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Position:

Clinical Educator/Supervisor Emergency Services

Organization:

WakeMed Health and Hospitals

Role:

Co-author

Professional Background

Tracy has been a Registered Nurse in the emergency setting since 2012 and a member of the ENA since 2013. She recently moved into the role of Clinical Educator/Supervisor Emergency Services for WakeMed Health and Hospitals, Garner. She gained her Certification in Emergency Nursing (CEN) in 2015 and graduated cum laude with a BSN degree from the University of North Carolina at Wilmington (UNCW) in May of 2019. She is a current member of the Association of Vascular Access and is an instructor for her organization in the skill of Ultrasound-Guided Peripheral Intravenous (USG-PIV) placement.

Disclosure Status: Complete

Disclosure: Nothing to Disclose

Signed: *Tracy Thompson* (01/28/2020, 3:45 PM)

Are you a member of ENA?

Yes

Are you an advanced practice nurse?

No

Keywords

1. Discharge Process
2. Emergency Department
3. quality improvement process

Abstract

Did you receive Institution Review Board (IRB) approval for this project?

- Not Applicable

Educational Track

- Quality and Safety

Purpose:

Inconsistent nursing practice for discharging patients was noted as shown by varying Professional Research Consultant (PRC) scores gathered by third party consultant group for discharge instructions. Research studies have shown misinterpretation or lack of understanding of discharge instructions by patients can have an adverse effect on patient's healthcare compliance. This presented an opportunity to initiate a nursing practice change in accord with the best evidence. The goal was to develop and implement a standard discharge process to improve patient discharge satisfaction.

Design:

The quality improvement process used was PDSA and consisted of all Registered Nurses utilizing a standard discharge process which was implemented through mandatory education and competency evaluation. In the Planning phase, a review of literature including the ENA Position Statement: Safe Discharge from the Emergency Department was completed, and a standard process was developed using evidence of best practice. The standard process consists of four stages: prepare, review, advocate, and confirm understanding. This is accomplished through evidence based best practice for body mechanics that facilitate participation, thorough review with patient, of diagnosis, treatment, testing, medication, and specific follow-up care, time for patients to ask questions, and the patient's verbal confirmation of understanding the discharge instructions.

Setting:

This study was conducted at a 12-bed stand-alone Emergency Department in a suburban area that is part of the largest Healthcare System in the county.

Participants/Subjects:

The participants were patients and/or patients' family randomly selected by a third-party consultant group from all patients discharged from the emergency department. Patients that were admitted to a hospital were excluded.

Methods:

The Do phase consisted of educating and training registered nurses on the new standard discharge process, the independent variable, and implementation of this process into daily patient care. After implementation, competency validation ensured compliance and PRC scores provided process effectiveness. The measurement used for the Study phase was PRC scores calculated using the dependent variable, a response from participants of "Excellent" to the question, "How would you rate the instructions provided by the staff about how to care for (yourself/your family member) after discharge from the emergency room? Would you say: Excellent, Very Good, Good, Fair, or Poor?". This score is calculated by dividing the number of patients who responded "excellent" to this question by the number of patients surveyed, multiplied by 100.

Results/Outcomes:

The percent of emergency room patients responding "excellent" to the PRC question improved post standard process implementation. Prior to implementation PRC percentage was 68.9% for January to March 2019. After implementation PRC percentage increased to 99.4%, 95.2%, and 99.7% for April – June, July – September, October – December respectively.

Implications:

For the Act phase, this process has been adopted into daily practice for all RN's in this setting. Implementation of this standard discharge process increased satisfaction with delivery of discharge instructions as evidenced by improved PRC scores. Further research into increased patient compliance, decreased return ED visits, and decreased readmission rates could be a focus for the next step to this process improvement.

References

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