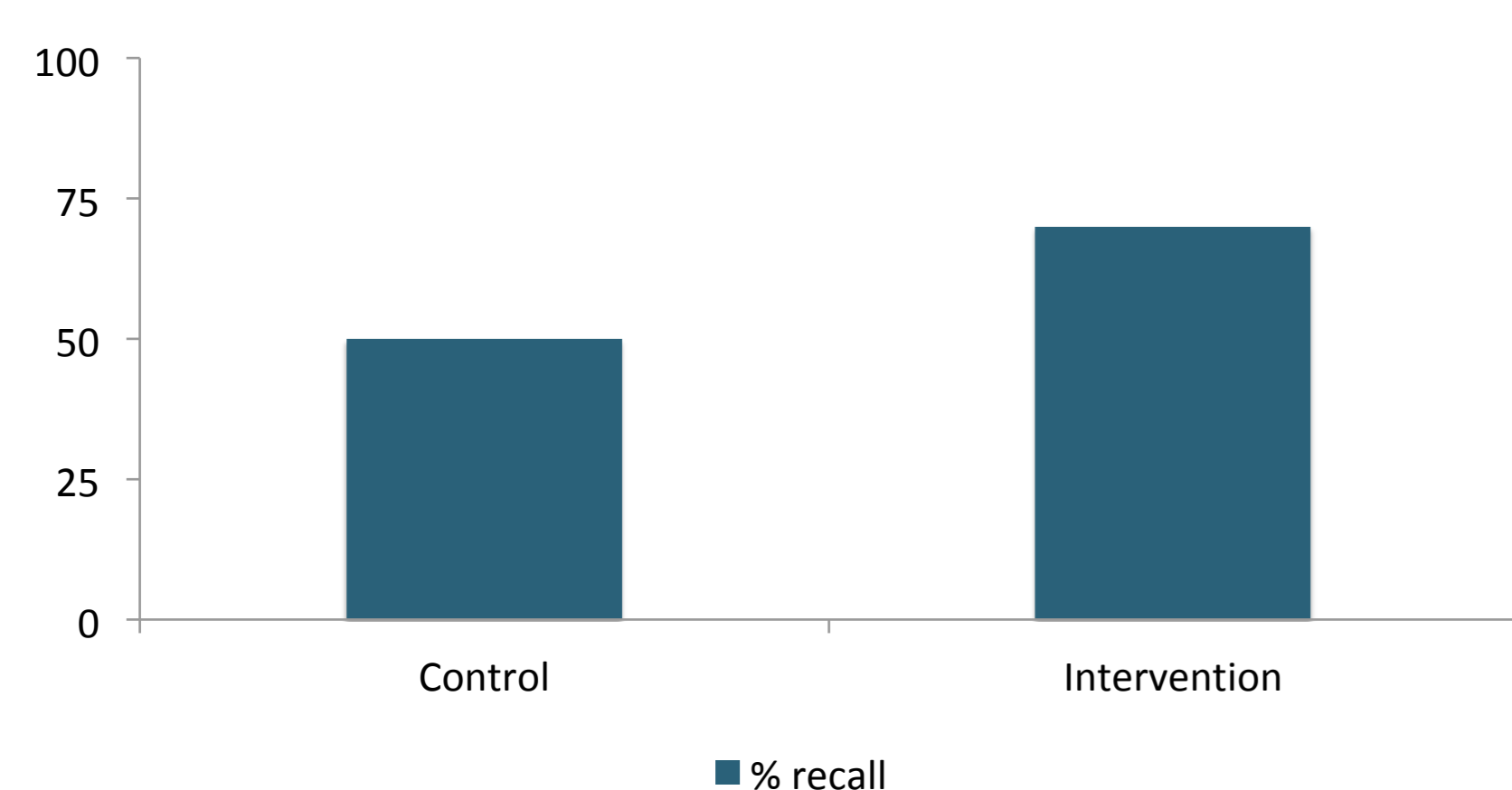
Examples of Teach-Back Starters

- “Just to be safe, I want to make sure we are on the same page. Can you tell me...”
- “I want to make sure that I explained things clearly. Can you explain to me...”
- “Can you show me how you would use your inhaler at home?”

