Introduction

Patient and caregiver understanding of discharge instructions has an impact on the efficacy of self-care. At the University of Chicago Medicine, discharge instructions take the form of the Epic After Visit Summary (AVS). Our AVS is densely packed with clinical and technical details, and requires a high level of health literacy to understand. The AVS is designed to serve both the patient/caregiver and provider, who need to reference different content on the AVS. The present document does not present material directed at these two readers in an organized way.

Purpose

Our primary objective was to redesign the content and sections of the AVS in a way that makes it easier for patients/caregivers to understand and follow, and to logically separate patient/caregiver and provider content. Specifically, we were interested in what changes had an impact on patient understanding of the content.

Methods

A multi-disciplinary team was formed to redesign the AVS. Participating departments and services included Nursing Informatics, Department of Medicine, Patient Safety, Nursing Education, Comer Nursing, Pediatrics, Surgery, Pharmacy, Marketing Communications, HIPAA Office, the Center for Quality and others. Our work began with a review of the regulatory requirements for an AVS. Next we reviewed all sections of the current AVS one by one, determining how to interpret the current content. Each element of information was carefully vetted for value-added to patients/caregivers and to providers. Information that was confusing, incorrect, or of little value was noted. Once content and layout within each section had been reviewed, we placed the sections in decreasing order of priority for the patient/caregiver, then for the provider.

As Epic has the ability to print the current plus our new AVS on demand, we are embarking on a translational study to determine if our new design makes it easier for patients and providers to quickly find needed content. We have designed a survey instrument and are in the process of validating it.

Redesigned AVS

<table>
<thead>
<tr>
<th>Medications to take when you leave</th>
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<tbody>
<tr>
<td><strong>ASTEMIN 350 mg</strong> Tables</td>
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<tr>
<td><strong>TEVANOG 10 mg</strong> Tables</td>
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<tr>
<td><strong>GALAXUSA 50 mg</strong> Tables</td>
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<tr>
<td><strong>METROPROLO-15 5 mg</strong> Tables</td>
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Tear-off Medication List

We are preparing a pilot study. We will ask participants to evaluate the AVS as a whole and not section by section. Questions will guide participants toward specific information important to both user populations. We want to rate readability but feel this is best asked indirectly. We plan to ask questions like, “Could you explain this to your doctor?” or “Are there things you like or work well or that are confusing?”

Sample questions:

Questions, for some of the sections (meds, follow up appointments, etc.):
1. How easy was the information to find?
2. Is the information you found accurate?
3. How long did it take? Did you hit the threshold (or give up)?
4. How confident are you that you got it right?

We will collect timing data from the interviews and also note when participants are either unable to find the requested information, or they report incorrect information.

We are creating a version of the redesigned AVS with mock patient data, and are looking at how we could randomize from a population with sufficient cognitive status to participate.

References