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CHIP Title: Inpatient University: Empowering seamlessly.

Project Description:
Often, education of our hospitalized patients occurs in the last few hours of their stay. And there are no standards for how to perform this critical work. This project was inspired by my Spanish-speaking patient, Jose. Jose was re-admitted to our hospital with cirrhosis and volume overload, a new diagnosis that was made just a few months prior to when I cared for him. In exploring what happened, he barely recognized the term “cirrhosis” let alone Lasix and the other medications that were prescribed to control his symptoms. Lots of evidenced-based practices exist for management interventions and clinical care decisions (e.g., goal directed therapy for heart failure or sepsis), but few standards are reinforced around the key education a patient should receive about their clinical diagnoses before they are sent home from the hospital. This project is titled “Inpatient University” as it aims to standardize a patient-centered curriculum to guide the empowerment of our patients. And it aims to make this education and communication as easy and seamless as possible for hospital staff.

There are three key aims for the “Inpatient University” project:
- Standardized education to be delivered to our patients throughout the course of their hospitalization,
- Simple written instructions given to patients at time of discharge, and
- Assurance that instructions on pill bottle labels dispensed from our Discharge Pharmacy are always translated into a patient’s preferred language.

Key Findings and Lessons Learned:
- Collecting feedback from small number of providers helped identify the value of sharing readability levels as many were unaware of how complex their instructions were written.
- Currently our teams are writing discharge instructions at 11-12th grade level. And it turns out writing at a 5th grade reading level is really hard! But improvement is possible. In sending email feedback to our providers on their recently written discharge instructions, we were able to provide guidance on how to re-write their instructions at readability levels between 6-8th grade levels quite consistently. However, provider feedback over a three-month span did not result in any significant improvement in readability levels. Real-time feedback will likely be most effective at improving performance.
- In order to standardize some of the education provided to patients during their hospitalization, we have been piloting bedside video education. These video playlists helped to standardize and structure patient bedside education, and it helps eliminate our staff having to cover all the material on their own. It also ensures our patients are consistently exposed to key concepts. We are in the process of collecting patient feedback.
- Building an interdisciplinary team helped create buy-in united in our shared mission and has helped move the project forward.
- Starting small and local is OK (and even preferred)!

Next Steps:

- Embed readability feedback into Epic so that providers get real-time visual feedback on the grade level of their written instructions.
- Roll out translation of pill bottle labels in partnership with Pharmacy colleagues.
- Identify video playlists that can be used as video curriculum for core diagnoses.
- Build interface so that patient education orders can queue up video curriculum to a patient's bedside TV. Currently, assigning videos is a manual process. This will allow our hospital to scale up this workflow.
- Define teach back workflows based on video curriculum to guide the discussions our teams should be having with their patients.