

COMPLIANCE WITH EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS

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CE Earn Up to 9.0 CE Hours. See page 107.

Objective: The purpose of this study was to assess patient understanding of ED discharge instructions. It is essential for ED patients to understand their discharge instructions. ED staff face unique challenges when providing information in a distraction-filled, limited-time setting, often with no knowledge of the patient's medical history.

Methods: A qualitative study was conducted with a sample of patients discharged from our emergency department. Data were collected via a semi-structured interview.

Results: A total of 36 patients participated in the study; 29 patients were discharged with a drug prescription, and complementary investigations were scheduled for 3 patients. Most patients were satisfied with the time staff spent explaining the discharge instructions. However, some patients admitted that they did not intend to fully comply with the

medical prescription. Nearly half of the patients reported difficulties understanding their drug prescription (the dose or purpose of the treatment). Most patients said that their poor understanding primarily was related to lack of clarity of the written prescription.

Discussion: Even the most comprehensive instructions may not be clearly understood. Despite the patients' high stated levels of satisfaction with communication in the emergency department, more than half of patients failed to comply with important discharge information. Health care staff must be aware of the importance of discharge information. Further research is needed to improve the patient discharge process.

Key words: Patient compliance; Emergency department; Qualitative study; Health literacy; France

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It is essential for ED patients to understand their discharge instructions, which may include advice concerning ongoing management of the clinical condition, appropriate use of medications, and required follow-up. ED staff face unique challenges when providing information in a distraction-filled, limited-time setting, often with no knowledge of the patient's medical history.

Patient compliance with ED discharge instructions is important for several reasons, including good compliance with treatment, identification of incorrect diagnoses, management of treatment failures or complications, and recognition of noncompliance with prescribed treatments. Noncompliance is associated with higher morbidity and mortality rates and increased use of health services.¹⁻⁷

According to the literature, between 21% and 41% of patients do not understand their diagnosis, treatment, or follow-up,^{8,9} 20% are aware of their lack of understanding,¹⁰ between 12% and 20% do not fill their prescription, and 40% do not comply with their prescription.¹¹ A major factor in patient noncompliance is poor understanding of instructions,¹² which in turn is often due to inadequate physician-patient communication.^{13,14}

Factors associated with noncompliance include lack of explanation,¹⁵ failure to check the patient's understanding of discharge instructions,¹⁶ the use of unfamiliar medical terms,⁸ low educational level, literacy and socioeconomic status,^{17,18} anxiety, depression,^{19,20} social isolation,²¹ language barrier, old age,^{22,23} chronic diseases, and multiple drug treatment.²⁴⁻²⁶

The purpose of this study was to assess patients' understanding of ED discharge instructions.

Methods

STUDY DESIGN

A qualitative survey was performed with a sample of patients discharged from the emergency department, and a content analysis approach was used to analyze the study questions.²⁷

SETTING

The study setting was a French teaching hospital emergency department. Approximately 50,000 patients attend this emergency department each year. All ED staff members (physicians and nurses) were experienced in emergency medicine.

STUDY PARTICIPANTS AND DATA COLLECTION

From May to July 2011, ED patients older than 18 years were invited to participate in this study on discharge from the emergency department, unless the investigator was already busy interviewing another patient. Patients were excluded from the study when they were unwilling to participate, unable to provide informed consent, or had an insufficient understanding of French.

Patients were invited to participate until at least 30 patients had been enrolled. All participants gave their written, informed consent. Interviews were held in a quiet room near the emergency department.

Data were collected by means of a semi-structured interview (all performed by the same interviewer) using a standardized instrument that addressed 4 components: demographic data, understanding, compliance, and satisfaction. Demographic data included age, gender, relationship status, education level, and registration (or not) with a family physician. The interview featured both open-ended questions and Likert scale questions.²⁸ Responses were transcribed and analyzed qualitatively to identify the concepts discussed during the interview. The transcripts were entered into Tropes for content analysis and then coded according to the session headings. After content analysis, the discussions were recoded according to the themes identified. Lastly, the

patients' answers were grouped into categories to summarize opinions and actions.

QUALITATIVE INTERVIEWS

All interviews were digitally recorded and transcribed verbatim. During the one-on-one interview, patients were asked about their general well-being and socioeconomic, educational, and overall status. We began with these topics to put the patients at ease and to facilitate subsequent discussions.

The patient's understanding and satisfaction with the information provided about the diagnosis, treatment, and follow-up were then addressed. When a problem with understanding was identified, the patient was advised to see the ED physician for further explanation. If the patient did not wish to see the physician, the patient was asked to say from who he/she expected to obtain more information (eg, a pharmacist, family physician, or another person).

DATA ANALYSIS

The data collection process evolved over time as we added additional prompts and refined or expanded the questions on the basis of the answers provided by the first few patients who were interviewed.²⁹ Two investigators independently analyzed each interview by referring to the transcriptions and the interviewer's notes. Themes identified in the interviews were coded and compared with electronically monitored compliance to understand the relationship between quantitative and qualitative data.

Results

Forty patients were invited to participate in the study; 39 agreed to participate, but 3 subsequently were excluded because of communication problems, and thus a total of 36 patients participated in the study. Approximately half were women. Most patients had previously attended our emergency department.

The great majority of patients spontaneously reported a diagnosis concordant with that given by the ED physician. Most patients believed that the physician had spent sufficient time explaining their condition. All but one of the patients agreed or strongly agreed with the physician's diagnosis.

Almost all patients were satisfied or very satisfied with the information provided about their health problem. Only the patient who disagreed with the diagnosis was dissatisfied; this patient was in denial concerning alcohol addiction.

Twenty-nine patients were discharged with a drug prescription, and complementary investigations were ordered for 3 patients (to be performed on an outpatient basis). Most of these individuals expressed satisfaction with the time

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