2015

A Guide for Delivering Evidence - Based Discharge Intructions for Emergency Department Patients

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Abstract

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Emergency Department Patients

by

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MS, Grambling State University, 2005

BS, Northwest State University, 2000

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2015

Abstract

Discharge instructions provided to patients discharged from the emergency department (ED) are often provided in a way that is neither clear nor concise. Patients are often discharged home without a clear understanding of their diagnosis, medications, reasons to return to the ED, follow-up instructions, or how to manage their care at home during their illness. Therefore, a guideline needed to be developed in order to help the ED staff provide clear and concise discharge instructions to patients discharged from the ED. The Ace Star Model of Knowledge Transformation was the foundation for the development of the evidence-based guideline. A formative group of 7 individuals was created to critique the initial draft of the guideline, and a final version of the guideline was then distributed to 10 medical professionals to aid in the approval and determination of the quality of the guideline. The data analysis from the formative group questionnaire, and the appraisal of guidelines for research and evaluation tool led to the recommendations for a guideline on the delivery of evidence-based discharge instructions. This project has implications for social change in practice by (a) increasing the awareness among medical professionals about the importance of their communication style on patient discharge and (b) allowing for more efficient communication to occur between them and their patients. The use of an evidence-based practice guideline for providing discharge instructions to patients discharged from the ED will allow improved quality of care to patients, efficient communication between the healthcare providers and patients, a positive impact for social change in practice, and a consistent and reliable method for patients to understand their discharge instructions in a way that is clear and concise.

Developing a Guideline for Delivery of Evidence – Based Discharge Instructions for Emergency Department Patients

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Dedication

I would like to dedicate my DNP Project to my mom, Freddie R. Jackson, and in memory of my grandmother, Pinkie C. Robertson. My mother and grandmother both have been my greatest inspiration in encouraging me to keep pressing forward while never giving up.

Acknowledgments

I would like to thank my brother, Toney T. Walker, my son, Brandon D. Intrchoodech, my mother, Freddie R. Jackson, and my colleague Mary Nell Murphy for supporting me and encouraging me while obtaining my DNP degree. I would also like to thank my preceptor, Dr. Sandra Hugan, Dr. Deborah Lewis, and the faculty at Walden University for your time and dedication throughout my DNP project.

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Section 1: Nature of the Project

Introduction

The emergency department (ED) staff's ability to provide effective communication and discharge instructions is a significant problem in EDs across the nation. Providing clear and concise discharge instructions by the ED staff is imperative for numerous reasons. Discharge instructions should consist of more than just providing the discharge instructions, but must also allow for bidirectional communication among both the ED staff and the patient. Family members are often not acknowledged; however, they can serve as a significant source for helping the patient to adhere to their clear and concise discharge instructions. Therefore, a guideline is needed in order to help the ED staff provide clear and concise discharge instructions to patients discharged from the ED. The goal of this project was to create such a guide and obtain feedback from medical professionals. Based on the existing framework used at one facility, I was able to revise their discharge plan with the help of a formative group. I was then able to further improve the plan with the input of several professionals.

Problem Statement

The ability of registered nurses (RNs), nurse practitioners (NPs), physician assistants (PAs), and physicians in providing clear and concise discharge instructions by can be a challenge for many EDs across the country. Discharge instructions have significant value to patients and their family members when they are presented in a way that is clear and concise. RNs, NPs, PAs, and physicians each have a particular role in developing and sharing discharge instructions to patients discharged from the ED. Each

position is unique and the RNs' role in providing discharge instructions should coincide with the discharge instructions provided by the other health care providers for the patient. In this project, I developed a clear and concise guideline for providing discharge instructions to patients discharged from the ED. The ED staff can follow this in order for the patients to successfully continue their home recovery care.

Purpose Statement with Objectives

The purpose of this evidence-based project was to develop a guideline that consisted of clear and concise discharge instructions for patients discharged from the ED. It is imperative for ED patients to receive clear and concise discharge instructions from the ED staff prior to being discharged from the ED. The ED staff faces unique challenges in providing clear and concise discharge instructions to patients for several reasons. They are: (a) providing significant information in a chaotic environment, (b) time – constraints of the fast paced turn – around time, and (c) a limited knowledge of the patient's medical history and current disease process (Gignon, Ammirati, Mercier, & Detave, 2014).

The objective of this evidence-based project was to observe direct interaction with patients and the ED staff during discharges, obtain ED staff input, and conduct a review of the current literature to develop a clear and concise guideline for providing ED discharge instructions. The observed discharge instructions provided to the patients by the ED staff, the interactions between the patients and the ED staff at the time of discharge, and the ED staff recommendations served as a framework to help develop the guideline. I also incorporated a review of the literature added the significant substance

needed to finalize an effective guideline for providing clear and concise discharge instructions for patients discharged from the ED.

Significance to Practice

Patients do not always understand the discharge instructions provided by healthcare providers, nor are the discharge instructions always offered in a way that is clear and concise to the patient and their family members. This was evident by the organization's Health Stream's Insights on Demand Report by Question. Patient's insight was obtained on whether or not they received clear and complete discharge instructions from the ED staff. Out of 791 individuals interviewed about this category, 44.5% of the respondents were able to answer yes. This percentage score was unacceptable to the facility.

Providing clear and concise discharge instructions to patients who are discharged from the ED is imperative for the sake of the patient; as well as for the staff, to achieve successful patient outcomes which leads to an improved quality of care. "If a healthy outcome is to be achieved, patient's comprehension of discharge instructions is a critical part of the ED encounter" (Alberti & Nannini, 2013, p. 186). Therefore, an effective guideline for providing clear and concise discharge instruction to patients discharged from the ED must be developed.

Healthcare providers are expected to deliver adequate discharge instructions to patients in an ED setting at the time of discharge. This is a professional expectation from the Joint Commission Hospital Accreditation (JCAHO; 2010); however, a standardized guideline for educating patients on their discharge instructions, and assessing a patient's

comprehension of their discharge instructions have not been established by many healthcare facilities (Alberti & Nannini, 2013). Without an effective and established guideline on providing discharge instructions for patients discharged from the ED, this will lead to various methods of ineffective teaching which will ultimately affect the level of comprehension of the discharge instructions achieved by the patient.

Some healthcare facilities utilize verbal only discharge instructions while other healthcare facilities incorporate verbal, video, and written discharge instructions. The written discharge instructions vary considerably throughout healthcare facilities. In many instances, physicians, NPs, and PAs do not provide verbal discharge instructions but provide written discharge instructions instead for the nursing staff to review with the patients. This may be due to the chaotic environment in the ED and the limited time established for healthcare providers to develop a genuine rapport with ED patients.

Patients' comprehension of the discharge instructions must be assessed which must include an assessment of the patient's health literacy. This is a JCAHO requirement, but many healthcare facilities have failed to achieve this goal (Alberti & Nannini, 2013). Past studies have proven that ED providers and the ED nursing staff do not routinely assess their patient's understanding of their discharge instructions (Davis et al., 1990; Farrell et al., 2009; Rhodes et al., 2004 as cited in Alberti & Nannini, 2013).

If patients receive clear and concise discharge instructions by both the nursing staff and the ED providers, then the patients will be able to manage better their overall care once they leave the ED. Clear and concise discharge instructions leads to an overall positive outcome because of the following: (a) the patient understands their medical

diagnosis, (b) the patient understands their medications, (c) the patient understands their follow – up plan, and (d) the patient knows reasons to return to the ED immediately. This can lead to an improved quality of life due to decreased confusion and/or lack of understanding, repeat ED visits for the same complaint, and a speedy recovery for the patient due to the clear and concise discharge instructions provided. Patients should be provided with structured content; both verbally and written with the utilization of visual cues (CBS News, 2012).

Project Question

Will developing a guideline to provide clear and concise discharge instructions to patients discharged from the ED support the following objectives:

- Provide an accurate assessment of patient's comprehension of their discharge instructions received by the ED staff prior to being discharged from the ED.
- Allow for increased awareness of ineffective communication provided by the ED staff at the time of discharge.
- Allow for a consistent and effective way to provide clear and concise discharge instructions for patients discharged from the ED.
- Will the inclusion of the ED staff, patient observations during discharges, and a review of the literature allow for the development of a guideline to provide clear and concise discharge instructions for patients discharged from the ED?

Evidence-Based Significance of the Project

The importance of creating a guideline to provide clear and concise discharge instructions for patients discharged from the ED is of high value so that there will be a

consistent and efficient way for the ED staff to provide clear and concise discharge instructions on a routine basis. "Although effective discharge teaching provided by nurses and physicians is a professional expectation and a Joint Commission Hospital Accreditation requirement, there is no standardization for health teaching or assessing patient comprehension" (Chugh, Williams, Grigsby, & Coleman, 2009; Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 2009 as cited in Alberti & Nannini, 2013, p.186).

