Developing a High-Quality ED Discharge Process

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I acknowledge with gratitude, that we are gathered on the traditional, ancestral and unceded territories of the xʷməθkʷəẏəm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) Nations who have nurtured and cared for the lands and waters around us for all time. I give thanks for the opportunity to live, work and support care here.

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Disclosures

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BC Context

- No standardized ED discharge process

- Discharge practices vary by provider and hospital

- Healthcare providers spend time searching for useful tools and discharge instructions

- Not patient-centered

What were we trying to accomplish?

01
Comprehensive **literature review** on existing ED discharge practices and Gold Standards

02
Meet with experts to identify best practices for ED discharge

03
Upon approval of ethics, **interview healthcare professionals and patient partners** one-on-one and in focus groups

04
Develop **recommendations** for optimizing the ED discharge process

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Literature Review: Interventions to Improve ED Discharge

- **Content**
  - ✓ Standardized

- **Delivery**
  - ✓ Verbal instructions
  - ✓ Translated into patient's language
  - ✓ Instructions written at appropriate level
  - ✓ Visual cues, videos or electronic adjuncts

- **Comprehension**
  - ✓ Teach-back methods

- **Implementation**
  - ✓ Dosing demonstrations
  - ✓ Patient reminders
  - ✓ Assistance with follow-up appointments
  - ✓ Connection to care programs

Methods

- Qualitative Study
- Submitted ethics application
- Interviewed ED experts better understand the issue
- Upon approval of ethics, reached out to potential participants through list of investigators' personal and professional contacts
- Inclusion criteria
  - Patient Partners: Patients who have experience of being discharged from ED
 - Healthcare Professionals: Any ED staff with experience in patient discharge

Methods

- Conducted 30-minute individual interviews or 1-hour Focus Group session over Zoom.

- Used a semi-structured guide for interviews.

- Auto-transcribed Zoom recordings, then revised and summarized them.

- Continued interviewing until thematic saturation was achieved with 20-25 participants.
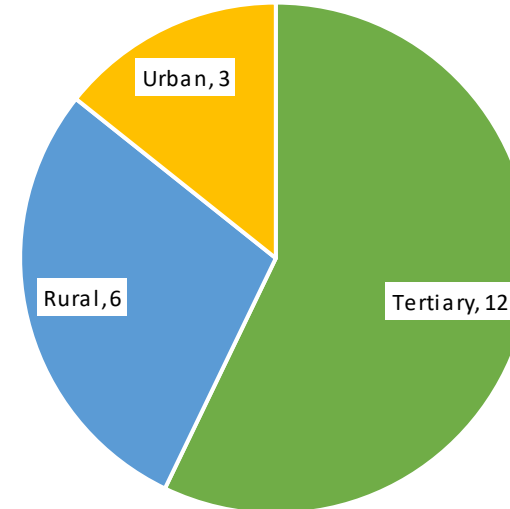
Participants

- **5 Experts:** 4 CNEs and 1 medical director
- **8 Healthcare Professionals:** 4 ED nurses, 2 ED physicians, 1 social worker, and 1 administrator
- **8 Patient Partners**
- Total: **21 participants**

Total Participants by Health Authority

PHSA, 1
VIHA, 3
Northern Health, 3
Interior Health, 7
VCH, 4
Fraser Health, 3
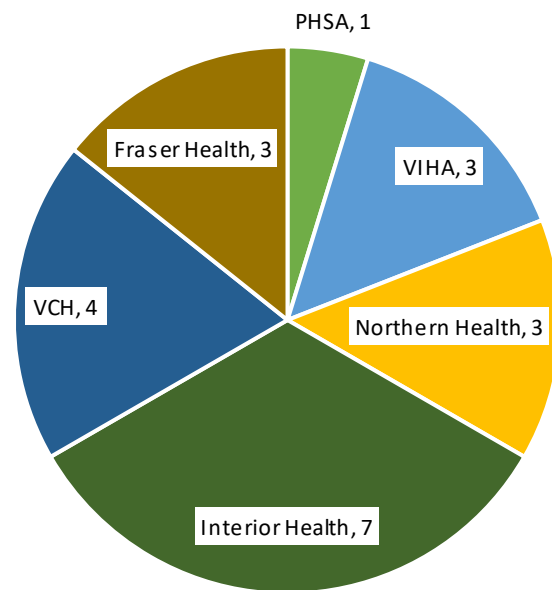
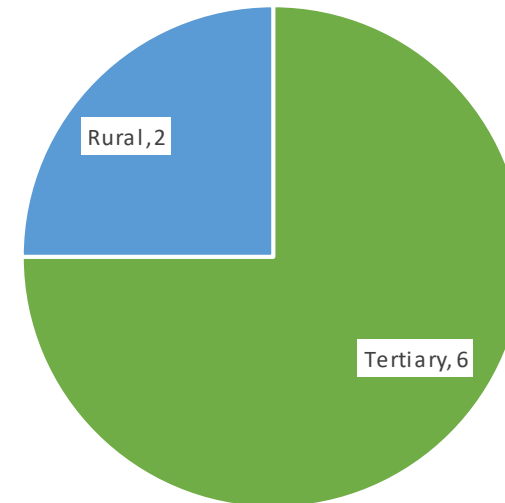**Total Participants by Setting**

