Emergency Department Population Health

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It is extremely important for nurses and other healthcare providers to understand and evaluate their consumer populations. By assessing their care populations, providers can determine factors affecting overall population’s health, health disparities of the population and strategies of improvement. In this paper, the author evaluates the population of patients within an emergency room while describing those factors affecting the population’s overall health, dipartites noted and a proper discharge strategy to be implemented for improvement. Effective discharge planning ensures the safety and ongoing care for patients and it also benefits health care providers and organizations (Han, Barnard & Chapman, 2009).

**Population health**

Population health provides unique opportunities in applying, overlapping, and synergistic interventions to care for populations that can be defined by need, condition or geography. An important feature of population health is the application of modern and culturally competent patient engagement and communication strategies that promote self-care. This includes mutually agreed-to goal setting and collaborative decision-making that allow patients to identify and manage potential health risks or disease exacerbations early. When combined with ready access to a medical home, supported by a healthcare team, enabled with disease management approaches and health information technology and integrated into the local community, the literature suggests that clinically and statistically significant increases in healthcare quality and decreases in unnecessary utilization are likely to result (Nash, Reifsnyder, Fabius & Pracilio, 2011).

**Emergency room population**

Non-emergent use of the emergency department has grown over the past decade. Lack of resources, access to care, medical insurance and knowledge can all contribute to the inappropriate use of the emergency department.

Providing proper discharge instructions to patients and their families can enhance the role of the emergency nurse. This education has the potential to significantly reduce the number of repeat visits, as well as misuse of the emergency department (Gozdziaski, Schlutow, Pittiglio, 2012).

**Overall Health**

The emergency department serves a large number of patients of various ethnic, socioeconomic and educational backgrounds. Nurses are sometimes overwhelmed in the chaotic, overcrowded emergency room environment but must prioritize and keep patient safety and patient education as their utmost priority. The overall health of the served population is accommodated best when healthcare providers are educated on the disparities of that population and then, in turn, critically think and work collaboratively to develop strategies for improvement. The overall improvement of patient care will result in overall improvement of the healthcare facility.

**Observation and Collection**

To collect number data for statistics overtime, the facility performs random phone and paper patient surveys. The way the patients answer each question gives the hospital ratings and percentages for collective data over a time period. Number values such as triage time, time from doctor to patient contact and total length of stay are also recorded.

Each nurse on every shift performs follow up phone-calls. This qualitative data is stored within a folder at the nurse’s station. Any negative feedback or constructive criticism from patients regarding their emergency room visit and care is reported to the nurse manager. These patients will most likely receive another phone call from administration in regards to their complaint or suggestion.

Staff meeting are held to educate staff on each of these data’s collections and to communicate new ideas for improvement. A power point was presented to staff on the importance of proper discharge instructions to every patient. Upon every discharge it is required that the primary nurse documents education to the patient throughout their visit and clear written discharge instructions with explanation.

All of this data complies at the end of every month and year to guide decisions within the emergency department and entire facility.

**Disparities**

Upon observation within the emergency department the author noted several health disparities. Patients do not always understand the education taught during their emergency room visit. Therefore, these patients are not managing their conditions at home and not following up when necessary with primary physicians or specialists. Patient satisfaction also decreases because patients do not feel empowered in their health. Patients must be educated appropriately to ensure proper home-care, follow up and management of their condition. If patients do not understand the education or receive it appropriately, their chances of returning for an unnecessary visit to the emergency room increase. Prescription medications may not be filled because the patient does not understand why he/she needs them. The patient may not follow-up with a physician, because the importance of this action was not emphasized.

It has been shown that up to seventy percent of patients discharged from the emergency department do not fully understand their discharge instructions. At least twenty-five percent of patients discharged do not understand their diagnosis. Also, thirteen to eighteen percent of patients do not understand their treatment instructions (Zavala & Shaffer, 2009).

Many reasons for patients not understanding their discharge instructions could be argued. Are the patient’s learning needs addressed? Are the patient and/or his or her family overwhelmed by their circumstances and unable to process the information? Is the environment distracting because of noise or overcrowding? Is the patient just ready to go home after a long emergency room stay? (Gozdziaski, Schlutow, Pittiglio, 2012).

**Strategies**

The author believes that the broad range of disparities listed above can all be improved through proper staff training with focus on effective discharge instructions and enforcing patient call-backs by providers. In the following paper, the author will discuss proper discharge instruction delivery with a focus on each of the disparities identified. Patient satisfaction and organizational benefits will also be discussed.

**The Joint Commission**

Healthcare providers want to always follow guidelines and instructions given by The Joint Commission. The Joint Commission identifies the following as requirements on discharge instructions: The patient and his/her family must be able to understand the discharge instructions. Patients and their families should be involved in the discharge education. Discharge instructions should meet patient’s specific needs. The patient should be referred to a healthcare provider for follow-up (The Joint Commission, 2010).