The development of a standardized guideline for providing clear and concise discharge instructions will aid in the clarification and resolution of this significant problem. According to a literature review completed by Alberti and Nannini (2013), comprehension of the discharge instructions by the patient is the key to achieving success in overall healthcare for the patient. Poor understanding of discharge instructions can lead to poor health outcomes, noncompliance with discharge instructions, worsening in overall health status, and increased repeat ED visits for the same or similar complaints (Bass, 2005; Taylor & Cameron, 2000; Watermeyer & Penn, 2009 as cited in Albert & Nannini, 2013).

Implications for Social Change in Practice

Developing a guideline to provide clear and concise discharge instructions for patients discharged from the ED allows healthcare providers to change the way they communicate with their patients in their practices. This guideline allows healthcare providers to realize the impact of ineffective patient – provider communication, and the guideline encourages the engagement of patients in the discharge process. Healthcare

providers can now take the time to slow down in a chaotic environment and assess their patient's health literacy through verbal and visual cues provided by the patients. This leads to increased satisfaction by the patients and gives the patients a sense of not feeling rushed throughout their ED visit.

Definitions of Terms

For the purpose of this paper, the following terms were used and defined as follows:

Discharge instructions are visual, verbal, or written instructions provided by the ED staff to include a physician, NP, PA, or a RN for the purpose of making the patient and family member aware of the patient's diagnosis, follow – up care after discharge, reasons to return to the ED, and an overview of the care provided while in the ED with expectations of what to expect within the next several days.

Emergency department (ED) is the area of a hospital where patients are seen for emergency medical treatment.

ED Staff includes RNs, PAs, NPs, and physicians, and is interchanged for healthcare provider and, or healthcare professional throughout this paper.

Guideline is a document created based on evidence for healthcare providers to apply to their practice to provide the best quality of healthcare to patients.

Health literacy "is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Coleman, 2011, p. 70).

Healthcare provider includes RNs, PAs, NPs, and physicians; and is interchanged for ED staff throughout this paper.

Assumptions and Limitations

Assumptions

In this study, I assumed that all participants were English speaking with the capability to read and comprehend the English language on a collegiate level.

Limitations

1. Guidelines created for providing clear and concise discharge instructions for patients discharged from the ED were limited in some ways.
2. The study was conducted at a local urban ED in the Mid – South region of the United States. Therefore, the characteristics of the patient population may only reflect this particular geographical location.
3. Another limitation was that a total of 15 participants were included in the study to critique the developed guideline for providing clear and concise discharge instructions for patients discharged from the ED. Three participants were excluded due to their failure to return the questionnaire or assessment tool in the allotted time frame.
4. Some of the ED staff may not have desired to participate in the needs assessment or critique of the developed guideline; therefore, they may be some deficiency in this area.

Summary

"It is critical that emergency providers develop and implement strategies for information delivery at discharge that adequately address patients' needs while ensuring feasibility and sustainability in the ED setting" (Buckley et al., 2013, p. 553). Developing a guideline to provide clear and concise discharge instructions for patients discharged from the ED was the ultimate goal of this project. Although the guideline will have an eventual significant impact on the patients' outcomes, the focus of this project was to the actual development of an evidence-based guideline to provide clear and concise discharge instructions for patients discharged from the ED.

Section 2: Review of the Scholarly Evidence

Introduction

For this project, I completed an exhaustive review of the literature to aid in the development of a guideline to provide clear and concise discharge instructions for patients discharged in the ED. The literature search was conducted through the Walden University online library. Medline with Full Text, CINHAL Plus with Full Text, Ovid Nursing Journals Full Text, PubMed, and Sage Premier were the databases included to obtaining research for this study. Thirty evidence-based studies were initially considered; however, this was narrowed down to 10 evidence-based research studies, and five professional organizations. The studies that I did not use did not provide pertinent research for this particular study, gave an overlapping of other studies, or did not fit the criteria for the purpose of this study.

Specific Literature

A guideline which is developed to provide clear and concise discharge instructions must include the following: (a) teach-back method, (b) closure of the discharge session, (c) discharge instructions provided at an appropriate reading level, (d) time allotted for a question and answer session, and (e) follow-up telephone calls within 24 – 48 hours after being discharged from the ED (Coleman, 2011; Zavala & Shaffer, 2011). Most healthcare facilities provide some type of discharge instructions to their patients at the time of discharge; however, effective communication is the key to providing clear and concise discharge instructions. If a patient does not understand their discharge instructions, then it will not provide very much if any benefit at all to the

patient. This is why it is so important to provide clear and concise discharge instructions to patients discharged from the ED.

It is critical that a guideline be developed to provide clear and concise discharge instructions with an implementation of the guideline by the ED staff. The guideline will provide a way to decrease communication failures between the ED personnel and patients (Buckley et al., 2013). Past research reveals that very limited research has been conducted on ways to provide strategies for improved communication for patients discharged from the ED so that they can comprehend their discharge instructions in a clear and concise manner (Buckley et al., 2013).

Buckley et al. (2013) conducted to obtain patient's input on ED discharge instructions. The focus group consisted of 14 participants with a total of five sessions. The study concluded that when discharged from the ED, the staff should provide the following: (a) define complex words, (b) stress the importance of the discharge instructions with a rationale, (c) provide practical information, (d) clarify uncertainty, (e) use visual aids, (f) address common myths as they apply to patients, and (g) emphasize key points (Buckley et al., 2013). The research team used best practice recommendations prior to presenting the draft of the redesigned discharge document to the focus group. The final discharge instructions document was redesigned after further recommendations were made by the focus group. The research team felt as though the patient's input and feedback provided a wealth of knowledge leading to the development of an efficient discharge document.

Herndon, Chaney, & Carden (2011) conducted a systematic review was conducted on the health literacy of patients seen, treated, and discharged from the ED. The study initially identified 413 articles; however, only 31 met the criteria to be included in the review (Herndon, Chaney, & Carden, 2011). The study concluded that the readability level of the materials provided to patients discharged from the ED was written at a ninth to eleventh grade reading level; while the mean level of patients treated in the ED have a seventh to eight grade reading level (Herndon et al., 2011). If the discharge instructions provided to patients discharged from the ED are too involved, this can hinder the goal of providing clear and concise discharge instructions. The instructions must be written on a level in which patients discharged from the ED can comprehend.

A combined quantitative and qualitative study was conducted to address the quality of the discharge instructions that were delivered verbally at two EDs. The discharge instructions were provided by either an emergency room physician or an NP to a total of 477 participants (Vashi & Rhodes, 2011). The study concluded that the discharge instructions were often incomplete in the following areas: (a) specific timeframe for follow-up, (b) reasons to return to the ED, and (c) confirmation of the understanding of the discharge instructions (Vashi & Rhodes, 2011). A guideline developed to provide clear and concise discharge instructions to patients discharged from the ED must address the deficits that we revealed in this particular study.

Another study included structured interviews conducted on 140 patients after discharged from one of the two EDs (Engel et al., 2009). The objective of the study was

to assess the patient's understanding; as well as the patient's awareness of a lack of understanding, in their overall ED visit and discharge instructions (Engel et al., 2009). The following four domains were assessed to reveal the patients understanding or lack of understanding: (a) care received in the ED, (b) diagnosis, (c) home care, and (d) reasons to return to the ED (Engel et al., 2009). The authors concluded that 78% of the patients had comprehension deficit in at least one of the four domains (Engel et al., 2009). Sixty-one percent of the patients had a deficiency in understanding why they received the care they received during their ED visit; 32% of patients had a deficit in understanding their ED diagnosis; 73% of patients had a deficit in understanding their home care instructions; and 46% of patients had a deficit in understanding reasons to return to the ED (Engel et al., 2009). "The majority of patients with comprehension deficits failed to perceive them, and patients perceived difficulty with comprehension 20% of the time when they demonstrated deficient comprehension" (Engel et al., 2009, p. 454). This study proves that patients do not always understand their discharge instructions, medical diagnosis, or the reason they received the test/procedures completed in the ED. The ED staff must improve their communication skills and provide explanations to patients in a way that they can understand.

A literature review was conducted to determine patient's comprehension of discharge instructions provided in the ED or an urgent care facility. The study included the review of 21 articles that met the inclusion criteria (Alberti & Nannini, 2013). The study revealed the most efficient form of providing discharge instructions were the ones that utilized simple wording, cartoon illustrations, multimedia tools such as a discharge

video, or mobile phone instructions, and a discharge facilitator for patients who spoke a language other than English (Alberti & Nannini, 2013). The two common methods utilized to address the patients' comprehension of the discharge instructions was a quiz on specific discharge instructions and a discharge interview (Alberti & Nannini, 2013). The study proved that providing written and verbal discharge instructions alone were not as effective as adding the additional teaching methods such as video or phone instructions.

