

ALOHA GOODBYE HEJ DA ADEUS
NABAD GELYO ADIOS GULE GULE

ALL'S WELL THAT ENDS WELL

WRITING BETTER DISCHARGE INSTRUCTIONS

AMY RAMSAY, MD, FACEP

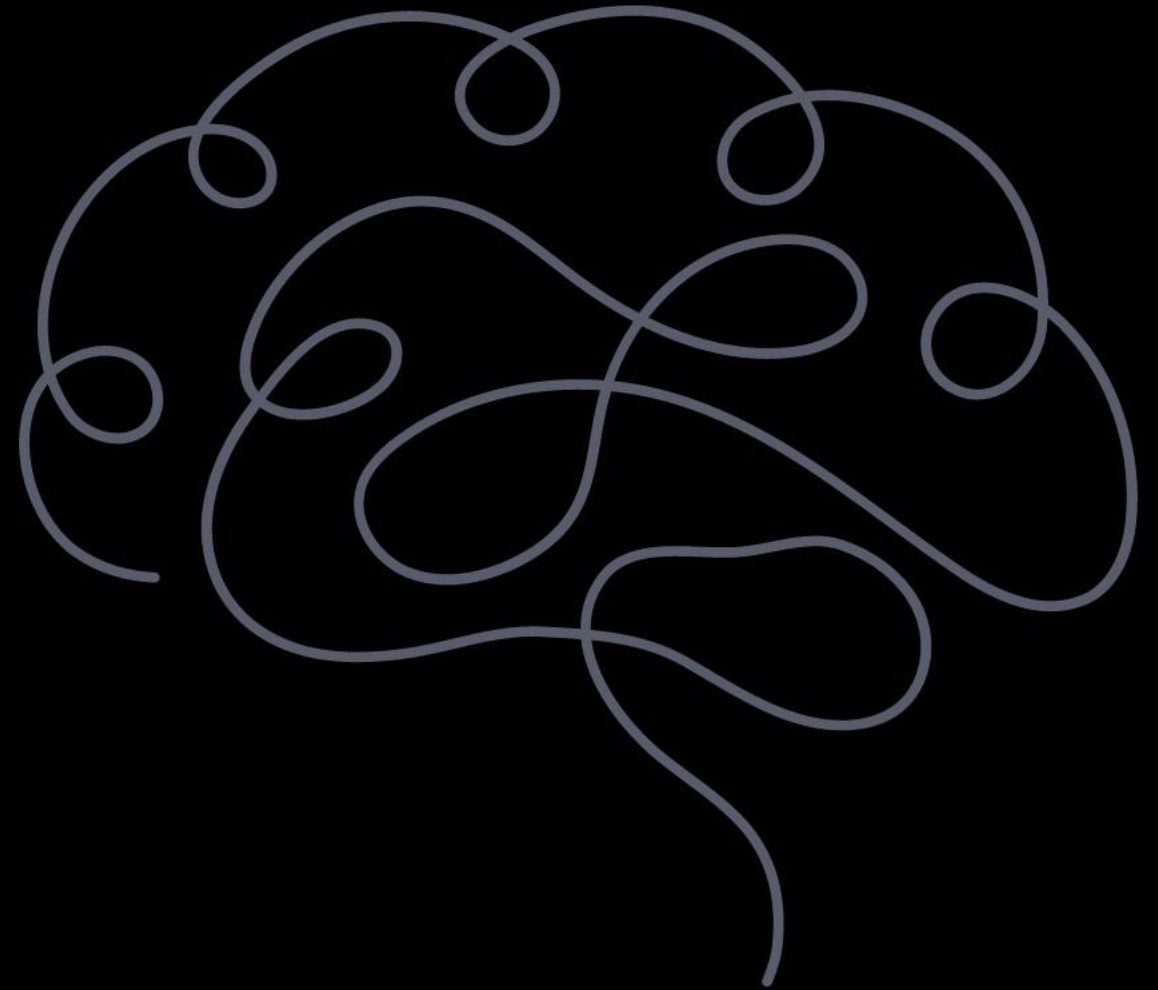
APRIL 23, 2024



**WE MUST CRAFT OUR DISCHARGE
INSTRUCTIONS WITH CARE**



**HOW WELL CAN
PATIENTS RECALL
INFORMATION
GIVEN IN
DISCHARGE
INSTRUCTIONS?**



ANNALS OF EM, MARCH 2020



CORRECT RECALL OF INFORMATION GIVEN IN DISCHARGE INSTRUCTIONS



47%



CORRECT RECALL OF INFORMATION GIVEN IN DISCHARGE INSTRUCTIONS



47%



58%



CORRECT RECALL OF INFORMATION GIVEN IN DISCHARGE INSTRUCTIONS



47%



58%



67%



**HOW WELL ARE WE
DOING WHEN WE
GIVE OUR
DISCHARGE
INSTRUCTIONS?**



INT J EMERG MED. 2018; 11: 5





OBSERVED PHYSICIANS GIVING DISCHARGE INSTRUCTIONS

INT J EMERG MED. 2018; 11: 5





OBSERVED PHYSICIANS GIVING DISCHARGE INSTRUCTIONS

42%



INCOMPLETE
DISCHARGE
INSTRUCTIONS





OBSERVED PHYSICIANS GIVING DISCHARGE INSTRUCTIONS

42%



**INCOMPLETE
DISCHARGE
INSTRUCTIONS**

64%



**POOR UNDERSTANDING
OF WHEN TO RETURN**





OBSERVED PHYSICIANS GIVING DISCHARGE INSTRUCTIONS

42%



**INCOMPLETE
DISCHARGE
INSTRUCTIONS**

64%



**POOR UNDERSTANDING
OF WHEN TO RETURN**

24%



**POOR UNDERSTANDING
OF FOLLOW UP PLAN**



**WHY DON'T
PATIENTS JUST
ASK US
WHEN THEY DON'T
UNDERSTAND THE
DISCHARGE
INSTRUCTIONS?**



PATIENT COMPREHENSION OF EMERGENCY DEPARTMENT CARE AND INSTRUCTIONS: ARE PATIENTS AWARE OF WHEN THEY DO NOT UNDERSTAND?



**140 ED PATIENTS
ENGLISH SPEAKERS**



DIAGNOSIS



ED CARE



**RETURN
INSTRUCTIONS**



**FOLLOW
UP CARE**

ANN EMERG MED. 2009;53:454-461.