Urban, 3
Rural, 6
Tertiary, 12

Patient Partner Demographics

- 7 out 8 patient partners completed demographics survey
- **Gender**: 6 female, 1 male
- **Age**: average of 57.2 (range: 41-72)
- **Racial or ethnic background:** 6 White, 1 East Asian

Patient Partners by Health Authority

Fraser Health, 1
PHSA, 1
VIHA, 1
VCH, 1
Northern Health, 2
Interior Health, 2
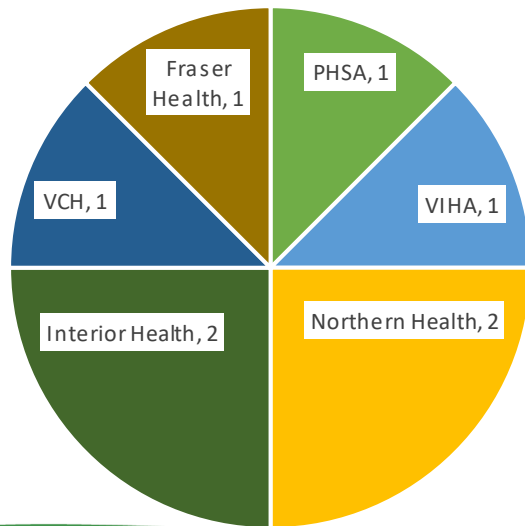
**Patient Partners by Setting**

Rural, 2
Tertiary, 6

Current ED Discharge Process

- Varies greatly, depending on providers, workload, patient complexity, and availability of confidential space.

- Patients rarely provided anything to take home.

- Physicians typically handle discharge and instructions, while nurses follow-up; role clarity may be lacking in some EDs.

- Limited to no use of technology in discharge (i.e., QR codes).

- Due to lack of primary care providers, many patients come back to the ED.

Theme 1: Easy to access standardized patient discharge resources

- Currently, various resources are used: i.e., Up-To-Date, HealthlinkBC, regional health authority sites, BC EMN, etc.

- Barriers:
  - Computers aren't always accessible bedside.
  - Discharge materials aren't always easy to find on ED desktops.
  - Printers can be difficult to connect to or find.

- Information should be in laymen terms and translated into different languages.

- Providers should be able to distribute electronic or print copies.
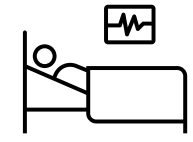
Theme 2: Tailored discharge packages

- Automatically generated discharge summary with diagnosis and follow-up plan should be accessible to patients (electronically or on paper).

- Can be linked to HealthGateway, or any other standardized patient portal.

- Barrier: At many sites, most physician and nurse documentation is paper based.

# Theme 2: Tailored Discharge Packages (already exist?)

- Fraser Health and VCH already can provide computer-generated discharge packages.
  - Click of a few buttons to print.
  - Prepopulates information such as reason for visit, lab work, imaging, etc.
  - Can be a lengthy package.
  - At Chilliwack General, allegedly, only 2 out of 180 or 200 patients receive it daily.
  - It is more likely to be given to tourists so they can have a record of their visit.

Theme 3: Patient Point of Care Person

- Caregivers should be involved, if requested by the patient or if the patient is unable to safely care for themselves (i.e., dementia).

- Contact the patient's point of care person by phone for discharge instructions if not present at the ED.

- Use Ipad on wheels for translations or connecting with point of care.
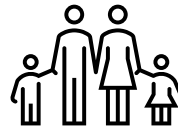
# Theme 4: Check comprehension and allow time for questions

- Not routinely done.

- Patients should have ample time to ensure there are no loose ends.

- Explain any discharge materials given to the patient.

- Ensure providers are addressing the feelings, ideas, functions, and expectations (FIFE) of patients.

Theme 5: Post-Discharge Follow-up

- There should be a way to link up follow-up appointments at discharge.

- Text messages sent for appointment reminders.

- Make sure patients in need are linked to adequate social resources (ie. Shelter, food).

- Advise patients when they should return to ED.
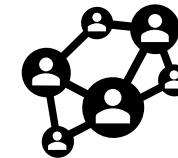
Theme 6: Culture Change

- Provide education to providers on the benefits of patient education.
- Secure funding, involve hospital leadership, and publish successful outcomes.
- Foster collaboration among ED leaders, promote improvements, and engage clinicians and electronic health record developers.
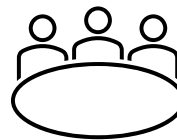
Future Direction

- Build or find a reliable resource data base with up-to-date, easy to understand information for patients, complemented by pictures and videos, translated in multiple languages.
  - Providers should be able to access them easily and give to patients how they prefer.

- Improve content of existing tailored discharge packages in some health authorities (HAs) by making it more concise and easier to digest for patients.
  - Collaborate with builders of electronic health records to standardize them across HAs.
  - Make them easy to generate for providers.

Future Direction

- Promote involvement of appropriate point of care persons and check comprehension.

- Promote helping patients in navigating follow-up tasks.

- Reach consensus to possibly "force function" certain aspects of discharge?
  - Caveat: don't want to over-do and promote inefficiencies.
  - Due to the varying complexity of patients, it might be more realistic to just ensure best possible resources are made available

Thank you!

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Other ideas

- Collect data on patient outcomes after discharge from ED and ask patients about their ED discharge experience.

- Have designated staff to have conversations with patients after discharge and ensure their understanding.