**Patient Case Example**

*“A patient presents to the emergency room with a significant head laceration resulting from a fall. The patient contacted administration after her visit. She had multiple complaints about her emergency visit, but one complaint stood out! She stated she did not receive discharge instructions. After reviewing her chart, it was discovered that she did not receive adequate discharge instructions. She was only instructed to keep the wound clean and dry and to return within ten days to have the staples removed.”*

What additional instructions should this patient have received? The patient could have received more specific instruction on how to care and dress her wound as well as infection signs. Also, it is vitally important that she be educated on head injuries. This patient has a fall and hit her head on an object hard enough to cause a significant laceration. What signs and symptoms should alarm her and call for immediate return to the emergency department?

Why did she not receive adequate discharge instructions? Maybe her primary nurse was very busy. However, discharge education may have just been given the lowest priority. This is a crucial mistake that must be corrected! What could have happened to this patient as a result of receiving inadequate discharge instructions?

**Effective Discharge Instructions**

Discharge planning is an accepted nursing intervention, which is aimed at the prevention of problems or issues that may arise after discharge (Carroll & Dowling, 2007). The standard of care for all emergency department discharges is that the patient receives appropriate written and verbal instructions. The effective exchange of information between patients and health care providers is recognized as being critically important to patient care (Perez-Carceles, Gironda, Osuna, Falcon & Luna, 2010). The patient and family must leave with an understanding of how to manage the patient’s ongoing care. The instructions should also include whom to contact for follow-up, and the patient and family are to be made aware of any major issues that will prompt a return to the emergency department (Han, Barnard, & Chapman, 2009).

A patient’s ability to understand and implement hospital discharge instructions is critical to recovery (Chugh, Williams, & Coleman, 2009). If the information provided in the emergency department is not clearly understood at the time, there is little possibility that the recommended instructions, such as the need for prescription medicines or following up with a primary care provider or specialist will be followed. Patients should feel empowered when they have the appropriate knowledge, skills and self-awareness to influence their own health behavior (Koponen, Rekola, Ruotsalainen, Lebto, Leino-Kilpi, & Voipio-Pulkki, 2008). Knowledge and understanding of one’s disease is imperative but is insufficient without motivation support and resources for follow up care. Patients may return to the ER for a number of reasons, which can include onset of new symptoms worsening of symptoms lack of understanding of discharge instructions or convenience of emergency department accessibility (Gozdziaski, Schlutow, Pittiglio, 2012).

Effective patient education requires consideration for the patient’s learning needs. The discharge instructions provided should be easy to read and follow. Materials are often written in a language that exceeds patient’s literacy levels, which may contribute to problems with comprehension and follow up. On average, patients read at a sixth grade level (Gozdziaski, Schlutow, Pittiglio, 2012).

Attempt to teach the patient in a quiet area to eliminate distractions. Consider the willingness of the patient to receive the instructions. The emergency nurse can evaluate the patient and family’s comprehension of discharge instructions by showing or providing a “teach back” to the nurse (Gozdziaski, Schlutow, Pittiglio, 2012).

The emergency room nurse should be knowledgeable in the area in which he or she is providing the teaching. Health care professionals generally receive minimal formal training on communicating clear and concise discharge instructions tailored to the patients or family learning abilities. In addition, one should use plain terminology to help the patient and family understand what he or she is attempting to teach. Allow plenty of time for questions from both the patient and family (Gozdziaski, Schlutow, Pittiglio, 2012).

Discharge instructions should include several main points. The patient’s diagnosis and cause should be identified and explained. The nurse should explain care given in the emergency department, including tests and procedures that were completed. Clear instruction on all home-care treatments should be taught. The patient and family must understand signs and symptoms that warrant a return to the emergency room. The importance of follow-up, including the name and contact information for the follow-up physician, should be included in discharge instructions. The final step in discharge should be an explanation of all prescribed medications including their purpose, dosage and possible side effects and adverse reactions (Zavaka & Shaffer, 2011).

**Patient satisfaction**

By assuring patients understand their discharge instructions, healthcare providers are improving the overall health of the population. A study by Sandra Zavala and Carol Shaffer (2011), identifies that follow-up phone calls are important in emergency rooms. These callbacks can help assure providers that the patients understand their discharge instructions. Not only should staff be trained to provide proper discharge education but also required to complete a number of follow-up phone calls on each given shift.

**Organizational benefits**

Effective discharge instructions can benefit the organization in multiple ways. Patient satisfaction is improved through effective discharge education. Proper discharge instruction and understanding can decrease repeat visits and readmissions. Insurance companies may not provide reimbursement for readmissions. Proper discharge instruction increases follow-up with post-hospitalization services. For example, a patient with and orthopedic injury is more likely to follow-up with the hospital’s orthopedic physician if given effective discharge instruction. This may also lead to the patient using the hospital’s outpatient physical therapy center (Han, Barnard, & Chapman, 2009).

**Conclusions**

In conclusion, population health is a diverse concept that must be embraced by all health care providers for the result of quality, safety and improvement of patient care. When providers observe disparities within their populations and work collaboratively towards improvement all involved will benefit. Even though emergency visits are often fast-paced, these visits must be full of patient and family education provided by knowledgeable staff. Emergency visits with proper discharge educations could be the beginning of an overall population health promotion and facility wide campaign of health.

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