



**EMERGENCY CARE BC**  
Provincial Health Services Authority

# Development of a Emergency Department Patient Discharge Toolkit

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# Project Goals

- Gain an understanding of ED discharge processes across BC
- Collate ECBC's ED patient discharge resources into a practical and useful toolkit for frontline ED providers
- Conduct a focused Literature Review:  
What factors motivate ED providers to adopt change?





# Literature Review: Conclusions

- Motivation in the ED is multifactorial
- Providers change when they:
  - Believe in the intervention
  - Feel supported
  - See meaningful benefits for patients
- Successful QI initiatives should address above factors
- Key gaps in the literature
  - Limited data linking ED discharge QI interventions to patient outcomes



# How the Literature Review informed my FLEX project

- FLEX project: Development of a Provincial ED patient discharge toolkit
- Toolkit emphasizes patient safety and quality of care – key intrinsic motivators identified across studies
- Toolkit is concise, practical, and easily integrated into existing workflows – addresses opportunity and capability barriers
- Toolkit targets ED physicians, nurses and administration – reflects evidence that team-wide awareness, leadership support, and shared ownership are key for successful change



# Toolkit Development Process

- September – December 2025
- Multiple brainstorming and feedback sessions with ECBC Advisory Group
- Provincial Advisory Committee: consists of physicians, nurses, clinical nurse educators, and patient partners
- Edits made based on feedback of Draft Toolkit





# Overview of Toolkit

- Introduction
- Discharge checklist and Poster “Giving Safe and Effective Discharge Instructions”
- ECBC’s PEPIRs – Provincial Emergency Patient Information Resources
- Vulnerable patient discharge tools
- Culturally safe ED discharge planning
- Additional Resources
  - For Patients
  - For Providers
  - For ED Administration

## Abdominal Pain

There are many reasons for abdominal pain, not all of which are easily diagnosed in one visit to the ED. Your healthcare team has assessed you for possible serious or dangerous causes, and currently, it is safe for you to manage your symptoms at home. However, symptoms can change, and it is important to recognize reasons to return to the ED for reassessment.



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### When to Get Help

**Go to the nearest Emergency Department or Urgent Care Centre if:**

- Your pain is getting worse despite home care, or it is now only in one specific area.
- You have new pain in your chest, neck, or shoulder.
- You have difficulty breathing and this is new for you.
- You are throwing up (vomiting) so often that you cannot keep anything down, especially if it has what looks like blood or coffee grounds in it.

### **Recommended Follow-Up**

- Follow up in \_\_ days.**
  - Name of Provider
  - Reason
  - Date/Time
  - Location

# Overview of Toolkit

## Emergency Care BC's Provincial Emergency Department Patient Discharge Toolkit

### Why Do High-Quality ED Discharges Matter?

In a busy emergency department (ED), the patient discharge can easily feel like the final checkbox in an already full clinical encounter. Yet [evidence shows](#) that it is one of the most important and high-stakes moments in patient care. Four out of every five ED patients are discharged home, and each transition represents a vulnerable shift in responsibility from the clinical team to the patient and their caregivers. Clear discharge communication is therefore not “extra” – it is an essential patient-safety intervention.

In a recent patient survey, 25% of patients replied “not at all” when asked if, before leaving the ED, doctors or nurses had provided enough information to help care for themselves once

### For patients, high-quality discharge communication:

- Improves understanding of diagnosis and care plan
- Improves [adherence to treatment plan](#) and [medication compliance](#)
- Lowers the rates of [avoidable return visits](#), hospital admissions, and worsening illness
- Increases confidence and [satisfaction with care](#)

### For clinicians, high-quality discharge communication:

- Decreases diagnostic errors related to communication gaps
- Reduces [medicolegal risk](#) and [patient complaints](#)
- Lower [burnout symptoms](#) and improves professional satisfaction

If you’re looking for tools to strengthen patient understanding, reduce return visits, or simply make the discharge moment feel less rushed and more intentional, this toolkit is designed for you. It offers practical suggestions that have worked for many clinicians across BC. Rather than prescribing a single “right way” to discharge a patient, this resource provides a menu of strategies you can try, adapt, and build into your ED’s workflow.

- o **PEPIR Quick Reference QR Codes:** This document can be printed out and displayed in your ED so patients can easily find the PEPIR relevant to their ED diagnosis



### Print out and share hard copies

- o Here is a list of our top 20 most accessed and utilized PEPIRs. Consider printing out copies to have on hand in your ED. This makes it easier and more efficient for your clinicians – both nurses and physicians – to give to patients before they leave.

- [Concussion / Head Injury / Mild Traumatic Brain Injury](#)
- [Back Pain \(Lower\)](#)
- [Cast and Splint Care](#)
- [Ankle Sprain](#)
- [Vertigo](#)
- [Abdominal Pain](#)
- [Wound Care – Sutures](#)
- [Urinary Catheter Care](#)

- [Asthma \(Adult\)](#)
- [Allergic Reaction / Anaphylaxis](#)
- [Pain Control](#)
- [Cellulitis](#)
- [Colds / Common Cold / Viral Upper Respiratory Tract Infection](#)
- [Conjunctivitis / Eye Infection](#)
- [Gastroenteritis](#)
- [Urinary Tract Infection](#)
- [Wound Care - Without sutures](#)
- [Influenza](#)
- [Cough](#)



## ECBC's Provincial Emergency Patient Information Resources (PEPIRs)

### Why Improve Patient Discharge?

High-quality discharges support patients to feel prepared for what’s next as they leave the ED. It can involve both verbal and written communication, and it reduces the chance of unnecessary return visits. All ED team members, including physicians and nurses, can play a role in providing a high-quality

# Next Steps

- Finalization of Toolkit
- Pilot of toolkit in several EDs in BC
- Evaluation of Toolkit
  - Metrics developed by Allie Cui (Yr 4 FLEX)
  - Executed by Nathan He (Yr 1 FLEX)



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### Who Should Improve the Discharge? It's a Team Effort

A high-quality ED discharge is a collaborative effort. Physicians determine when a patient is ready for discharge and provide clear instructions. Nurses support this process through patient-centered teaching, and written tools such as ECBC's Provincial Emergency Patient Information Resources (PEPIRs), and coordinating with allied health and community services when needed. Patient engagement is also a critical element of a safe discharge. When the entire team works together, the transition home becomes safer, more consistent, and easier to navigate.



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# What I learned

- Best practices in ED patient discharge, and how this varies across EDs
- Change Management and Knowledge Translation in healthcare
- Engaged with experts across BC EDs
- Developed Draft ED Patient Discharge Toolkit



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# Questions?

Please reach out to [hilljan@student.ubc.ca](mailto:hilljan@student.ubc.ca) or [ECBC@PHSA.ca](mailto:ECBC@PHSA.ca)

# Thank you!

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