Fifty patients participated in a prospective, randomized, descriptive study to determine where patient confusion occurred in discharge instructions provided by the ED staff (Zavala & Shaffer, 2011). The study method consisted of follow – up phone calls to 50 patients one day after being discharged from the ED (Zavala & Shaffer, 2011). The follow-up phone calls were conducted by an ED RN who asked the following two queries: (a) "Tell me how you are doing today" and "Do you have any questions about your treatment or discharge instructions" (Zavala & Shaffer, 2011, p. 139). The study concluded nine patients had questions, three patients did not understand what their prescriptions were for, nine patients reported worsening or persistent symptoms without improvement, and two patients did not remember receiving discharge instructions (Zavala & Shaffer, 2011). The results of this study revealed follow-up phone calls could be beneficial in providing ongoing learning needs in regards to clarifying discharge instructions in a clear and concise manner.

A review of the literature was also conducted on teaching medical professionals ways to communicate with their patients in an effective way. The study included first,

second, and third – year medical students who conducted interviews on patients for the purpose of improving their health literacy skills (Coleman, 2011). The study revealed that a "teach – back" method for assessing a patient's understanding and a "closing the encounter" method by incorporating a checklist were both effective ways of providing and assessing a patient's comprehension of the education offered by the medical students (Coleman, 2011). These two methods can be just as useful in the ED. The teach-back method and the closing the encounter method can be utilized by ED staff to aid in providing clear and concise discharge instructions.

The actual discharge instructions should include the following: (a) follow up with a specified healthcare provider, (b) signs and symptoms to monitor for worsening of the patient's condition with strict directions to return to the ED for reevaluation, (c) an explanation of all prescriptions with an explanation of the purpose, frequency, expected side effects, and signs of an allergic reaction, (d) supplemental material on community resources, and (e) recommendations for home care as it pertains to the patient's diagnosis (Zavala & Shaffer, 2011). However, as previously stated, the focus of this project is to develop the actual guidelines for providing clear and concise discharge instructions; therefore, further discussion on the actual discharge instructions will be limited.

General Literature

Effective Communication

Effective communication must be provided by the ED staff in order for patients to receive quality care (Buckley et al., 2013). A major challenge in providing effective communication by the ED staff is that 90 million Americans have inadequate health

literacy (Buckley et al., 2013). Studies have proven that lower health literacy is associated with increased ED visits and higher mortality rates (Buckley et al., 2013). This is because the patients do not always understand their medical diagnosis or discharge instructions. Healthcare professionals have not adequately been trained in health literacy principles (Coleman, 2011). This is evident in the fact that research has shown the healthcare providers tend to use medical jargon without adequate explanation during patient's visit (Coleman, 2011).

Health literacy principles should be taken into account when interacting with all patients and their family members in order to have effective communication. If health literacy principles are not taken into consideration; this can hinder the delivery of providing clear and concise discharge instructions. The National Action Plan to Improve Health Literacy has identified the need for healthcare professionals to improve their health literacy skills (Coleman, 2011). "In a seminal report on the topic, the Institute of Medicine found that health professionals and staff have limited education, training, continuing education, and practice opportunities to develop skills for improving health literacy" (Coleman, 2011, p. 71). The improvement in health literacy will lead to healthcare providers providing clear and concise discharge instructions to patients discharged from the ED.

Methods for Providing the Discharge Instructions

The guideline must include various methods to provide clear and concise discharge instructions to be a useful guideline. One method is through providing verbal discharge instructions. Another method is through providing written discharge

instructions. Both oral and written discharge instructions should be simple and clear; yet provide enough adequate and useful information for the patient. Written discharge instructions should be provided in addition to verbal discharge instructions because verbal discharge instructions can often be provided in an unclear and non – concise manner to the patient (Taylor & Cameron, 2000). The Joint Commission recommends using pictures, diagrams, and visual models to aid in the delivery of discharge instructions and also suggests that written material be provided on a fifth grade reading level (Joint Commission, 2010). Video teleconferencing is another method to aid in providing discharging instructions. "Video teleconferencing is a communication technology that permits the users at two or more different locations to interact by creating a face – to – face meeting environment" (National Security Agency, n.d., para. 1). While, this should not be the primary source of providing discharge instructions, it can aid in further clarification discharge instructions if the patient has additional questions after the ED staff has provided the final discharge instructions. The ED can be a chaotic environment with the pressure of the ED staff feeling as though they do not have adequate time to re – visit the patient again regarding further discharge instruction clarification. Video teleconferencing can allow the physician, NP, or PA to communicate with the patient via telephone without having to actually re – enter the patient's exam room. Video teleconferencing can be connected to the provider's personal computer or a dedicated system can be added to the provider's work area. The patient would also have a system set up in the room to communicate with the provider.

Conceptual Models/Theoretical Frameworks

The Ace Star Model of Knowledge Transformation consists of five steps. Refer to Figure 1 below. They are: (1) discovery of new knowledge, (2) review of multiple studies to create evidence, (3) creation of a practice document, (4) change in practice at the organizational level, and (5) evaluation of the quality improvement practice change (Schaffer, Sandau, & Diedrick, 2012). The first step required the establishment of new knowledge through traditional research (Schaffer et al., 2012). The second step led to the creation of the evidence. The third step resulted in a practice guideline for the healthcare organization to utilize in providing clear and concise discharge instructions for ED patients. The fourth step allowed for the implementation of the new evidence – based guideline, and the fifth step will allow for an evaluation of the effectiveness of the new practice change in the ED. The model below demonstrates how knowledge transformation is cyclic and goes through the process of discovery, summary, translation, integration, and evaluation (Bonis, Taft, & Wendler, 2007).

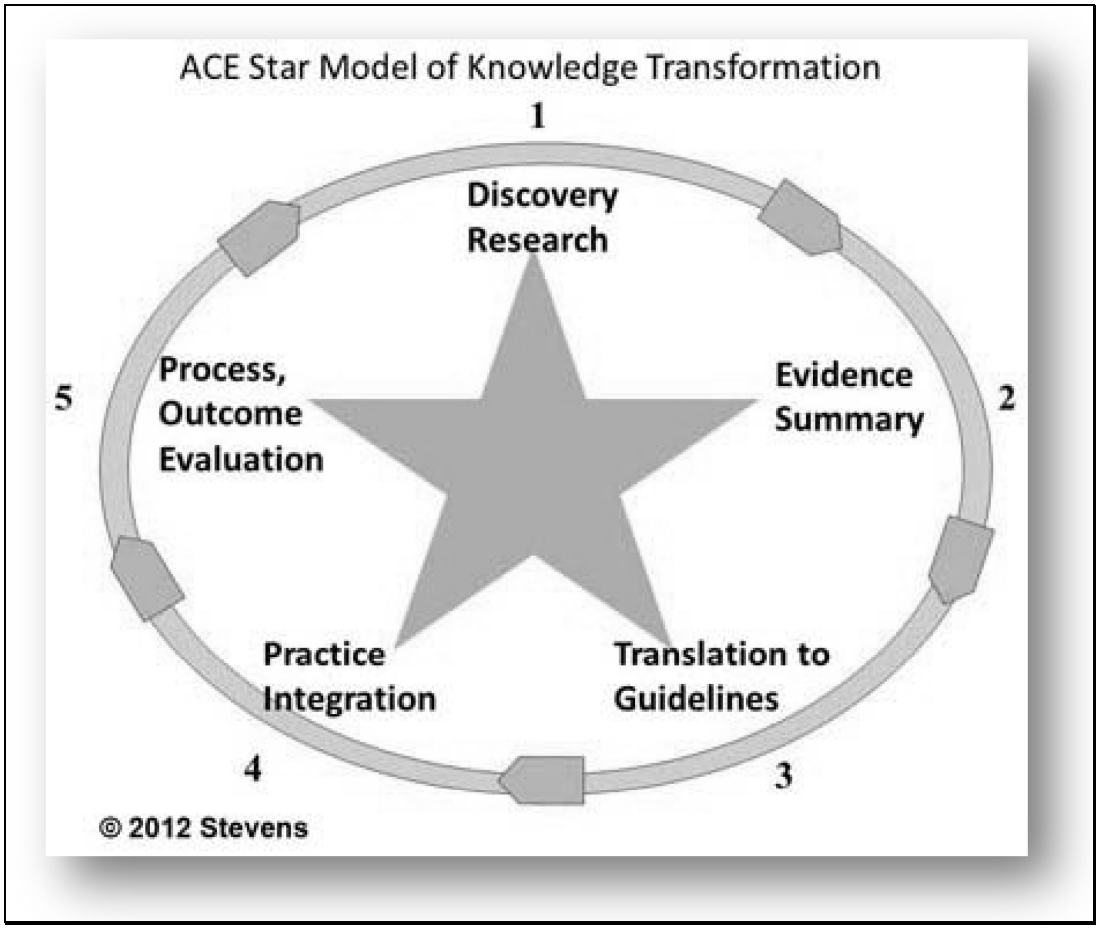

Figure 1. Ace Star Model of Knowledge Transformation . Adapted with expressed permission by Kathleen R. Stevens, Ed.D., RN, ANEF, FAAN, Copyright 2015, Stevens.

