Improving Emergency Department Patients’ Understanding of Their Visit and Discharge Instructions
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Background

Improving health literacy is a national goal endorsed by the U.S. Department of Health and Human Services. The concept of health literacy refers to an individual’s capacity to access and understand their health information and use that information to make informed decisions regarding their health. Many patients leave the Emergency Department (ED) with incomplete knowledge of their visit and discharge instructions. With more than 130 million ED visits in the US a year, this becomes an important problem to address. Lack of information may lead to adverse outcomes such as decreased compliance, decreased patient safety, and increased ED return rate. In addition, there is a negative correlation between decreased patient understanding of ED care and patient satisfaction.

This study was conducted at Clements University Hospital, an urban academic hospital in Dallas, Texas, whose ED sees approximately 43,500 patients per year.

Aim Statement

The aim of this project is to improve patient knowledge of their medical visit in the Emergency Department by 20% from March 2017 to May 2018.

Methods

This project involved a team consisting of quality improvement specialists, physicians, physician assistants, nurses, nurse practitioners, and medical student. First, we determined stakeholders at the Clements ED. Next, we mapped the discharge process and developed a questionnaire and grading scale approved by our multidisciplinary team. ED staff members and patients were shadowed and interviewed for two months. Study design was based on DMAIC methodology:

Scope

Define:
- Patient Care Steps: Discharge process from the ED starting with provider documentation of discharge in electronic medical record
- Patient Population: patients who are discharged from the ED (not admitted to inpatient floor), receive medical treatment in the ED, and have medication or treatment changes upon discharge
- Map out current discharge process with process map (A)

Measure:

First, we developed a questionnaire to assess patient knowledge. Questions were based on physician and CMS OP-19 Transfer Record and Joint Commission recommendations. Baseline data has been collected on the current state of patient knowledge at discharge from the ED at Clements University Hospital from 50 patients who met selection criteria. Responses from patient interviews have been scored against the medical record, including the AVS, in Epic. Responses were scored as 0, 0.5, or 1 for no, partial, or complete knowledge, respectively. Only one of the 50 patients analyzed had complete comprehension of their ED visit and discharge instructions, although most patients said they understood their discharge instructions. Average total score was 69.73%.

Conclusions and Next Steps

Results

(A) show that patients’ understanding is lowest in the domain of post-ED care, with the lowest categories being medication knowledge and return to ED instructions.

Discussions

We focused our attention on the two areas of lowest patient comprehension. The team brainstormed possible reasons for difficulty in these two areas: in addition, input from patients during interviews was taken into account. These ideas were organized in the Ishikawa diagrams (A and B). We found that the issues could be grouped into the categories of AVS (after visit summary/discharge papers), nurse discharge procedure, patient factors, staff factors, and time.

A Indications to Return to the ED
B Medication Frequency and Duration

Conclusions:

Patient knowledge of discharge instructions is currently suboptimal. Our questionnaire has identified specific areas of knowledge (medication instructions and reasons to return to the ED) as focuses of improvement. In addition, we have identified potential reasons behind knowledge deficiency in these categories. After team brainstorming, a decision matrix was created to help prioritize the best solutions. The option with the lowest score, Revamp AVS, has been selected. This option has the benefit of correcting deficiencies noted in the Ishikawa diagram, such as lack of return to ED instruction in some discharge documents.

 Lessons Learned: Time and efficiency are priorities in the ED. Patients receive tailored information from nurses and AVS at discharge, but this information needs more standardization in order to be adequately comprehensive and meet patient needs.

Next Steps: Improve: We will establish contact with additional ED personnel including Epic advisors for planning of the intervention and follow up. Methods to assess the impact of the intervention after implementation are observing change in patient questionnaire average total score post-intervention, especially in the areas of medication and follow-up instructions.