



Institute of Health Policy, Management & Evaluation
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How do hospitals in Ontario adopt & use health literate discharge practices? A qualitative analysis

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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)

Care transition programs

- Transitional Care Model
 - (Naylor et al., 1994, 1999, 2004, 2005)
- Project BOOST
 - (Hansen et al, 2011)
- Care Transitions Intervention
 - (Coleman et al., 2003, 2006)
- Project RED
 - (Jack et al., 2009, 2013)

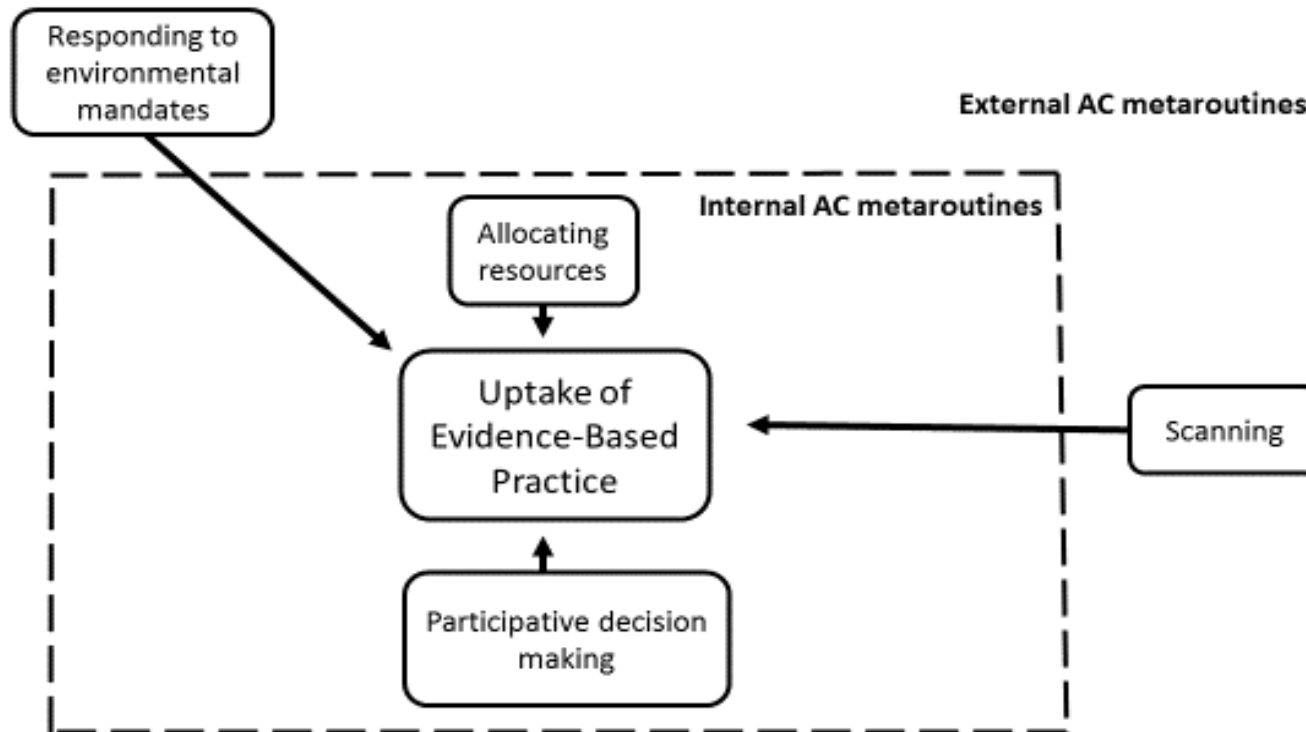
How do hospitals adopt HLDPs?

- 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?

