

MUSE - How MEDITECH can be central to optimizing ED Patient Discharge Instructions across Emergency Departments in BC: A Vision For the Future

April 10, 2025

Emily Stewart, MD, FRCPC, DABEM, MHA
Sherry Stackhouse, RN

Land Acknowledgement

- Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dǎkelh Dené (Ka-Kelh – De-ney), Ktunaxa (Tun-ah-hah), Nlaka'pamux (Ing-khla-kap-muh), Secwépemc (She-whep-m), St'át'imc (Stat-liem), Syilx (Saay-ilks), and T̓silhqot'in (Chil-co-teen) Nations where we live, learn, collaborate and work together.





EMERGENCY

A low-angle shot of a hospital's emergency entrance. A large, bright red sign with the word "EMERGENCY" in white, bold, sans-serif capital letters is mounted on a brick wall. Above the sign is a modern glass and metal canopy. The building is constructed of red brick. In the background, a multi-story hospital building is visible under a cloudy sky. To the left, the rear of three white ambulances are parked in a row. A small white sign with black text is posted on the brick wall below the main sign.

NO
PARKING
ANY TIME

A Patient Story:



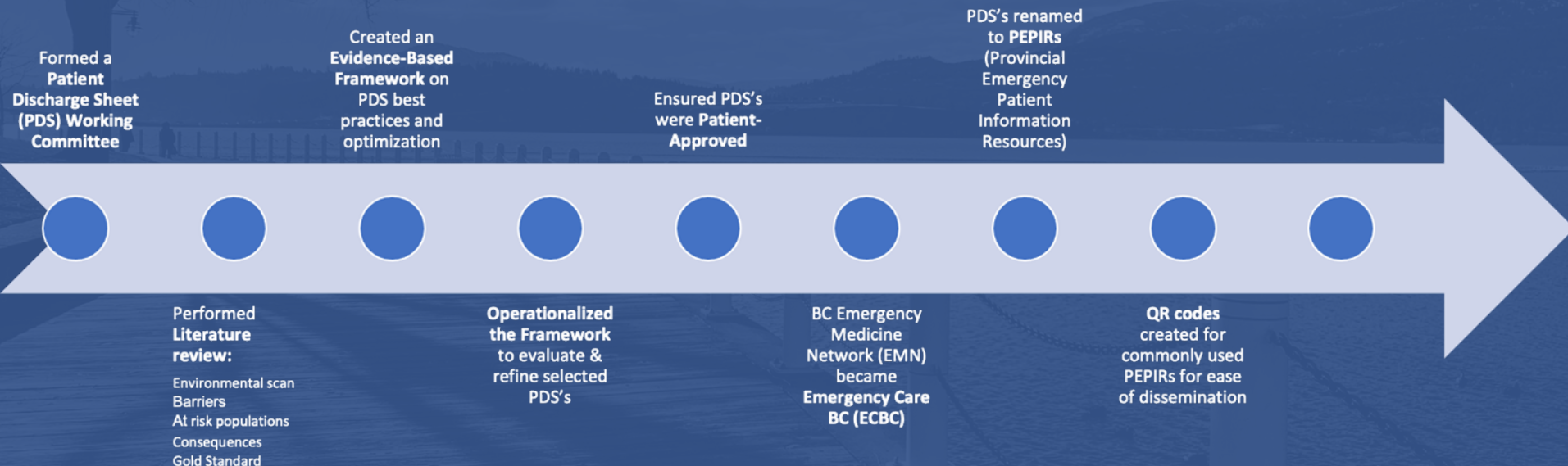
Health and well-being for all
Quality | Integrity | Compassion | Safety

Background - Current Gaps in Care

- ❖ No standardized process
- ❖ Discharge instructions vary by provider and hospital
- ❖ Healthcare providers spend time searching for useful tools and quality discharge instructions
- ❖ Not patient-centred