DIAGNOSIS



ED CARE



**RETURN
INSTRUCTIONS**



**FOLLOW
UP CARE**

1

PATIENTS RATED THEIR UNDERSTANDING

2

EXAMINERS RATED PATIENTS' COMPREHENSION

78%
DEFICIENT IN
AT LEAST
ONE



DIAGNOSIS



ED CARE



**RETURN
INSTRUCTIONS**



**FOLLOW
UP CARE**

51%
DEFICIENT IN
AT LEAST
TWO

34%

**WHEN
DEFICIENT,
PATIENTS
PERCEIVED
DIFFICULTY**

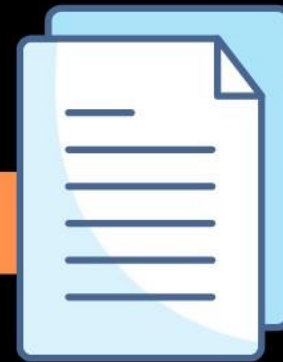
20%



DIAGNOSIS



ED CARE



**RETURN
INSTRUCTIONS**



**FOLLOW UP
CARE**

PATIENTS OFTEN DO NOT UNDERSTAND DISCHARGE INSTRUCTIONS



**PATIENTS OFTEN DO NOT
UNDERSTAND DISCHARGE
INSTRUCTIONS**



**PATIENTS OFTEN DO NOT KNOW
THEY DO NOT UNDERSTAND
DISCHARGE INSTRUCTIONS**