Absorptive capacity and routines

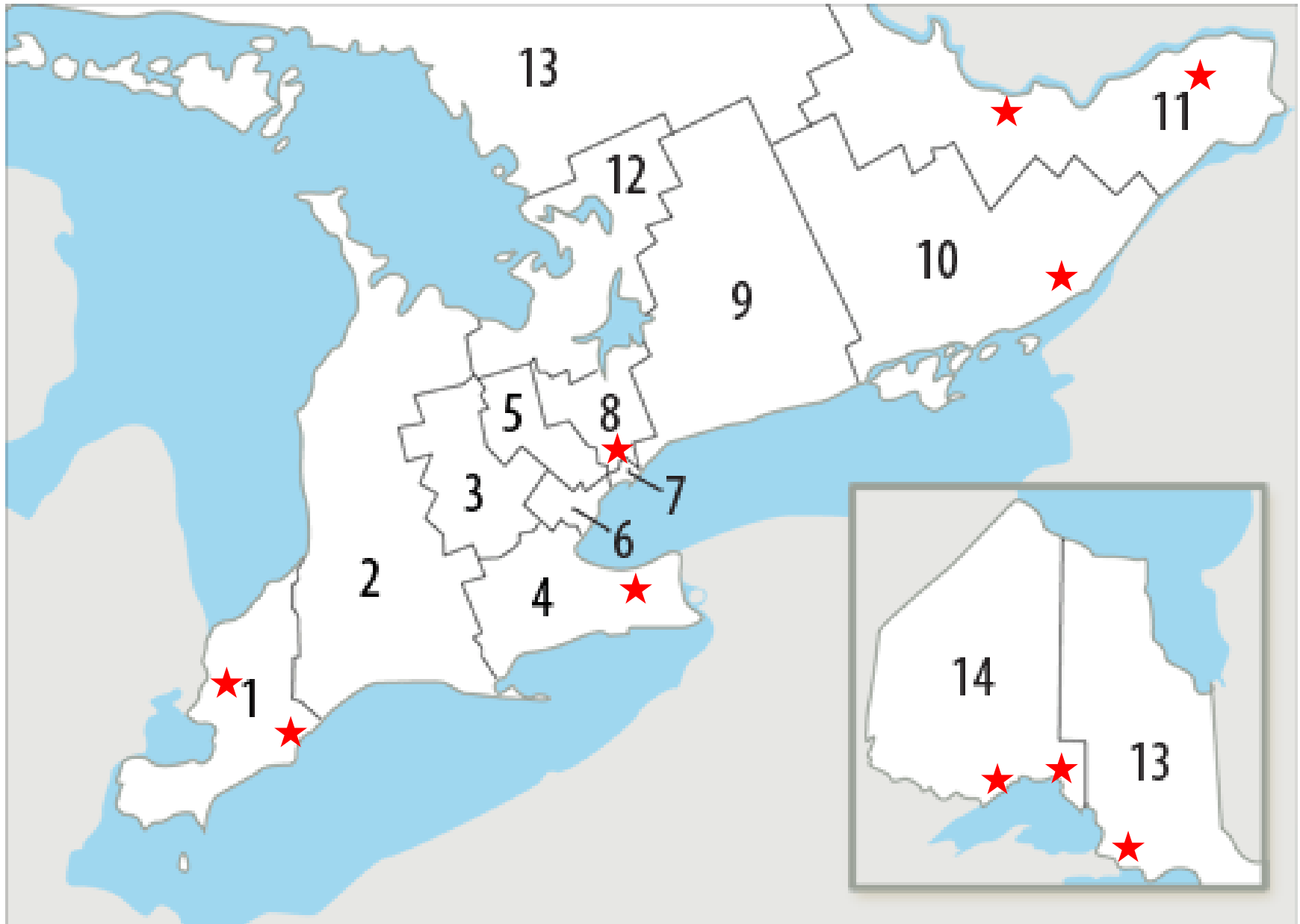
(Innis et al., 2015 Journal Evidence-Based Healthcare; Innis & Berta, 2016 Journal of Nursing Management)



How do hospitals adopt HLDPs?

Methods

- Key informant interviews (n = 20)
 - 8 nursing managers
 - 2 nursing educators
 - 4 nurses focused on patient flow
 - 1 staff nurse
 - 3 senior managers
 - 2 social workers
- Semi-structured interview guide
- Thematic analysis



AC routines & HLDPs

- External metaroutines
 - Building & nurturing external relationships
 - Responding to environmental mandates
 - Scanning
- Internal metaroutines
 - Allocating resources
 - Fostering participative decision making
 - Fostering internal networks
 - Standardizing processes
 - Engaging patients & families
 - Fostering an inclusive organizational culture
 - Providing leadership
 - Evaluating

External AC routines & HLDPs

- Building & nurturing external relationships
 - Meeting regularly with partners in community organizations
 - Promoting relationships with community colleges & universities
 - 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

External AC routines & HLDPs

- Scanning
 - Encouraging members to stay abreast of new practices through reading, attending conferences, online resources and social media

Internal AC routines & HLDPs

- Allocating resources
 - Using IT to share information between hospital and community providers/services
 - Designating space for staff to use for discharge planning
 - Establishing discharge planning staff roles
 - Ensuring managers & staff can take advantage of professional development opportunities

Internal AC routines & HLDPs

- Fostering internal networks
 - Using weekly hospital rounds to discuss complex patients
 - Using daily unit rounds to review discharge plans
 - Leveraging social networks within hospital
- Standardizing processes
 - Creating & using checklists
 - Creating & using standardized order sets