Summary

A review of the scholarly evidence revealed the importance of providing clear and concise discharge instructions for patients discharged from the ED. There are numerous ways in which this can be accomplished, and it can be tailored to each patient, each ED staff personnel, and each healthcare organization. However, for the purpose of this study, a general guideline was created to provide clear and concise discharge instructions for patients discharged from the ED. To accomplish this, several aspects had to be taken into

consideration for the guideline to be successful. The review of the literature added a lot of significance in the creation of the guideline for this DNP Project.

Section 3: Project Method

Introduction

The review of the literature revealed what needed to be included in the guideline for delivery of evidence-based discharge instructions for ED patients. My review and analysis of the data collected aided in the strength and validity of the developed guideline to provide clear and concise discharge instructions to patients discharged from the ED. Key stakeholders reviewed the guidelines prior to finalization of the evidence-based developed guideline. These ensured appropriate changes were made for 100% accuracy and approval of the guideline. I used the information that I obtained through my practicum experience which consisted of five interviews with the staff and ten patient observations during discharge instructions, in addition to the review of the literature to develop a guideline for clear and concise discharge instructions for patients in the ED.

Population and Sampling

The population included in the initial review of the critique of the guideline included a total of seven ED individuals. Eight formative questionnaires were distributed; however, one individual was not included in the final analysis of data. This formative group included RNs, FNPs, and educators with PHDs. The final participants who were also considered to be end users included 10 medical professionals. The final participants (summative group) included two ED staff RNs, one nursing educator, one MD, two NPs, and two PAs who all practice in the ED at an urban hospital in located in Memphis, TN. Two of the participants, an MD and a nurse educator, in the summative group were excluded because they did not return their evaluations in the allotted time

frame. The Appraisal of Guidelines for Research & Evaluation (AGREE) II Tool was used as the tool to assist in the evaluation of the guideline. (Please refer to Appendix A).

Data Collection

Once the initial guideline was developed on how to provide clear and concise discharge instructions to patients discharged from the ED, a copy of the guideline with a formative questionnaire, and an overview of the DNP Project was distributed to seven participants for feedback on the guidelines (see Appendix B.) Instructions on how to complete the task and contact information were provided to the seven participants via email.

After a thorough review of the feedback from the formative group, the guideline was revised and then distributed to the final eight participants in the summative group. The guideline, the AGREE II Tool, and a brief overview of the DNP Project were provided to the final 10 participants (see Appendix A and Appendix D). Verbal instructions were provided as well, and time was allotted for each participant to ask any questions and share their concerns. Eight participants completed the evaluation and returned them to the designated area within 1 week after initial distribution.

Data Analysis

The data analysis of the developed guideline for providing clear and concise discharge instructions for patients discharged in the ED included a two-step process. The AGREE II Instrument and the Formative Questions Critique aided in this process. The AGREE II Instrument was designed to provide a framework to assist in the determination of the quality of a developed guideline (Agree Trust, 2009). The AGREE II Instrument is

generic and was utilized for the purpose of allowing the participants to "undertake their own assessment of the guideline before adopting its recommendations into practice in the ED" (Agree Trust, 2009, p. 8).

The AGREE II Instrument consists of the following six domains: " (a) scope and purpose, (b) stakeholder involvement, (c) rigor of development, (d) clarity of presentation, (e) applicability, and (f) editorial independence" (Agree Trust, 2009, p. 5). The AGREE II Instrument also contains an overall guideline assessment that allowed the participants to rate their overall recommendation of the guideline. The six domains consisted of 23 questions, and the overall guideline assessment consisted of two questions (see Appendix A). The data that I obtained from the eight AGREE II Instruments was analyzed. The overall guideline assessment provided the final analysis and acceptance of the guideline (see Appendix C).

Project Evaluation Plan

The final guideline was drafted and ready for implementation once the validity of the guideline was proven. The overall guideline assessment included in the AGREE II Tool addressed if the participant felt as though the guideline should or should not be implemented. The validity of the guideline was determined by 100% approval of each of the eight participants of the draft of the guideline. The quality of the approved guideline was determined by overall scoring of the quality of the guideline. A higher percent was equal to a high-quality guideline, and a lower percent was equal to a poor-quality guideline (Agree Trust, 2009).

Summary

Patient observations, input provided by the ED staff, and a review of the literature aided in my development of an evidence-based practice guideline to provide clear and concise discharge instructions to patients discharged from the ED. The guideline provides a way for RNs, PAs, NPs, and physicians to deliver discharge instructions to patients in the ED in a valid and significant way. The guideline is currently ready to serve as a recommendation for delivering of clear and concise discharge instructions to patients discharged from the ED because the validity of the guideline has been established (see Appendix D).

Section 4: Discussion and Implication

Patients discharged from the ED are entitled to receive discharge instructions that are presented in a way that is clear and concise to them. If the discharge instructions are clear and concise to the patient, then the patient will receive the full benefits of the purpose of discharge instructions. In this section, I will present the findings of the overall project, which was to develop a guideline for delivery of evidence-based discharge instructions for ED patients. I used two- step process to evaluate the quality of the guideline prior to finalization of the guideline. The process included a formative group and a summative group.

Summary and Evaluation of Findings

The formative evaluation was distributed to eight individuals who included four NPs with ED experience, two RNs with ED experience and two doctoral prepared educators. A total of seven responses were included in the final review. One NP did not return her evaluation in the allotted time. The formative evaluation included nine questions. Table 1 includes the details of the Focus Group Questionnaire.

Table 1

Formative Group Questionnaire

Question number	Question text
Question #1	Do you have a clear understanding of each statement? If not, please provide details about each statement that you found to be unclear, and what can be changed to make them better?
Response	Yes 4 – Participants No 2 – Participants wanted some of the statements combined. 1 – Participant (Educator) did not respond.
Question #2	Do you feel as though the recommended statements in the guideline (1-12) will aid in the help of the emergency department (ED) staff to provide clear and concise discharge instructions to patients discharged in the ED? Do you feel the optional statements in the guideline (13-15) will aid in the help of the ED staff to provide clear and concise discharge instructions to patients discharged from the ED? Should any of the statements be omitted?
Response	Yes – 5 Participants Yes – 5 Participants No – 5 Participants 2 Participants (Educators) did not respond to this question
Question #3	Do you feel as though any of the statements need more of an explanation for clarity?
Responses	Yes – 3 Participants No – 3 Participants 1 Participant (Educator) did not respond.
Question #4	Please provide feedback on the content of the guideline; i.e. Is it appropriate for the setting? Does it capture the current issues? Does it address the stated objectives for this project?
Responses	Yes – 6 Participants Yes – 6 Participants Yes – 6 Participants 1 Participant (Educator) did not respond.
Question #5	What might be barriers to implementing this guideline? What issues do you feel might arise in implementing this guideline?
Responses	Time restraints Staff availability Available resources Receptiveness of staff to new guideline Readability level of patients
Question #6	Are key content areas covered in this guideline?

(table continues)

Question number	Question text
Responses	Yes – 5 Participants No – 1 Participant (Concern for non – Readers. 1 Participant (Educator) did not respond.
Question #7	Is this guideline comprehensive? If not, what areas need to be addressed?
Response	Yes – 5 Participants No – 1 Participant (Concern for preventative measures) 1 – Participant (Educator) did not respond.
Question #8	If your ED was experiencing difficulty meeting the goals to provide clear and concise discharge instructions to patients discharged from the ED, would you consider implementing this guideline? Why or why not?
Responses	Yes – 6 Participants Comprehensive Teach back method Question and answer session Clarity of discharge instructions Thoughtful Simplicity of use Serves as a reference 1 Participant (Educator) did not respond.
Question #9	How would you use this guideline in the ED at your organization, or how would you like to see this guideline utilized in the ED if you were the one receiving the clear and concise discharge instruction?
Responses	6 – Participants responded. Present to administration. Present to the medical and nursing staff. Obtain data over a 6 - month time frame after initial implementation to evaluate statistical data on patient satisfaction, patient follow – up phone calls, patient returns, and the use of cellular technology. Address fears of increase turn around times and the time it will take to provide adequate instructions. Training for all new employees

(table continues)

Question number	Question text
	working in the ED. Encourage staff to utilize guideline, but would have to address longer ED wait times. The optional guideline will make patients want to return to the facility in the future for emergencies. Add a template to the current ED note for the staff to utilize the guideline. 1 – Participant (Educator) did not Respond.

One individual responded to only one of the questions; however, this particular person made comments on the actual guideline. Her focus was mainly on the structure and formatting of the guideline. The overall recommendation provided by this particular person was to begin each statement with the same format.

After a thorough evaluation of the formative group's feedback, I edited and revised the guideline according to the feedback received. Overall, the formative group was in agreement that the guideline provided a way for healthcare professionals to provide clear and concise discharge instructions to patients discharged in the ED. Once, I revised the guideline; I distributed it the summative group for a final evaluation.