*AHRQ

Expected Results

Main outcome: % patients recalling complete discharge instructions



Patient recall of discharge instructions pre & post intervention

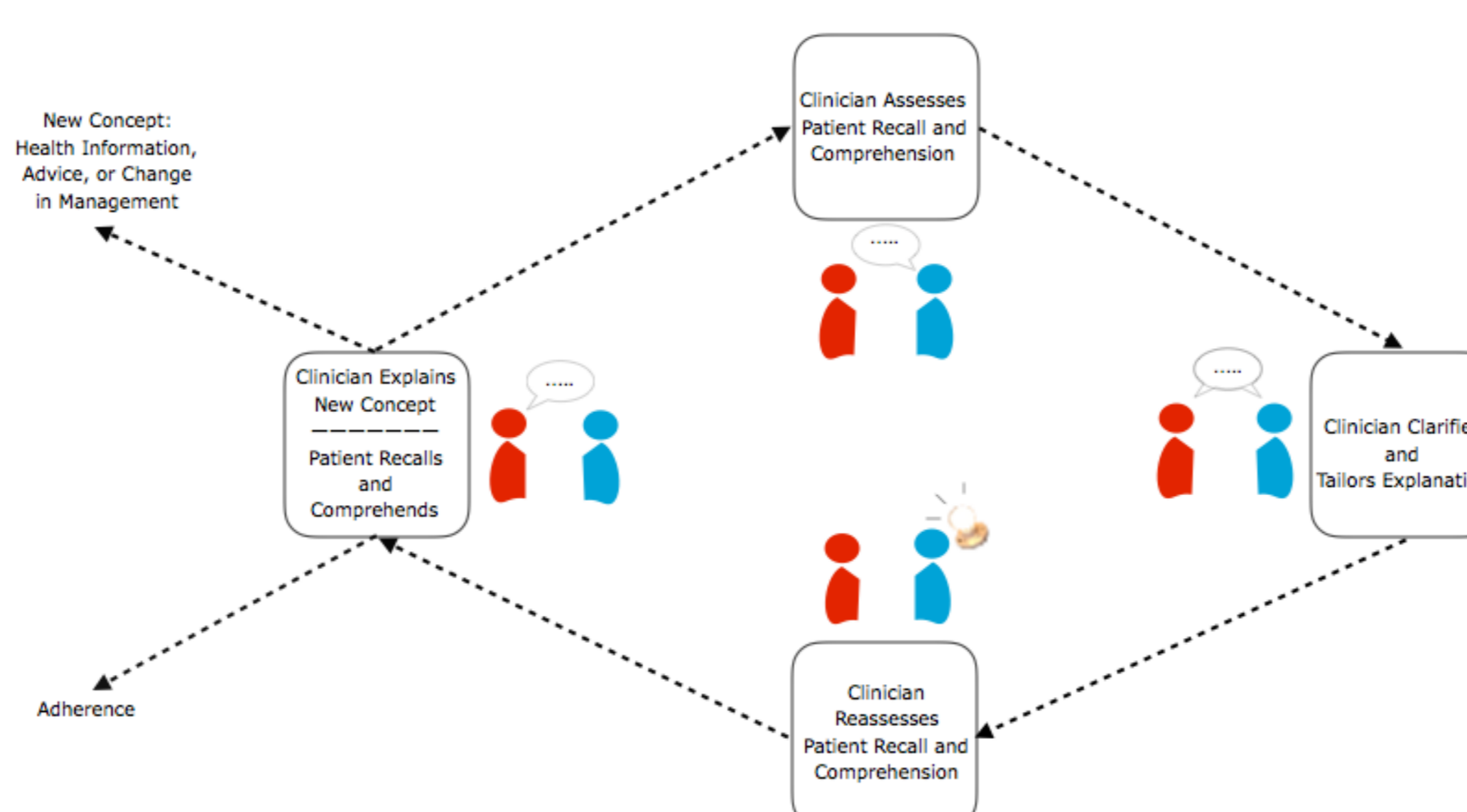
Recall domain	Control (n=50)	Intervention (n=50)
Diagnosis	40 (80%)	45 (90%)
Investigations	30 (60%)	32 (64%)
Treatment: non pharm	20 (40%)	24 (48%)
Treatment: pharm	30 (60%)	32 (64%)
FU	20 (40%)	40 (80%)
Return to consult	10 (20%)	30 (60%)

Additional results

- Chart review
- Resident documentation of discharge instructions
- Comparison of documentation vs recall

Discussion

- Residents receive little training for communication skills.
- We expect that a brief training in communication can have a positive impact on a patient oriented outcome.
- Anticipated Limitations:
 - no audio recording of consultations
 - Small sample – lack of research team support .



*adaptation of Schillinger 2003

Conclusion

- We hope to influence the teaching culture at St-Mary’s in order to promote use of the teach-back method.
- We hope to implement other PDSA cycles to improve patient retention of discharge instructions.