



How Collecting Patient Demographic Data Supports Quality and Equitable Health Care: A Clinical Perspective



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How data drives improvement quality and equitable health care



- Bedside Clinical Practice
- Educational opportunities
- Quality improvement initiatives
- Interprofessional collaboration
- Involvement of Patients in Quality Initiatives
- Improved Patient Experience and Outcomes



Case Scenario

- Mrs Soprano is an 75 year old Italian- speaking woman admitted to hospital for investigation of “weakness”.
- Mrs Soprano has had blood work done and is waiting for her results from the resident doctor with her daughter.
- Observe the conversation between Mrs Soprano, her daughter and the resident.





Resident: Hello Mrs Soprano, how are you feeling today?

Patient: Hello (*remains silent and turns to daughter*)

Resident: (*looking at the daughter*) Are you Mrs Soprano's daughter? Does she speak any English?

Daughter: Yes I'm her daughter. No she does not speak any English.

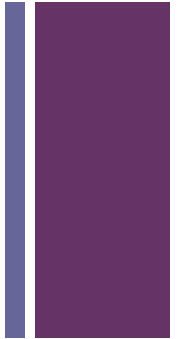
Resident: Ok well then perhaps you can help us communicate. This will take some time so perhaps we should sit down.

Daughter: (*In Italian*) Ma, she says you should sit down. I think it must be bad news.

Resident: Your mom mentioned she was feeling weak. We noted she had black stool and we're concerned she may have a bleeding ulcer in the stomach.

Daughter: (*In Italian*) Ma, she says you're bleeding from the stomach.

Patient: (*In Italian*) Oh yes, I just have so much pain in my stomach. It's so bad that I can't sleep. I am also very tired.





Resident: What did she say?

Daughter: She's saying she's very tired lately.

Resident: Well that's what I wanted to talk to her about. Right now her blood level is very low. This can be life-threatening if we don't act soon.

Your mother has a rare blood type and I need to ask her permission for a blood transfusion.

You see, I need her consent as blood transfusions can have complications. These include fever, a rash, and even anaphylaxis and lung injury for your mom.

(daughter not interpreting and looking concerned)

I know this is difficult news to take in but we have to act quickly. Can you explain this to your mom?



- **Daughter:** *(in Italian)* Ma, as I thought, it's terrible news. The doctor says you're dying but have a rare blood type. She wants to transfuse your blood to help others while you're still alive. But it can have terrible side effects for you. I know you hate needles, but like to help others. Is this something you'd like to do?
- **Patient:** *lin Italian)* They want more blood!!?! Tell them to leave me be. I don't want another needle, I have too much pain already. Let me die in peace if there's nothing more you can do.
- **Daughter:** she says no, she wants to be left alone.
- **Resident:** I don't understand. The blood transfusion is very important.
- **Daughter:** Listen, my mom's made it very clear she doesn't want anything to do with this blood transfusion.
- **Resident:** Ok I will come back later then after she's had some time to think about it.



Lessons Learned



- There can be errors in understanding medical terminology. Using a family member to interpret can lead to important substitutions and omissions.
 - Misunderstanding the word 'blood transfusion' changed completely the course of treatment.
 - The patient's pain was not at all interpreted and missed completely.
- Identifying the patients' language preference and using a professional interpreter would have likely led to a different response.
- Language barriers can be obvious (Mrs S) or less obvious (daughter of Mrs S).



- Not an uncommon scenario where I work at the Toronto Western Hospital.
- The collection of **language preference at UHN** has improved our ability to identify patients who have language barriers (including subtle ones) and provide better quality care.
- Identifying patients with language barriers has **also** led to important quality improvement initiatives and medical education opportunities.
 - **TEACHING** centered around:
 - Importance of using an interpreter
 - Less use of medical jargon
 - How to use an interpreter in person/ over the phone
 - **QUALITY INITIATIVES** centered around:
 - Identifying barriers to using interpreters
 - Tracking the use of interpreters



Patient-Oriented Discharge Summary (PODS)



- Survey from TC-LHIN highlighted that many patients did not know what side effects to look out for (37%), what danger signals to watch out for (46%), who to call for help if needed (26%) and when to resume usual activities (46%).
- A team who worked together to:
 - Understand the discharge experience and process at hospitals across the TC LHIN from providers and patients/caregivers views*.
 - Gather information at discharge on what patients* want to know and are more likely to act on.
 - Co-create a discharge instruction tool for patients and providers to review prior to discharge which can aid in communication and adherence to instructions.



PODS includes:

- Information patients and caregivers wanted to know.
- Section titles which can be translated to multiple languages
- Large font
- Pictograms
- An area for patients to take notes



_____’s Care Guide

I came to hospital on ___/___/___ and left on ___/___/___

I came in because I have _____

Medications I need to take

My medication list has been provided and explained to me

How I might feel and what to do

I might feel	What to do	Go to Emergency if:

Changes to my routine

Activity (i.e. dietary, physical)	Instruction

Appointments I have to go to

Go see _____ for _____ on ___/___/___ at ___ : ___ am/pm

Location: _____ ☎ _____ booked

Go see _____ for _____ on ___/___/___ at ___ : ___ am/pm

Location: _____ ☎ _____ booked

Where to go for more information

For _____ call/go to _____ ☎ _____

For _____ call/go to _____ ☎ _____

For _____ call/go to _____ ☎ _____

my own notes

Patient Signature:

+ PODS

- Implemented at 8 hospitals in 2015 across the TC-LHIN. In the last year, has reached over 2000 patients across the TC-LHIN.
- Currently being implemented in multiple hospitals across Ontario to study the impact on health outcomes.
- A qualitative focus of this study will be to understand how health disparities can impact patient experience and use of the PODS at discharge and lead to variation in health care outcomes and utilization.

+ PODS

- Initiative which:
 - Co-led with patients and caregivers.
 - Supported Inter-professional collaboration.
 - Adapted to account for different race/ethnicity, age/gender and English language ability.
 - Improves clinical care and patient experience by improving communication.
 - Gathered interest and support from TC-LHIN and Health Quality Ontario.
 - Other quality improvement initiatives, teaching and research.

- For more information or if interested in implementing PODS, contact me at Karen.okrainec@uhn.ca





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FOR ALL PATIENTS