The summative evaluation included eight individuals who completed and returned the AGREE II Tool in the allotted time frame. The group included: two RNs, two NPs, two PAs, one MD, and one nurse educator. The criteria to be included in this group was to be a licensed healthcare professional currently practicing in an ED full-time. The eight participants all worked in the same ED in an urban area in Memphis, TN.

Domain 1 addressed the scope and purpose of the guideline (Please refer to Appendix A, Appendix C, and Table 2.) The section included three statements. All three statements were applicable to this project and scored by all participants. A domain score of 98.6 % was attained.

Table 2

Agree II Data

AGREE II DOMAIN	Score by percent
Domain 1: Scope and Purpose	98.6%
Domain 2: Stakeholder Involvement	98.6%
Domain 3: Rigor of Development	97%
Domain 4: Clarity and Presentation	97.9%
Domain 5: Application	100%
Domain 6: Editorial Independence	100%
Overall Guideline Assessment	96.4%
Recommend This Guideline For Use	Yes, without modification = 100%

Domain 2 addressed stakeholder involvement, and included four statements. One statement was not applicable to this project; therefore, the participants did not respond to this statement. The score for this domain was adjusted accordingly. A domain score of 98.6% was obtained. Domain 3 addressed rigor of development and contained seven statements. Two of the statements were not applicable to this project; therefore, the participants did not respond to the nonapplicable statements. The score for this domain was adjusted accordingly. A domain score of 97% was obtained.

Domain 4 addressed clarity of presentation and included four statements. All participants responded to all statements in this domain. A domain score of 97.9% was obtained. Domain 5 addressed applicability, and included three items. One statement was not applicable for this project; therefore the participants did not respond to the non – applicable statement. The score for this domain was adjusted accordingly. A domain score of 100% was obtained. Domain 6 addressed editorial independence and included two statements. One statement in this domain was non – applicable to this project; therefore, the participants did not address the non – applicable statement. The score for this domain was adjusted accordingly. A domain score of 100% was obtained. The overall guideline assessment contained the following two statements: (a) Rate the overall quality of the guideline, and (b) I would recommend this guideline for use. The overall rating of the guideline was 96.4% and was recommended without modifications by 100% of the participants.

Discussion of Findings

The guideline that I developed to provide healthcare professionals with ways to provide clear and concise discharge instructions is a needed recommendation. Joint Commission expects healthcare professionals to provide clear and concise discharge instructions to all patients discharged from the ED. An established guideline to provide clear and concise discharge instructions to patients discharged from the ED may lead to consistency in providing clear and concise discharge instructions to patients. This may also result to an increase in patient satisfaction, decreased repeat, and, or unnecessary ED visits, and an improved quality of care for ED patients. The responses from the formative

group re-enforced the need for the guideline, and the 100% approval of the evidence – based guideline by the summative group provided the validity of the guideline.

Implications for Practice/Social Change

This guideline may have a profound effect on the way healthcare professionals provide discharge instructions to patients discharged from the ED. Healthcare professionals will now be able to provide discharge instructions in a way that is clear and concise through the use of this evidence-based guideline. This guideline may encourage healthcare professionals to be more concerned with the way they provide discharge instructions, and to be more thorough in their teaching despite the chaotic environment experienced in the ED.

Project Strengths and Limitations

This project has several strengths. Five of the seven individuals included in the formative group had ED experience. The formative group also included two people who were educators, but non- medical. This added strength to the evaluation of the initial guideline to achieve a layperson's view. They were also able to provide their professional views on the formatting and wording of the guideline. All of the participants included in the formative group were end users. Limitations of this project were that one person in the formative group and two participants in the summative group did not return their evaluations promptly; therefore they were excluded from the project.

Analysis of Self

I feel as though I did an excellent job as a project developer. I had a lot of help with good recommendations from my DNP committee and my preceptor. I remained

unbiased throughout the project and appreciated all of the feedback I received. I was open to the constructive criticism and, or concerns from the formative group. It led me to revise the formatting of the initial guideline; that I believe led to the 100% approval of the guideline by the summative group.

Summary

The developed evidence-based guideline for providing clear and concise discharge instructions to patients discharged from the ED will be a success for many EDs across the nation. The guideline addresses all key content areas, is comprehensive, captures the current issues, meets the stated objectives, and is appropriate for the ED setting. This guideline may aid in healthcare professionals providing clear and concise discharge instructions to patients discharged from the ED. Consistency and standardization in providing clear and concise discharge instructions will be achieved on a routine basis for discharged ED patients.

Section 5: Scholarly Product

Developing a Guideline for Delivery of Evidence – Based Discharge Instruction for Emergency Department Patients

Andre Walker, FNP – C, MSN, DNP – Student

Walden University

Introduction

Dissemination is a vital component after an evidence – based guideline has been developed. Dissemination of this evidence will allow healthcare providers to utilize up to date and evidence – based guidelines while aiding in providing clear and concise discharge instructions to patients discharged from the ED. This will also allow healthcare providers to practice based off of the evidence while providing quality care to their patients. My plan is to submit the manuscript below to the *Journal of Emergency Nursing*.

Objective: To develop evidence – based guideline for recommendations on providing clear and concise discharge instructions to patients discharged from the emergency department (ED).

Background: The aim of this project was to develop evidence – based guideline for healthcare professionals practicing in the ED. The project was focused on an urban hospital located in Memphis, TN.

Method: A formative group was utilized to provide feedback on the guideline prior to distributing the guideline to the summative group. The summative group assessed the guideline for the quality and validity of the guideline by completing the Appraisal of Guidelines for Research and Evaluation (Agree II) Tool.

Participants: The formative group included a total of seven participants. The formative group consisted of four nurse practitioners (NPs), two registered nurses (RNs), and two doctoral prepared educators. The summative group included a total of eight participants. The summative group consisted of one medical doctor (MD), two NPs, two physician assistants (PAs), and one nurse educator.

Results: The formative group feedback led to a revision of the guideline prior to distributing the guideline to the summative group. The summative group recommended the guideline with 100% approval without modifications. The score for the quality of the guideline was 96.4%.

Conclusions: The developed guideline for delivery of evidence – based discharge instructions for ED patients provides a reference for healthcare professionals who practice in the ED to provide discharge instructions to patients who are clear, concise, and complete.

Keywords: Evidence – based guideline, Appraisal of Guidelines for Research and Evaluation, discharge instructions, healthcare professionals practicing in the emergency department.

INTRODUCTION

Providing effective communication between the ED staff and patients in regards to discharge instructions is a significant problem in EDs across the nation. Providing clear and concise discharge instructions by the ED staff is imperative for numerous reasons. Discharge instructions should consist of more than just providing the discharge instructions, but must also allow for bi – directional communication among both the ED staff and the patient. Family members are often not acknowledged; however, they can serve as a significant source for helping the patient to adhere to their clear and concise discharge instructions. Providing clear and concise discharge instruction to patients discharged in the ED not only benefits the patients and their family members, but it also allows healthcare professionals to assess the extent and quality of the discharge instructions provided to the patients by the healthcare professionals.

BACKGROUND AND OBJECTIVES

Providing clear and concise discharge instructions by registered nurses (RNs), nurse practitioners (NPs), physician assistants (PAs), and physicians can be a challenge for many EDs across the country. Discharge instructions provide significant value to patients and their family members when they are presented in a way that is clear and concise. RNs, NPs, PAs, and physicians each have a particular role in developing and sharing discharge instructions to patients discharged from the ED. Each position is unique and the RNs' role in providing discharge instructions should coincide with the discharge instructions provided by the other healthcare providers for the patient. A clear and concise guideline for providing discharge instructions to patients discharged from the ED should become the norm for all EDs. This guideline allows for consistency and guidance when providing clear and concise discharge instructions to patients.

The objective of this article is to review and examine the developed guideline that consists of clear and concise discharge instructions for patients discharged from the ED. It is imperative for ED patients to receive clear and concise discharge instructions from the ED staff prior to being discharged from the ED.

Healthcare providers are expected to deliver adequate discharge instructions to patients in an ED setting at the time of discharge. This is a professional expectation from the Joint Commission Hospital Accreditation (JCAHO); however, a standardized guideline for educating patients on their discharge instructions, and assessing a patient's comprehension of their discharge instructions have not been established by many healthcare facilities (Alberti & Nannini, 2013). Without an efficient and established guideline on providing discharge instructions for patients discharged from the ED, this will lead to various methods of ineffective teaching which will ultimately affect the level of comprehension of the discharge instructions achieved by the patient.

Providing clear and concise discharge instructions to patients who are discharged from the ED is imperative for the sake of the patient; as well as for the staff, to achieve successful patient outcomes which leads to an improved quality of care. "If a healthy outcome is to be achieved, patient's comprehension of discharge instructions is a critical part of the ED encounter" (Alberti & Nannini, 2013, p. 186). Therefore, an effective guideline for providing clear and concise discharge instruction to patients discharged from the ED must be utilized.

