Society of Hospital Medicine

Priority	i-HOPE Survey Responses Prioritized July 2018	i-HOPE Prioritized Research Questions *Patient* refers to patients, families, caregivers, surrogates
1	How can we ensure shared decision-making and that patients and families are included in treatment decision-making and goals of care discussion?	What interventions ensure that *patients* share in decision making regarding their goals and plans of care?
2	How can the hospital discharge hand off to other care facilities (e.g. SNFs), primary care providers and specialists be made smoother?	What are the most effective discharge handoff practices between hospitals and other providers?
3	How can education on medications, medical conditions, hospital care and discharge be better coordinated by the care team, and not so confusing and overwhelming to patients?	How can the care team best coordinate education on medications, medical conditions, hospital care and discharge for hospitalized *patients* to minimize confusion?
4	How can patients, family members, other caregivers and heath care teams work together to create effective discharge experiences that allow patients to feel empowered to manage their health once they get home?	For inpatients, what comprises a collaborative discharge process that fosters understanding, empowerment, and effective management of their health at home?
5	How do we ensure that information provided by the care team during hospitalization and at discharge was clearly understood and clearly communicated by patients and caregivers?	What are effective strategies to identifying and overcoming barriers to comprehension of information delivered to *patients* during hospitalization and at discharge?
6	How can we use telemedicine technology to improve transitions of care and reduce re-hospitalization?	Can telemedicine technology be used to reduce readmissions or improve transitions of care in hospitalized patients?
7	Who do I call if I have any questions after I have been discharged?	Who should the *patient* call after discharge, if they have questions, concerns, or need to be connected to appropriate resources?
8	Did your health-care providers explain to you what your problem or diagnosis is, what steps were done to further explore that condition, what treatment was undertaken, and what will still need to be done after discharge?	What are the most effective ways for *patients* and providers to partner in understanding information about diagnosis, steps taken to explore it, treatments undertaken, and what needs to happen after discharge?
9	What are patient expectations related to the treatment of pain/chronic pain?	What are patient's expectations related to the treatment of pain?
10	Which interventions improve medication reconciliation at key time points of the care trajectory (hospital/home, admission/discharge) and what are each intervention's outcomes?	What are the best interventions to achieve medication optimization throughout a patient's care trajectory?
11	Can hospital staff be more transparent about hospital practices (e.g. parking, cafeteria, rules about protocol for entering patient rooms, rounds, and sleep interruptions)?	Would providing more clear and accessible information regarding hospital practices (e.g. parking, cafeteria, protocols for entering rooms, etc.) result in improved *patient* experiences compared to current practices?