SAFE DISCHARGE FROM THE EMERGENCY SETTING

Description

The transition home after discharge is acknowledged as a high-risk instance for patient noncompliance and communication failures.[1–4] A clear correlation has been reported between discharge instructions and hospital readmission rates.[5,6] Other research links the quality of discharge instructions to overall patient satisfaction.[7,8] Studies measuring the effectiveness of discharge instructions found that the average patient–provider communication at discharge is four minutes[8] and up to 78% of patients did not clearly understand their instructions.[1,3,9] Emergency nurses often provide discharge instructions in an environment that is less than optimal for teaching and learning[7–8] and use materials that often include wording at an education level above the average patient's eighth grade reading level.[9,10] It is suggested that improvements to the discharge process may contribute to fewer costly acute care visits and lead to better patient outcomes.[2,5,7]

There is little research, however, surrounding the safe discharge for several at-risk patient populations which include: patients who have been, or who are impaired; patients who have received narcotic or sedative medications during their treatment; elderly patients who live alone; and those patients who may present as a danger to themselves or others. What is the responsibility of the emergency nurse related to safe transport and safety conditions in the home or community environment? Legal and ethical implications are involved in the safe discharge of some patients, yet little research is available to support emergency nurses with a framework for making discharge decisions.[11]

ENA Position

It is the position of the Emergency Nurses Association that:

1. Discharge planning is an essential, yet complex element of quality patient care and one of the most patient-centered functions that emergency nurses provide.[2,4,6,8–10]

2. Emergency nurses work collaboratively with their physician colleagues, social services, discharge planners, and/or home care consultants, as well as law enforcement, and other nursing organizations to determine a framework for safe patient transition into the home or community environment.[2,6,11]

3. Emergency nurses collaborate with their physician colleagues, pharmacists, and risk management to develop policies, procedures, and practices that address the safe discharge of patients who have been under the influence of substances, have been treated with narcotic or sedative medications and/or those who exhibit dangerous behaviors during the course of treatment in the emergency department.

4. Emergency nurses find value in using resources, tools, and established procedures to assist in the provision of patient teaching, to include written discharge instructions that meet the patient's and/or caretaker's health literacy level. [1-4, 8-12]

5. Accurate documentation of the delivery of nursing care, outcomes and discharge process is key to supporting safe practice, safe care.

6. Emergency nurses advocate for and participate in evidence-based research to address the essential elements of a safe, comprehensive, and quality discharge, from the emergency setting.[7]

Background

The safe discharge planning process begins as soon as the patient arrives in the emergency department in the form of a nursing assessment. Issues of concern, behavior and/or medical problems that may impact a safe discharge can be identified at that time. Safe discharge also ends with a nursing assessment to determine the clinical condition of the patient upon intent to discharge.

Patient education occurs throughout the continuum of patient care as emergency nurses use multiple opportunities during patient–nurse interactions as teachable moments; nevertheless, the actual time of discharge is crucial to patient safety and understanding of instructions.[2,3,8] Patient and caretaker health literacy significantly impacts safe discharge and is defined by The Joint Commission as "the ability to obtain, understand and use health information."[1–4,6,9–12] The Joint Commission and the National Quality Forum both recommend the use of plain language, including teach-back techniques, to promote patient understanding and foster active participation from the patient in a comfortable, nonthreatening environment.[4,12] The opportunity for emergency nurses to teach and empower patients and/or caretakers during the discharge process is a significant component of safe practice and quality patient care.[2,4,8,9,12] Patients who feel engaged from the beginning are more likely to understand and adhere to their discharge instructions.[3–5,12]

The discharge process is complex and involves nursing judgment and decision making. Emergency nurses would do well to be aware of the legal consequences of their discharge decisions.[11] Concerns can range from breach of confidentiality, duty to warn, duty to report and the ethical issues related to the self-determination rights of the patient.[11]

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Developed: June 2013.

Approved by the ENA Board of Directors: December, 2013.