GUIDELINE EVALUATION

PROJECT METHOD

A review of the literature revealed what needed to be included in the guideline for delivery of clear and concise, evidence – based discharge instructions for patients discharged from the ED. The review and

analysis of the data collected from the formative and summative groups aided in the strength and validity of the developed guideline. Key end - users reviewed the guideline prior to finalization of the evidence – based developed guideline. These ensured appropriate changes were made for 100% accuracy and approval of the guideline.

METHOD: FORMATIVE GROUP

A questionnaire with nine questions was distributed to the formative group. This group included four NPs, two RNs, and two doctoral prepared educators. One NP did not return her questionnaire within the allotted timeframe; therefore seven questionnaires were included. The participants were emailed the forms and were advised to return the forms via email. They were able to type their responses directly on the form and were provided several methods to contact the project coordinator in case of any questions or concerns. Please see Table 1 for a list of the questions and responses.

METHOD: SUMMARTIVE GROUP

The AGREE II Tool was distributed to 10 healthcare professionals who practice in the ED at an urban hospital located in Memphis, TN. One MD and one nurse educator did not return the tool in the allotted timeframe; therefore, eight AGREE II Tools were utilized in the evaluation, recommendation, and the overall scoring of the quality of the developed guideline.

Table 1. Formative Group Questionnaire

Question #1	**Do you have a clear understanding of each statement? If not, please provide details about each statement that you found to be unclear, and what can be changed to make them better?**
Responses	Yes 4 –Participants No 2 –Participants wanted some of the statements combined. 1– Participant (Educator) did not respond.
Question #2	Do you feel as though the recommended statements in the guideline (1-12) will aid in the help of the emergency department (ED) staff to provide clear and concise discharge instructions to patients discharged in the ED? Do you feel the optional statements in the guideline (13-15) will aid in the help of the ED staff to provide clear and concise discharge instructions to patients discharged from the ED? Should any of the statements be omitted?
Responses	Yes – 5 Participants Yes – 5 Participants No – 5 Participants 2 Participants (Educators) did not respond to this question.
Question	Do you feel as though any of the

#3	statements need more of an explanation for clarity?
Responses	Yes – 3 – Participants No – 3 – Participants 1– Participant (Educator) did not respond.
Question #4	Please provide feedback on the content of the guideline; i.e. Is it appropriate for the setting? Does it capture the current issues? Does it address the stated objectives for this project?
Responses	Yes – 6 Participants Yes – 6 Participants Yes – 6 Participants 1 Participant (Educator) did not respond.
Question #5	What might be barriers to implementing this guideline? What issues do you feel might arise in implementing this guideline?
Responses	Time restraints Staff availability Available resources Receptiveness of staff to new guideline Readability level of patients
Question #6	Are key content areas covered in this guideline?
Responses	Yes – 5 Participants No – 1 Participant (Concern for non – readers. 1 Participant (Educator) did not respond.
Question #7	Is this guideline comprehensive? If not, what areas need to be addressed?
Response	Yes – 5 – Participants No – 1 – Participant (Concern for preventative measures) 1 –Participant (Educator) did not respond.
Question #8	If your ED was experiencing difficulty meeting the goals to provide clear and concise discharge instructions to patients discharged from the ED, would you consider implementing this guideline? Why or why not?
Responses	Yes – 6 – Participants Comprehensive Teach back method Question and answer session Clarity of discharge instructions Thoughtful Simplicity of use

	Serves as a reference 1 – Participant (Educator) did not respond.
Question #9	How would you use this guideline in the ED at your organization, or how would you like to see this guideline utilized in the ED if you were the one receiving the clear and concise discharge instruction?
Responses	6 – Participants responded. Present to administration. Present to the medical and nursing staff. Obtain data over a 6- month time frame after initial implementation to evaluate statistical data on patient satisfaction, patient follow – up phone calls, patient returns, and the use of cellular technology. Address fears of increase turn around times and the time it will take to provide adequate instructions. Training for all new employees working in the ED. Encourage staff to utilize guideline, but would have to address longer ED wait times. The optional guideline will make patients want to return to the facility in the future for emergencies. Add a template to the current ED note for the staff to utilize the guideline. 1 – Participant (Educator) did not respond.

DATA ANALYSIS

The data analysis of the developed guideline for providing clear and concise discharge instructions for patients discharged in the ED included a two – step process. The AGREE II Tool and the formative questionnaire aided in this process. The AGREE II Tool was designed to provide a framework to aid in the determination of the quality of a developed guideline (Agree Trust, 2009). The AGREE II Tool is generic and was utilized for the purpose of allowing the participants to "undertake their own assessment of the guideline before adopting its recommendations into practice in the ED" (Agree Trust, 2009, p. 8). The AGREE II Tool consists of the following 6 domains: " (a) scope and purpose, (b) stakeholder involvement, (c) rigor of development, (d) clarity of presentation, (e) applicability, and (f) editorial independence" (Agree Trust, 2009, p. 5). The AGREE II Tool also contains an overall guideline assessment which

allowed the participants to rate their overall recommendation of the guideline. The six domains consist of 23 questions, and the overall guideline assessment consists of two questions. Five of the statements were not applicable to the guideline; therefore adjustments were made in the scoring process per the AGREE II Tool protocol. The data obtained from the eight AGREE II Tools was analyzed and computed according to the guidelines for scoring of the tool. The overall guideline assessment provided the final analysis and acceptance of the guideline. Please see Table 2.

Table 2. AGREE II DATA

AGREE II DOMAIN	Score by Percent
Domain 1: Scope and Purpose	98.6%
Domain 2: Stakeholder Involvement	98.6%
Domain 3: Rigor of Development	97%
Domain 4: Clarity and Presentation	97.9%
Domain 5: Application	100%
Domain 6: Editorial Independence	100%
Overall Guideline Assessment	96.4%
Recommend This Guideline For Use	Yes, without modification = 100%

RESULTS

Domain 1 addressed the scope and purpose of the guideline. The section included three statements. All three statements were applicable to this project and scored by all participants. A domain score of 98.6 % was attained. Domain 2 addressed stakeholder involvement, and included four statements. One statement was not applicable to this project; therefore, the participants did not respond to this statement. The score for this domain was adjusted accordingly. A domain score of 98.6% was obtained. Domain 3 addressed rigour of development and contained seven statements. Two of the statements were not applicable to this project; therefore, the participants did not respond to the non – applicable statements. The score for this domain was adjusted accordingly. A domain score of 97% was obtained. Domain 4 addressed clarity of presentation and included four statements. The participants responded to all statements in this domain. A domain score of 97.9% was obtained. Domain 5 addressed applicability, and included three items. One statement was not applicable for this project; therefore the participants did not respond to the non – applicable statement. The score for this domain was adjusted accordingly. A domain score of 100% was obtained. Domain 6 addressed editorial independence and included two statements. One statement in this domain was non – applicable to this project; therefore, the participants did not address the non – applicable statement. The score for this domain was adjusted accordingly. A domain score of 100% was obtained. The overall guideline assessment contained the following two statements: *(1) Rate the overall quality of the guideline. (2) I would recommend this guideline for use.* The overall rating of the guideline was 96.4% and was recommended without modification by 100% of the participants. Please refer to Table 2.

DISCUSSION

The formative group provided valuable feedback on the initially developed guideline. The guideline was revised very strategically after reviewing the feedback from the formative group. The fact that the group also included two doctoral prepared educators provided the additional substance in the formatting of the guideline. The end users approved the guideline with 100% approval. "Buy – in" and support must be achieved in order for the successful implementation of the guideline.

Table 3. Recommended Guideline for Delivery of Evidence- Based Discharge Instructions for Emergency Department Patients.

- **Provide pre – printed discharge instruction sheets written on a 5th – grade reading level.**
- **Provide both written and verbal discharge instructions.**
- **Use simple wording and cartoon illustrations.**
- **Allow time for a question and answer session.**
- **Incorporate a teach- back method.**
- **Provide closure of the discharge session.**
- **Using layman terms, define medical jargon.**
- **Provide a rationale for the discharge instructions.**
- **Provide practical information.**
- **Emphasize key points.**
- **Address common myths that patients refer to or may encounter.**
- **Utilize a discharge facilitator for patients who speak a language besides English or if the patient is deaf; use a sign language interpreter.**

Optional guidelines to incorporate depending on available resources

- **Follow – up telephone calls within 24 – 48 hours after being discharged from the ED.**
- **Use of visual aids and demonstrations as applicable.**
- **Incorporate multimedia such as: video teleconference discharge instructions and/or mobile phone instructions.**

Table 4. Additional information applicable to the guideline.

- **Q& A Session: Clarify uncertainty. Confirm that the patient understands their instructions. Do not rush through**

the discharge instructions; do allow the patient time to ask questions.