The Provincial Process To Date



Framework on Best Practices for ED Patient Discharge Sheets

Content	Delivery and Format	Comprehension
<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
Diagnosis with brief explanation	Single one-page sheet	Simple sentences and language
Frequent but non-exhaustive symptom trajectory to expect	Standardized, structured template	Avoid medical jargon and complex terminology
Post-discharge home care instructions	Allows space for personalization / individualization with patient-specific instructions	Includes graphics / visual aids / illustrations
Medications changes or starts	Videos can be helpful additions if appropriate	Logical flow of information
Follow up instructions / appointments	Can distribute to patient's mobile device	Versions translated into other languages
Return to ED indications / red flags included (in perspective of post-ED assessment status)	Icons for topics (e.g., pill for medications, calendar for follow up visits, red flag for reasons to return) (1)	Reviewed / approved by patient partners to ensure language is at appropriate level

Content, format, and language comprehension are all ideally endorsed by patient focus group

- **Green** = Patient-approved, includes category elements, no revisions recommended
- **Yellow** = Further discussion required, missing some category elements, minor revisions recommended
- **Red** = Not ready, missing important category elements, major revisions recommended

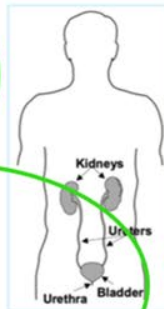


Content	Delivery and Format	Comprehension
<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
Diagnosis with brief explanation	Single one-page sheet ✓	Simple sentences and language ✓
Frequent but non-exhaustive symptom trajectory to expect	Standardized, structured template ✓	Avoid medical jargon and complex terminology ✓
Post-discharge home care instructions	Allows space for personalization / individualization with patient-specific instructions ✓	Includes graphics / visual aids / illustrations ✓
Medications changes or starts	Videos can be helpful additions if appropriate ✓	Logical flow of information ✓
Follow up instructions / appointments	Can distribute to patient's mobile device ✓	Versions translated into other languages ✓
Return to ED indications / red flags included (in perspective of post-ED assessment status)	Icons for topics (e.g., pill for medications, calendar for follow up visits, red flag for reasons to return) (1) ✓	Reviewed / approved by patient partners to ensure language is at appropriate level ✓
<p>***Content, format, and language comprehension are all ideally endorsed by patient focus group***</p> <ul style="list-style-type: none"> Green = Patient-approved, includes category elements, no revisions recommended Yellow = Further discussion required, missing some category elements, minor revisions recommended Red = Not ready, missing important category elements, major revisions recommended 		

Kidney Stones (Renal Colic)

Kidney stones are made of minerals and salts that stick together and form smooth or jagged crystals (stones) in your urine. The stones can be as small as a grain of salt or as large as a marble.

The stones generally stay in your kidney but sometimes move out of your body from your kidney to your bladder. This can cause severe abdominal pain that sometimes spreads to your groin, nausea / vomiting, difficulty with urinating or pain with urinating, and/or blood in your urine.



HOW TO CARE FOR YOURSELF AT HOME

Symptom management

- + Take the medications as prescribed (and do not mix opioids with alcohol)
- + If asked to strain your urine, keep the stone or stones that pass and bring to your primary care doctor or urologist
- + Drink plenty of water

Medications recommended for you:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

WHEN TO GET HELP

Go to the nearest Emergency Department if:

- + You have severe pain that does not improve, even with pain medication
- + You cannot drink water or swallow your medications due to severe nausea or vomiting
- + You have a fever over 38°C
- + You cannot pee (empty your bladder) at all

FOR MORE INFORMATION

To learn more about kidney stones (causes, prevention, and treatment) these QR codes link to helpful resources:



RECOMMENDED FOLLOW UP

- ☐ Follow up with your primary care provider in _____ days.
- ☐ Other follow up: _____

Examples of other improved Patient Discharge Sheets (PDS)



Wound Care - Sutures (Stitches)



- Vertigo
- Wound care – Sutures (Stitches)
- First Trimester Bleeding in Pregnancy
- Cellulitis
- Abdominal Pain



Let's see 3 examples:

1. Fraser Health → **Meditech**

1. Interior Health → **Meditech Expanse**

1. Providence Health & Vancouver Coastal Health → **Cerner**





Interior Health Workflow

MD/Resident/Nurse/Pharmacist/SW participate in discharge

The screenshot shows a patient record for Sherry Stackhouse. A dropdown menu titled "External Links" is open, displaying a list of links for various services and resources. The links include:

