

# Development of multi faceted interventions to improve emergency department discharge processes.

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**Background:** The impetus for the current study arose from a large quality improvement project was undertaken at Royal Melbourne Hospital to standardise clinical processes at the point of discharge for patients aged  $\geq 18$  years. In 2013 we developed, implemented and evaluated the effect and sustainability of a standard discharge procedure on the safety and quality of emergency department (ED) care. Although we found a significant improvement in vital sign documentation recorded within one hour of discharge from the ED, a number of environmental, procedural and operational limitations were identified.

**Aims:** To explore the barriers and facilitators of safe discharge home from the ED and make recommendations for process improvement.

**Setting:** Five Victorian EDs including two large metropolitan, two large urban centres, and one regional centre.

**Methods:** Qualitative research design using focus groups with nurses, doctors, care coordinators, including allied health and consumers. A practice development model (claims concerns issues) was used to unpack the barriers and facilitators to current discharge practices. Thematic analysis was performed in NVivo using the framework approach.

**Results:** In total 19 focus group interviews were conducted with over 270 staff across the five participating sites. Limitations to current discharge processes were consistent across all sites. Five core themes emerged these were broadly classified as pertaining to vital signs (documentation, monitoring of trends, escalating early review and thresholds for safe discharge); roles and responsibilities, time management, stream allocation and inter-disciplinary communication. The major focus of nurse participants was centred around performing, interpreting and responding to vital sign abnormalities. Medical staff placed greater emphasis on their individual responsibilities and medico legal considerations involved in discharge from the ED. Care coordinators focused on the need for consistent discharge screening to occur for all patients considered for discharge home from the ED as well as the need to integrated care between acute and community services. A shared concern of all participants, related to the need for further clarity regarding roles and responsibilities of staff in the discharge process, as well as the need for improved communication using multiple modalities.

**Conclusion:** The core themes derived from the focus groups have informed the development of a suite of multi-faceted interventions designed to optimise patient safety and avert subsequent unscheduled return to the ED. Consumer perspectives were utilised to determine the acceptability of the interventions from a patients perspective.

## **Supporter:**

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