Health literacy — the ability to understand health information from a clinician — is vital in keeping patients healthy. For example, if patients don’t understand how to take medicine, they may not do it correctly … and end up hospitalized with preventable complications or exacerbations of their illness.

HUP clinicians and staff across a variety of disciplines have risen to new challenges in patient communication this year due to changes in practice wrought by the COVID-19 pandemic — from helping stroke patients navigate virtual follow-up visits, to communicating clearly about COVID, and more.

Since this spring, COVID-19 itself has raised complex needs to communicate with patients about keeping safe, or managing their care if they were infected.

“It is always challenging to provide complex health information in a manner patients and families can understand, but COVID put us to the test,” said Carolyn Curtilli, PhD, RN, patient education specialist. “Complex information changed daily, was often communicated virtually and needed to be created quickly.”

To minimize exposure risk, when a patient is COVID-positive, traffic to their room has been kept to a minimum. As a result, those who entered the room more frequently held the responsibility of keeping patients informed. Holly Bischof, BSN, who works on Silverstein 9 but was part of the team on Rhoads 4 when it was a COVID unit, often took on a lead role in helping patients understand COVID.

Bischof clarified information patients heard or saw on TV and tried to provide reassurance, in language they could understand. She also spoke with family members outside of the room: “Tell me what you know about COVID and let me help clarify.”

Physical therapists such as Alexander Arrow, DPT, sometimes served as a communication go-between for care teams and their COVID-positive patients. “We’d review a patient’s medical plans with the clinical teams and then talk with the patient in the room, using simple language,” Arrow said. PTs would also reach out virtually to family members to keep them in the loop during visitor restrictions. For example, when a patient was nearing discharge, PTs used tablets to virtually demonstrate to families what the patient could or couldn’t do physically to better explain the help a patient would need if discharged to home.

Making Patient Information Clear and Accessible

When there is conflicting information about a health condition and its treatments, patients often wonder who or what to believe. That was especially true in the case of COVID. How would they know if they were still contagious? Do they need to be retested?

“Patients had questions but weren’t sure where to get answers,” said Joel Betesh, MD, VP of Graduate Medical Education for UPHS.

To help get this information out to patients, a multidisciplinary team worked together to create an information sheet — something simple that patients could easily understand. They worked together to thoroughly translate a recent report about COVID isolation and retesting practices by Penn Medicine’s Center for Evidence-Based Practice (CEP), Betesh said. The evidence-based information was all there but “it was meant for clinicians with a scientific background, not patients,” Betesh said.

Betesh worked with Judith O’Donnell, MD of Infectious Diseases; and Matt Mitchell and Nikhil Mull from the CEP; and Curtilli, to put together a simplified version. “There was lot of drafting and redrafting,” Betesh said. In fact, the final version “is unrecognizable from the first draft.” Part of the challenge, he added, was that the information about COVID kept changing. The final product — which was also run past patients, including a member of HUP’s Patient and Family Advisory Council (PFAC) to ensure that the messages were clear — is available in PennChart and accessible by any clinician. Betesh has already used it many times, helping patients understand that “they did not need repeat COVID testing to determine they were no longer infectious.”

Making the Transition to Virtual

For the large swath of patients who switched to virtual appointments since the onset of the pandemic, not everyone found making the switch to telehealth appointments easy. “For some of my stroke patients, having a virtual visit was just not clicking,” said Rebecca Z. Burdett, CRNP, MSN, of Neurology’s Stroke Division. Indeed, just explaining how to pop up a phone so the doctor could see them more “was taking up a large portion of the visit.”

Looking online for ideas, Burdett discovered that articles on how to do the transition to virtual visits were primarily geared to clinicians, not patients. So she and neurologist Qingyang (Kristy) Yuan, MD, decided to create tools of their own to make the transition as easy as possible: discharge instructions about virtual visits and a video demonstrating ways to ensure a successful telemedicine visit.

In the discharge instructions, “we let the patient know that the follow-up visit might be virtual, what that meant, and how to easily connect with BlueJeans [videoconferencing software].” Burdett worked with Laura Steen, MD, as well as neurology residents to write the guidelines and then with Curtilli to ensure they were written on an understandable level.