Internal AC routines & HLDPs

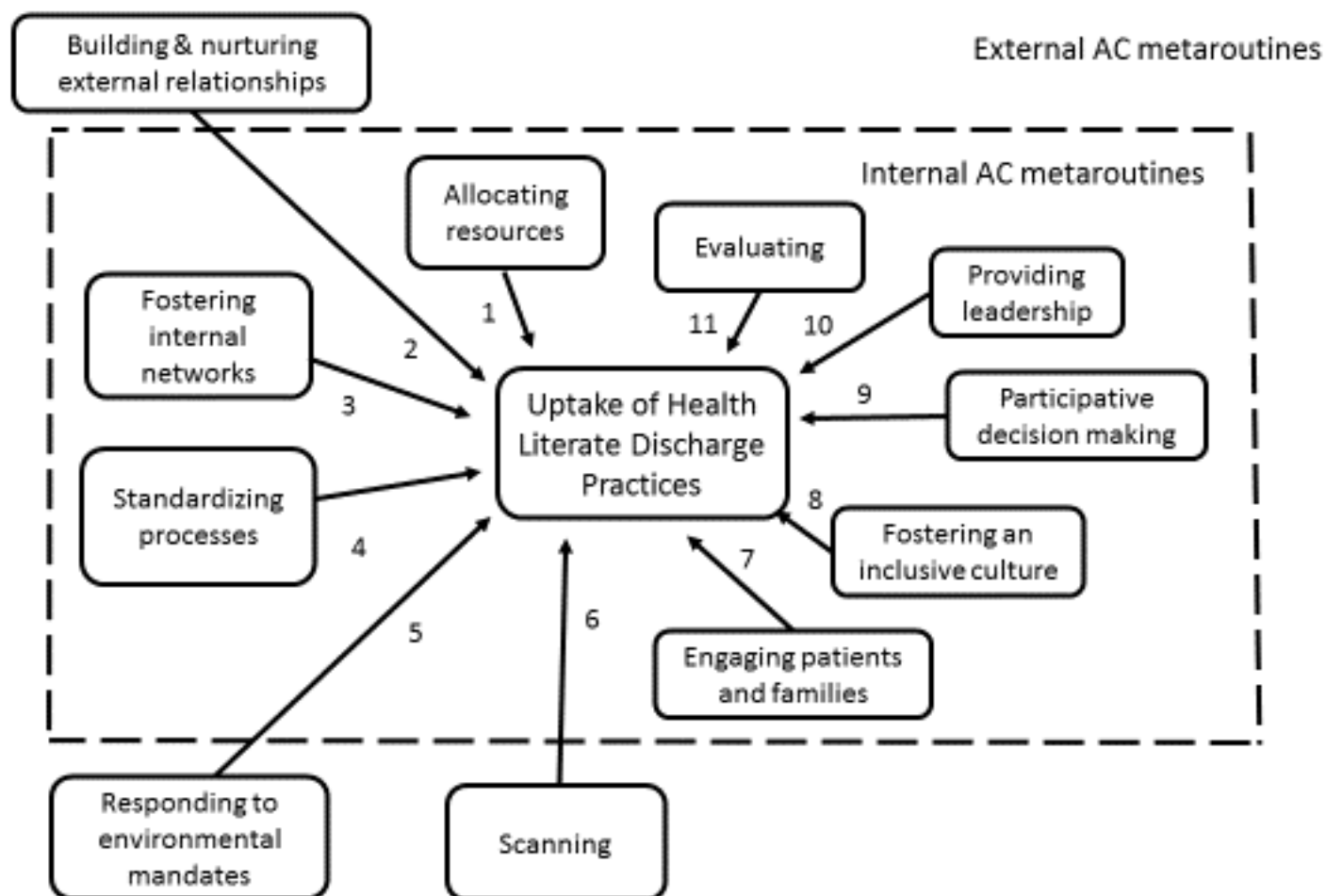
- Engaging patients & families
 - Ensuring process exists for communication with patients & families about their needs & experiences
 - Including patients & families in evaluating work of hospital

Internal AC routines & HLDPs

- Fostering an inclusive organizational culture
 - Sharing organizational goals with front line staff
 - Ensuring that staff have forums to communicate with each other

Internal AC routines & HLDPs

- Providing leadership
 - Supporting front-line staff and managers in their use of new discharge practices
 - Being responsive to concerns of front-line staff and managers
- Evaluating
 - Including patients and staff in evaluating practices
 - Responding to input of patients and staff



Implications for hospitals

- Facilitate communication between health care providers
- Standardize discharge practices
 - Checklists, order sets, patient education materials, Project RED checklist
- Ensure access to educational opportunities for staff

Implications for policy makers

- Ensure hospitals have access to IT resources, and are able to share IT resources with other hospitals and community providers
- Encourage communities of practice
- Address nurse staffing issues

Future research

- Need to include patients and families
- Accountability
- Performance measurement
- Sustainability of new practices

Questions?

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