- [CWS EAR Opt Out Form](#)
- [CWS Training & Resources](#)
- [CWS Virtual Vists Waiting Room](#)
- [Canada Post - AddressComplete](#)
- [CareConnect](#)
- [CollgOfPhysicians&SurgeonsAB](#)
- [CollgOfPhysicians&SurgeonsBC](#)
- [CollgOfRegisteredNursesBC](#)
- [Dementia Behav & Psyc Symptoms](#)
- [Diabetes For Professionals](#)
- [ECBC-Patient Information Sheet](#)
- [Epocrates](#)
- [Excelleris LabResults Pathnet](#)

The screenshot shows the "Discharge Plan" form. The form is titled "Discharge Plan" and has a "Ready for Discharge" checkbox. The form contains several sections for documenting the discharge plan:

- Medications:** Includes a list of medications, such as "rabeprazole 20 mg tablet, delayed release (DR/EC) 20 mg PO DAILY" and "warfarin 2.5 mg tablet 2.5 mg PO DAILY".
- Finalized:** A section for finalized orders.
- Post-Discharge Orders:** A section for post-discharge orders.
- CallBack Reminder:** A section for a callback reminder.
- Stand Alone Forms:** A section for stand-alone forms.
- Instruction Sheets for Home:** A section for instruction sheets for home, with a link to "Click to Enter Instruction Sheets for Home".
- Patient Instructions:** A section for patient instructions.



What are the patient-centred goals?

01

Standardize PEPIRs for
emergency patients
across BC

02

Optimize PEPIRs
accessibility & clinical
relevance

Improve discharge
process

03

Increase awareness of
PEPIRs

Increase provider &
patient use of PEPIRs

04

Improve patient,
provider and system
experience

Reduce ED recidivism



QR codes

Patient Information Resources - ED Rapid Discharge

Scan the QR code(s) circled below by your physician/nurse for more information on diagnosis, symptoms, at-home care and recommended follow-up instructions.

To scan a QR code: Open the camera app on your mobile phone, centre the QR code you want to scan, hold your phone steady and tap the notification that pops up to open the link.

You can view the document directly on your phone or click on the "Email Or Text this Resource To" button to send it as an email or text message and save it for future reference.

Tell Us What You Think!
Have feedback about this document? Use this link to fill out our survey:
bit.ly/pdsfeedback



Allergic Reaction



Ankle Sprain



Asthma (Adult)



Back Pain



Bites



Cast Care



Catheter Care



Cellulitis



Colds



Concussion



Conjunctivitis



Corneal Abrasion



Patient Information Resource - ED Rapid Discharge (continued)

Epistaxis



Influenza



Migraine



Pain Control (Adult)



Shoulder Sprain



Sore Throat



Vertigo



Wrist Sprain



Wound Care - Non Sutured



Wound Care - Sutures



For more information and to find other patient information resources, visit the ECBC website at emergencycarebc.ca/pds. Have feedback? Fill out our survey at bit.ly/pdsfeedback.

The information in this document is intended solely for the person to whom it was given by the health care team. This information does not replace the advice given to you by your health care provider.

Last Reviewed: September 4, 2024 | Page 1 of 2



EMERGENCY CARE BC
Provincial Health Services Authority
EmergencyCareBC.ca

The information in this document is intended solely for the person to whom it was given by the health care team. This information does not replace the advice given to you by your health care provider.

Last Reviewed: September 4, 2024 | Page 2 of 2



EMERGENCY CARE BC
Provincial Health Services Authority
EmergencyCareBC.ca



Health and well-being for all
Quality | Integrity | Compassion | Safety

The Ask

- How can we collaborate to integrate best practice PEPiRs into Meditech so the user experience has minimal barriers to dissemination? (Make it more user-centric?)
- How do you see existing provincial resources interacting with Meditech Expanse?
- How much do you collaborate with other EMRs?
- What is currently possible? What approaches are possible?
- Is there an opportunity for Digital Health staff to participate in an onsite workflow review with a provider and nurse to optimize the patient discharge?



Acknowledgements

With very special thanks to:

- Jenna Benbaruj, UBC Medical Student
- Dorrie Fasick, Amy Luff, and Lisa Hobenshield. (ESN)
- Elizabeth Stacy, ECBC Provincial Lead, Clinical Initiatives & Innovation