For the video, Burdett again teamed up with Yuan as well as Penn medical student Clare Teng to write the content for the video (with tips like “Make sure to adjust your device to show more of you… and less of the ceiling!”) and then asked Curtilli to review the content and video to make sure it was “appropriate for Penn and for patients with various cognitive abilities,” Burdett said. Her suggestions included slowing down the pace of the video so patients could fully hear and understand instructions and using closed captioning. The final video — which continues to serve as a “how to” for stroke patients — clearly explains the ins and outs of virtual visits. (See video at https://bit.ly/2TSIP6M)

To learn more about health literacy for patients, contact HUPPatientEducation-Specialist@pennmedicine.upenn.edu

 cliffs town
Making Connections to HUP East

Now that the external construction on HUP East (the Pavilion) has been completed for a number of months — and work inside the facility continues — the second public bridge — the longest at 142 feet — span from the main thoroughfare of HUP East to the upper atrium in the Perelman Center, the same level as the current connector bridge to HUP West. Because of the elevation change between HUP East and HUP West, the bridge connecting the two presented a huge challenge. It took many versions to get to the final design,” said Derek Tasch, Health System architect. “We had to route it to get more length and a gentler transition into HUP.” This new bridge runs parallel to the current one, which connects PCAM to HUP West and will remain in place until HUP East opens. The design of all of the bridges features large windows which allow sunlight to pour in and offer wonderful views of the campus.

As of mid-October, the steel frames for two of the four bridge structures — one between HUP East and PCAM, and the other connecting HUP East and HUP West — had been safely installed. (The SEPTA bridge is targeting a summer 2021 installation.) The process began with assembling the two sections of each bridge on the ground, which were then lifted into place with cranes. With the steel frames bolted in place, “most of the remaining work on the bridges will be done at night,” said Bryan Heigh, project manager in Real Estate Design & Construction, “with intermittent single lane closures while work continues.” See a video of how the steel frames were installed at https://bit.ly/2TeAo9y

DIFFERENCES MAKERS

A SOURCE OF ANSWERS & AMIABLE ASSISTANCE

The patient arrived at the Perelman Center for his appointment, driving in from Lancaster to see Alyssan Pischko, MD, of Hematology-Oncology at the Abramson Cancer Center. As a newly diagnosed patient, he wasn’t sure where to go as he entered PCAM so he reached out to patient ambassador Beulah Wilder at the Information Desk for directions.

Looking in Penn Chart, Wilder discovered a dilemma: the visit was via telehealth, not in-person. She explained the mistake to the patient and then quickly called Patient and Guest Relations (PSR) and asked “What can we do?” Christine Furlong, MS, PSR manager of Operations, reached out to Lynn McShay, director of Operations at the Abramson Cancer Center and, after explaining the situation, the two sat on a conference call with the doctor. “She said the patient could still do the telehealth visit, from PCAM, or she’d drive in to see him,” Furlong said.

Quickly calling Wilder back, Furlong asked which the patient would prefer. “The patient would love an in-person visit, if possible,” was the response.

So, rather than rescheduling the patient appointment — and thus making the patient’s long trek into Philadelphia a wasted effort — Pischko drove the 20 minutes in from her home and saw the patient in-person, much to the patient’s extreme gratitude!

AT PENN MEDICINE, WE ALL ASPIRE TO BE DIFFERENCE MAKERS WHO REPRESENT THE PENN MEDICINE EXPERIENCE (PMX) IN ACTION.

PMX sets a consistent standard across all of our entities and work locations to make every touchpoint an opportunity to build enduring connections with patients, families, visitors and colleagues, which is a foundational part of the UPHS success share program.

Employees celebrated the Penn Medicine Experience standards at the annual PMX week October 19-23. Check out the creativity at pennmedicine.org/hupdate

Carnall Recogized for Dedication and Leadership

Fifteen years ago, Joan Bretschneider, PhD, RN, helped create shared governance at HUP, a structure which championed — and ultimately changed — the role of nurses as decision makers. To honor her dedication and leadership, an award named in her memory was bestowed.

Elizabeth Carnall (c) and Colleen Mattioni, HUP’s chief nursing officer, and Paul Harrington, associate chief nursing officer, make her a highly desired team member, the nomination noted. “Liz seamlessly juggles her committee responsibilities and also finds time to preserve her clinical skills working at the bedside. Liz truly embodies all the qualities for the Joan Bretschneider Shared Governance award.”

The design of all of the bridges features large windows which allow sunlight to pour in and offer wonderful views of the campus.