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# Developing a Patient Discharge Toolkit

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*I acknowledge with gratitude, that we are gathered on the traditional, ancestral and unceded territories of the*

*xʷməθkʷəy̓əm (Musqueam)*
*Sḵwx̱wú7mesh (Squamish) and*
*səlilwətaɬ (Tsleil-Waututh) First Nations*

*and*

*Ktunaxa*

*Sinixt*

*Syilx (Okanagan) and*

*Secwepemc First 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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# Agenda

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1. Welcome & Land Acknowledgement
2. Refreshed PD QI Fall Series
3. Let's Get to Work! *PD QI Toolkit to Support Site Education & Implementation*
4. Input, Feedback, Ideas, Guidance
5. 📌 Evaluation Plan
6. Other Business
7. Thank You & Closing

# Purpose

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To build a toolkit to support frontline providers seeking to improve their discharge practices using:

- Your insights and expertise
- Exemplary products we can model from
- Collation of knowledge and tools created since ECBC's inception
- Proven ED change management techniques
- Practical ED education approaches

# Intended Outcomes

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## Create a practical toolkit to support frontline teams seeking to improve their discharge practices, including:

- ED-appropriate change-management strategies
- Vulnerable patient identification tool
- Checklists, sample documents and scripts
- Best practices in discharge communication
- Summary / flow sheet of “How Best to Discharge ED Patients”

# Scope, Timeline, Engagement

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- Final draft Dec 19, 2025
- Advisory Group support
  - Met 1x October
  - Regular meetings for guidance, input
- Input from Provincial table (you!)
- Hillary: Full-time late Nov-Dec to create toolkit
- Nathan: Support development of evaluation plan, metrics for use/ implementation
  - Data collection: April 2026

# Key Themes from Advisory Group

## Highly variable discharge practices

- Mostly verbal, written materials, sometimes provided
- Based off MD discretion - some patients may not appear to need discharge support but do
- No consistent EMR integration

## Key barriers

- Time pressure (for nursing and physicians alike)
- Diagnostic uncertainty (e.g., abdo pain NYD)
- Uneven team roles

→ Toolkit should support providers across BC - using EMR, hybrid, and paper charting

→ Rotating nurses/locums necessitate a concise and streamlined solution

## Opportunities

- Integrate discharge tools into workflow, provide ready handouts, engage nurses/unit clerks in discharge process
- Connect patients to community and social resources beyond ED (e.g., Healthlink BC)

## Motivation matters

- How do we motivate providers to change current practices?

→ Share impactful patient/provider stories and make discharge a shared responsibility

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# *Share your ideas and direction*

- *What has worked at your site?*
- *Models or tools to copy?*
- *Core components of toolkit?*

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# Implementation and Evaluation

*…think about this for next discussion*

*Thank you & see you in November!*