- **Teach Back Method: Ask the patient about specifics that were discussed; and, or have the patient explain in their own terminology specifics of their discharge instructions. For example, "Can you tell me reasons why you should return to the ED? When should you follow – up with your PCP?**
- **Discharge Closure: Prior to exiting the room, ask the patient if they have any further questions; ask them if what was explained made sense to them, or was clear. If not, clarify and re- explain until clarity is achieved.**
- **Medical Jargon: Do use medical terminology; but also explain in layman's term so that the patient can understand it.**
- **Practical Information: Include education that will be specific to the patient's diagnosis that will help them achieve their pre – illness baseline. For example, if a patient is discharged with a diagnosis of Acute Pancreatitis, discuss alcoholic intake, smoking cessation if applicable, medications that can cause a flare up, etc.**
- **Key Points: Stress the significance of the discharge instructions; i.e. why the patient needs to f/u in a timely manner, why the patient should return to the ED, what to expect during the recovery period s/p discharge, explain the reasoning for follow – up with a specialist if applicable, etc. Use of a hi –lighter to emphasize pertinent information on the discharge instruction sheets may be helpful.**
- **Common Myths: This provides patients with accurate information about their diagnosis and assists them in seeking appropriate medical treatment.**
- **Follow – Ups: To be conducted by a trained ED staff RN. This allows for further clarification and re-enforcement of discharge instructions.**
- **Demonstrations: For example, show the patient how to properly control a nosebleed, how to use a nasal suction bulb, how to apply an ace wrap, how to count their pulse; as it applies to their medical diagnosis and condition.**

CONCLUSION

The developed evidence – based guideline for providing clear and concise discharge instructions to patients discharged from the ED will be a success for many EDs across the nation. The guideline addresses all critical content areas, is comprehensive, captures the current issues, meets the stated objectives, and is appropriate for the ED setting. This guideline will aid in healthcare professionals providing clear and concise discharge instructions to patients discharged from the ED. This guideline will allow for consistency and standardization in providing clear and concise discharge instructions which will be achieved on a routine basis for patients discharged from the ED.

Clear and concise discharge instructions leads to an overall positive outcome because of the following: (a) the patient understands their medical diagnosis, (b) the patient understands their medications, (c) the patient understands their follow – up plan, and (d) the patient knows reasons to return to the ED immediately. This can also lead to an improved quality of life due to decreased confusion and/or lack of understanding, repeat ED visits for the same complaint, and a speedy recovery for the patient due to the clear and concise discharge instructions provided.

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Appendix A: AGREE II Tool

Please answer the following questions on a 7 – point scale
1= Strongly Disagree 7 = Strongly Agree

SCOPE AND PURPOSE

1. The overall objective of the guideline is specifically described.
   1 2 3 4 5 6 7
2. The health problem addressed (clear and concise discharge instructions) by the guideline is specifically described.
   1 2 3 4 5 6 7
3. The population to whom the guideline is meant to apply is specifically described.
   1 2 3 4 5 6 7

STAKEHOLDER INVOLVEMENT

4. The guideline evaluation group includes all relevant professionals.
   1 2 3 4 5 6 7
5. The views and preferences of the target group (healthcare professionals) have been sought.
   1 2 3 4 5 6 7
6. The target users of the guideline are clearly defined.
   1 2 3 4 5 6 7
7. The guideline has been piloted among target users.
   1 2 3 4 5 6 7

RIGOR OF DEVELOPMENT

8. Systematic methods were used to search for evidence.
   1 2 3 4 5 6 7
9. The criteria for selecting evidence are clearly described.
   1 2 3 4 5 6 7
10. The methods used for formulating the recommendations are clearly described.
    1 2 3 4 5 6 7
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.
    1 2 3 4 5 6 7
12. There is an explicit link between the recommendations and the supporting evidence.
    1 2 3 4 5 6 7
13. The guideline has been externally reviewed by experts prior to finalization. (This group currently reviewing)
    1 2 3 4 5 6 7
14. A procedure for updating the guideline is provided.
    1 2 3 4 5 6 7

CLARITY AND PRESENTATION

15. The recommendations are specific and unambiguous.
    1 2 3 4 5 6 7
16. The different options for management of the condition (discharge instructions) are clearly presented.
    1 2 3 4 5 6 7
17. Key recommendations are easily identifiable.
    1 2 3 4 5 6 7
18. The guideline provides tools (advice) on how the recommendations can be put into practice.
    1 2 3 4 5 6 7

APPLICATION

19. The potential organization barriers in applying the recommendation have been discussed.
    1 2 3 4 5 6 7
20. The possible cost implications of applying the recommendations have been considered.
    1 2 3 4 5 6 7
21. The guideline presents key review criteria for monitoring and/or audit purposes.
    1 2 3 4 5 6 7

EDITORIAL INDEPENDENCE

22. The guideline is editorially independent from the funding body.
    1 2 3 4 5 6 7
23. Conflicts of interest of guideline development members have been recorded.
    1 2 3 4 5 6 7

GENERAL COMMENTS:

OVERALL GUIDELINE ASSESSMENT

1. Rate the overall quality of this guideline.
   1 2 3 4 5 6 7
   1. I would recommend this guideline for use.

   Yes_____
   Yes, with the following modifications
   _____
   _____
   _____
   _____
   No_____

*Adapted from www.agreetrust.org – with permission

Appendix B: Formative Group Questions

I would greatly appreciate your feedback on this guideline. Please answer the following questions and feel free to add any additional comments or concerns.

1. Do you have a clear understanding of each statement? If not, please provide details about each statement that you found to be unclear and what can be changed to make them better.
2. Do you feel as though the recommended statements in the guideline (1-12) will aid in the help of the emergency department (ED) staff to provide clear and concise discharge instructions to patients discharged from the ED? Do you feel the optional statements in the guideline (13-15) will aid in the help of the ED staff to provide clear and concise discharge instructions to patients discharged from the ED? Should any of the statements be omitted?
3. Do you feel as though any of the statements need more of an explanation for clarity?
4. Please provide feedback on the content of the guideline; i.e. Is it appropriate for the setting? Does it capture the current issues? Does it address the stated objectives for this project?
5. What might be barriers to implementing this guideline? What issues do you feel might arise in implementing this guideline?
6. Are all key content areas covered in this guideline?
7. Is this guideline comprehensive? If not, what areas need to be addressed?
8. If your ED was experiencing difficulty meeting the goals to provide clear and

concise discharge instructions to patients discharged from the ED, would you consider implementing this guideline? Why or why not?

9. How would you use this guideline in the ED of your organization, or how would you like to see this guideline utilized in an ED if you were the one receiving the clear and concise discharge instructions?

Appendix C: Agree II Data

Table C1

Domain I: Scope and Purpose

Participant	Item 1	Item 2	Item 3	Total
MD1	7	7	7	21
NP 1	7	7	7	21
NP 2	7	7	7	21
PA 1	7	7	7	21
PA 2	7	7	7	21
RN1	7	7	7	21
RN 2	7	7	7	21
RN Educator 1	7	7	5	19
Total	56	56	54	166

Maximum possible score = 7 (strongly agree) x 3 (items) x 8 (appraisers) = 168

Minimum possible score = 1 (strongly disagree) x 3 (items) x 8 (appraisers) = 24

The scaled domain score: $\frac{\text{(Obtained score – Minimum possible score)}}{\text{(Maximum possible score – Minimum possible score)}}$

$$166 - 24/168 - 24 = .986$$

Scaled Domain Score: 98.6%

Table C2

Domain 2: Stakeholder Involvement

Participant	Item 4	Item 5	Item 6	Item 7	Total
MD1	7	7	7	*N/A	21
NP 1	7	7	7	*N/A	21
NP 2	7	7	7	*N/A	21
PA 1	7	7	7	*N/A	21
PA 2	7	7	7	*N/A	21
RN1	7	7	7	*N/A	21
RN 2	7	7	7	*N/A	21
RN Educator 1	6	7	6	*N/A	19
Total	55	56	55	*N/A	166

Maximum possible score = 7 (strongly agree) x 3 (items) x 8 (appraisers) = 168

Minimum possible score = 1 (strongly disagree) x 3 (items) x 8 (appraisers) = 24

The scaled domain score: $\frac{\text{(Obtained score – Minimum possible score)}}{\text{(Maximum possible score – Minimum possible score)}}$

$$166 - 24/168 - 24 = .986$$

Scaled Domain Score: 98.6%

**If items are not included, appropriate modifications to the calculations of maximum and minimum possible scores are required.*

Table C3

Domain 3: Rigor of Development

Participant	Item 8	Item 9	Item 10	Item 11	Item 12	Item 13	Item 14	Total
MD1	7	7	7	*NA	7	7	*NA	35
NP 1	7	7	7	*NA	7	7	*NA	35
NP 2	7	7	7	*NA	7	7	*NA	35
PA 1	7	7	7	*NA	4	7	*NA	32
PA 2	7	7	7	*NA	7	7	*NA	35
RN 1	7	7	7	*NA	7	7	*NA	35
RN 2	7	7	7	*NA	7	7	*NA	35
RN	7	7	7	*NA	5	5	*NA	31
Educator 1								
Total	56	56	56	*NA	51	54	*NA	273

