Evaluation of Clinician Perspectives on an Emergency Department Patient Discharge Toolkit

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Background

- The ED discharge context is unique
  - Fast-paced environment
  - Highly variable discharge processes
  - Diagnostic uncertainty
  - Resource-constrained workflows etc.
- A toolkit is being developed to support ED clinicians in conducting high quality discharges
  - The challenge: the tool must be easily integrated into existing workflows and relevant to clinician needs

Informing a Pilot Evaluation

Project Goal: Define 4 indicators in an evaluation assessing the "success" of an ED discharge toolkit

- **Evaluation Focus:** Clinician-level dynamics (uptake, attitudes etc)
- **Rationale:** We must ensure clinicians adopt the tool before we can reliably measure downstream patient outcomes
- **Methodology**: TBD, likely mixed-methods approach

Project Steps

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1

Conduct a literature review on evaluation indicators used to assess clinician uptake of QI initiatives.

2

Meet with ED clinicians and partners to learn about local discharge processes, challenges and motivations.

3

Synthesize knowledge into 4 recommended evaluation indicators relevant to the pilot project and BC context.

Selected Indicators

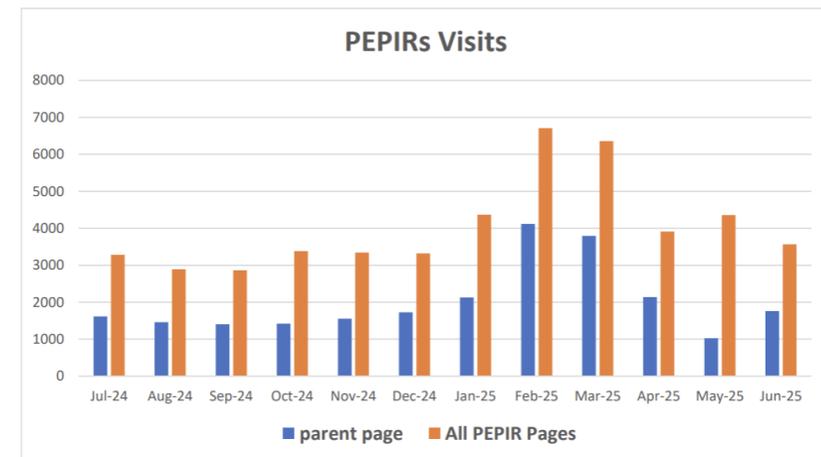Adoption

Appropriateness

Acceptability

Feasibility

Adoption

Key Focus: Measuring toolkit uptake.
Local Context: Current discharge practices are highly variable. Lack of engagement consistently identified as a barrier for QI projects.

- Assessing utilization rate
  - Change in PEPIR access of top 10 pages
  - % of printed handouts given out
  - QR code campaign
  - Changes in local ED data drawn from the provincial database

PEPIRs Visits

(bar chart showing monthly data Jul-24 through Jun-25 with "parent page" and "All PEPIR Pages" series)

Acceptability

Key Focus: The perception that the toolkit is satisfactory, agreeable, or of value.

Local Context: Clinicians expressed a need for clear "why/what's in it for me" to justify engagement.

Sample Statements:

- "The toolkit improves the quality of discharge conversations I have with patients."
- "I would recommend this toolkit to other ED clinicians."

Sample Interview Question:

- What do you like or dislike about the toolkit?

Appropriateness

Key Focus: Perceived relevance or fit for the unique ED environment.

Local Context: The toolkit must feel appropriate for the team-based approach of the ED where responsibilities are often shared.

Sample Statements:

- "The toolkit addresses common challenges I encounter during ED discharges."
- "The toolkit is relevant to common ED discharge diagnoses and scenarios."

Sample Interview Question:

- Do you feel the toolkit adequately addresses the specific needs of your role?

Feasibility

Key Focus: The extent to which the tool can realistically be used.

Local Context: Lack of time, overburdened workflows, and resource accessibility were identified as potential logistical barriers.
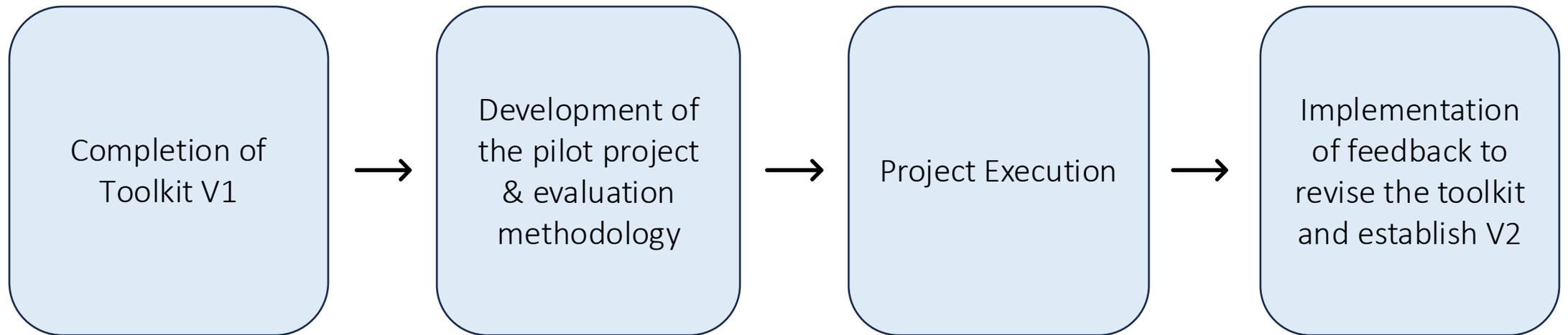
Sample Statements:

- "The toolkit is easy to access at the point of care."
- "I can realistically use this toolkit during a typical ED shift."

Sample Interview Question:

- What barriers prevented you from using the toolkit?

Next Steps

- **4 evaluation indicators:** adoption, acceptability, appropriateness, feasibility

| Completion of Toolkit V1 | → | Development of the pilot project & evaluation methodology | → | Project Execution | → | Implementation of feedback to revise the toolkit and establish V2 |

Thank you!

Questions/Comments?

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