Maximum possible score = 7 (strongly agree) x 5 (items) x 8 (appraisers) = 280

Minimum possible score = 1 (strongly disagree) x 5 (items) x 8 (appraisers) = 40

The scaled domain score: $\frac{\text{(Obtained score – Minimum possible score)}}{\text{(Maximum possible score – Minimum possible score)}}$

$$273 - 40/280 - 40 = .97$$

Scaled Domain Score: 97%

**If items are not included, appropriate modifications to the calculations of maximum and minimum possible scores are required.*

Table C4

Domain 4: Clarity and Presentation

Participant	Item 15	Item 16	Item 17	Item 18	Total
MD1	7	7	7	7	28
NP 1	7	7	7	7	28
NP 2	7	7	7	7	28
PA 1	7	7	7	7	28
PA 2	7	7	7	7	28
RN1	7	7	7	7	28
RN 2	7	7	7	7	28
RN Educator 1	6	7	7	4	24
Total	55	56	56	53	220

Maximum possible score = 7 (strongly agree) x 4 (items) x 8 (appraisers) = 224

Minimum possible score = 1 (strongly disagree) x 4 (items) x 8 (appraisers) = 32

The scaled domain score: $\frac{\text{(Obtained score – Minimum possible score)}}{\text{(Maximum possible score – Minimum possible score)}}$

$$220 - 32/224 - 32 = .979$$

Scaled Domain Score: 97.9%

Table C5

Domain 5: Application

Participant	Item 19	Item 20	Item21	Total
MD1	7	7	*NA	14
NP 1	7	7	*NA	14
NP 2	7	7	*NA	14
PA 1	7	7	*NA	14
PA 2	7	7	*NA	14
RN 1	7	7	*NA	14
RN 2	7	7	*NA	14
RN Educator 1	7	7	*NA	14
Total	56	56	*NA	112

Maximum possible score = 7 (strongly agree) x 2 (items) x 8 (appraisers) = 112

Minimum possible score = 1 (strongly disagree) x 2 (items) x 8 (appraisers) = 16

The scaled domain score: $\frac{\text{(Obtained score – Minimum possible score)}}{\text{(Maximum possible score – Minimum possible score)}}$

$$112 - 16/112 - 16 = 1$$

Scaled Domain Score: 100%

**If items are not included, appropriate modifications to the calculations of maximum and minimum possible scores are required.*

Table C6

Domain 6: Editorial Independence

Participant	Item 23	Item 23	Total
MD1	7	*NA	7
NP 1	7	*NA	7
NP 2	7	*NA	7
PA 1	7	*NA	7
PA 2	7	*NA	7
RN1	7	*NA	7
RN 2	7	*NA	7
RN Educator 1	7	*NA	7
Total	56	*NA	56

Maximum possible score = 7 (strongly agree) x 1(items) x 8 (appraisers) = 56

Minimum possible score = 1 (strongly disagree) x 1 (items) x 8 (appraisers) = 8

The scaled domain score: $\frac{\text{(Obtained score – Minimum possible score)}}{\text{(Maximum possible score – Minimum possible score)}}$

$$56 - 8/56 - 8 = 1$$

Scaled Domain Score: 100%

**If items are not included, appropriate modifications to the calculations of maximum and minimum possible scores are required.*

General Comments:

Well developed. A lot of time was put into it. Nice Job. MD 1

Table C7

Overall Guideline Assessment

Participant	Overall Quality	Total
MD 1	7	7
NP 1	7	7
NP 2	7	7
PA 1	7	7
PA 2	7	7
RN 1	7	7
RN 2	7	7
RN Educator 1	5	5
Total	54	54

Total Overall Quality: 96.4%

Table C8

Recommend This Guideline for Use

Participant	Yes	Yes with modifications	No
MD 1	Yes		
NP 1	Yes		
NP 2	Yes		
PA 1	Yes		
PA 2	Yes		
RN 1	Yes		
RN 2	Yes		
RN Educator 1	Yes		
Total	100% Approval		

Appendix D: Guideline

- Provide pre – printed discharge instruction sheets written on a 5th – grade reading level.
- Provide both written and verbal discharge instructions.
- Use simple wording and cartoon illustrations.
- Allow time for a question and answer session.
- Incorporate a teach – back method.
- Provide closure of the discharge session.
- Using layman terms, define medical jargon.
- Provide a rationale for the discharge instructions.
- Provide practical information.
- Emphasize key points.
- Address common myths that patients refer to or may encounter.
- Utilize a discharge facilitator for patients who speak a language besides English or if the patient is deaf; utilize a sign language interpreter.

Optional guidelines to incorporate depending on available resources

- Follow – up telephone calls within 24 – 48 hours after being discharged from the ED.
- Use of visual aids and demonstrations as applicable.
- Incorporate multimedia such as: video teleconference discharge instructions and/or mobile phone instructions.

(Supplement to guideline to be printed on the back of the page of the actual guideline)

- Q& A Session: Clarify uncertainty. Confirm that the patient understands their instructions. Do not rush through the discharge instructions; do allow the patient time to ask questions.
- Teach –Back Method: Ask the patient about specifics that were discussed; and, or have the patient explain in their own terminology specifics of their discharge instructions. For example, "Can you tell me reasons why you should return to the ED? When should you follow – up with your PCP?
- Discharge Closure: Prior to exiting the room, ask the patient if they have any further questions; ask them if what was explained made sense to them, or was clear. If not, clarify and re- explain until clarity is achieved.
- Medical Jargon: Do use medical terminology; but also explain in layman's term so that the patient can understand it.
- Practical Information: Include education that will be specific to the patient's diagnosis that will help them achieve to their pre – illness baseline. For example, if a patient is discharged with a diagnosis of Acute Pancreatitis, discuss alcoholic intake, smoking cessation if applicable, medications that can cause a flare up, etc.
- Key Points: Stress the significance of the discharge instructions; i.e. Why the patient needs to f/u in a timely manner, why the patient should return to the ED, what to expect during the recovery period s/p discharge, explain the reasoning for follow – up with a specialist if applicable, etc. Use of a hi –lighter to emphasize pertinent information on the discharge instruction sheets may be helpful.
- Common Myths: This provides patients with accurate information about their diagnosis and assists them in seeking appropriate medical treatment.
- Follow – Ups: To be conducted by a trained ED staff RN. This allows for further clarification and re-enforcement of discharge instructions.
- Demonstrations: For example, show the patient how to properly control a nosebleed, how to use a nasal suction bulb, how to apply an ace wrap, how to count their pulse; as it applies to their medical diagnosis and condition.

Appendix E: Permission to Reprint ACE Star Model of Knowledge

Subject:	RE: ACE Star Model
From:	Stevens, Kathleen R (STEVENSK@uthscsa.edu)
To:	walker6827@bellsouth.net;
Date:	Wednesday, July 22, 2015 11:48 AM

Dear Andrea...I am so happy you find the Star Model useful.and congratulations on your DNP studies!

As copyright holder, I am granting you permission. This falls within the 'fair use' copyright rules, for use in education purposes.
Kindly note that the model is used with 'expressed permission, Copyright 2015, Stevens)

OF NOTE:
In recent work with several international predoctoral students, I was convinced that the name of the model should reflect its originator.
So, kindly note that the name is now the Stevens Star Model.
At this point, you can reference 2012 and also 2015 personal communication.
I hope to have a manuscript out soon.

I would so much appreciate knowing a little more about your application of the Model. Maybe you would be inclined to share an abstract.

I also encourage you to sign up for the notices for the Improvement Science Research Network.in your role, you will find this research network of interest to patient safety and quality improvement. We are currently running a series of web seminars on Reducing Readmissions. See the www.ISRN.net website. DNP students are beginning to use the ISRN Network studies for their own capstones...to have a bigger impact of their improvement projects through multi-site studies...so stay tuned.

I look forward to hearing from you.
Good wishes in your endeavors.

Dr. S
...to the best of our knowledge
Kathleen R. Stevens, RN, EdD, FAAN
UT System Chancellor's Health Fellow
STTI Episteme Laureate

Professor and Director
Improvement Science Research Network
www.ISRN.net
210.567.3135 or 1480
University of Texas Health Science Center San Antonio MSC 7949
7703 Floyd Curl Drive
San Antonio, TX 78229-3900

-----Original Message-----
From: Andrea Walker [mailto:walker6827@bellsouth.net]
Sent: Wednesday, July 22, 2015 11:37 AM
To: Stevens, Kathleen R
Subject: ACE Star Model

Good Morning,
I am a DNP student who would like permission to use your ACE Star Model of Knowledge & Transformation for my DNP Project. I am a student at Walden University. My DNP Project is "Developing an Evidence Based Guideline to Provide Clear and Concise Discharge Instructions to Patients Discharged from the Emergency Department." Please advice as to how to obtain permission to use your model. It is a great fit for my project! Thank you in advance!
Sent from my iPhone
Andrea Walker, FNP-C, MSN, DNP-student

Appendix F: Permission to Reprint AGREE II Tool

AGREE Enterprise website > Copyright

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