LITERACY LEVELS

LEVEL 4 & 5

LEVEL 3
High school completion

LEVEL 2
Middle school reading level

LEVEL 1
Basic skills

<LEVEL 1
Functional illiteracy



LITERACY LEVEL 1



**LOCATE ONE
PIECE OF INFO
IN A SPORTS
ARTICLE**

**READ
STREET
SIGNS**

**READ DOSING
INSTRUCTIONS
ON MEDICATION
PACKAGES**

**LOCATE THE
EXPIRATION
DATE ON A
DRIVER'S
LICENSE**

LITERACY LEVELS



US AVERAGE
2017



LEVEL 4 & 5

LEVEL 3
High school completion

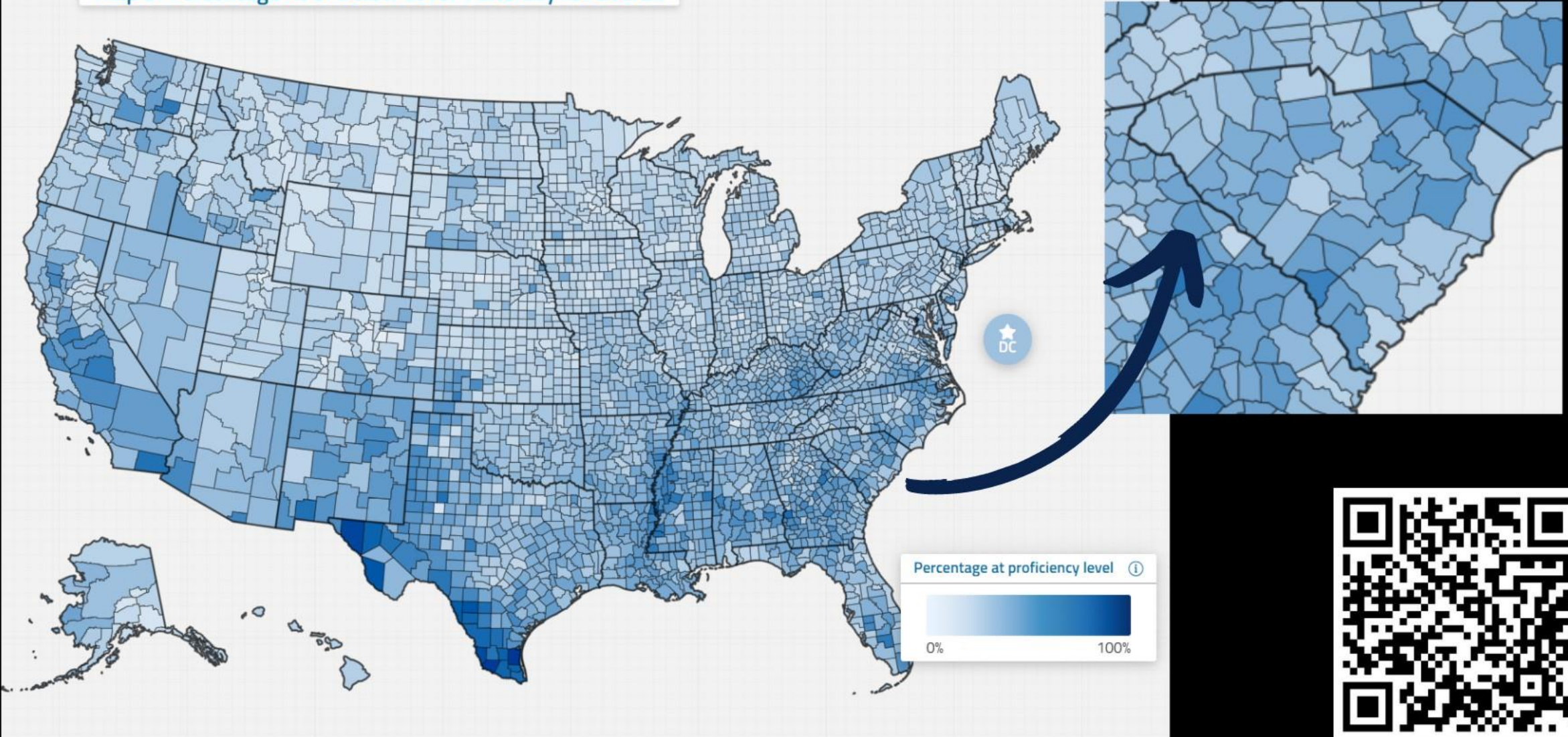
LEVEL 2
Middle school reading level

LEVEL 1
Basic skills

<LEVEL 1
Functional illiteracy



Map of Percentage At or Below Level 1 Literacy for Overall

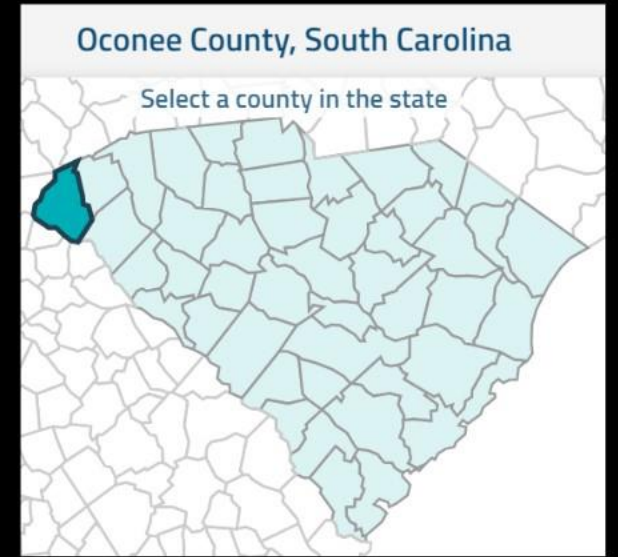
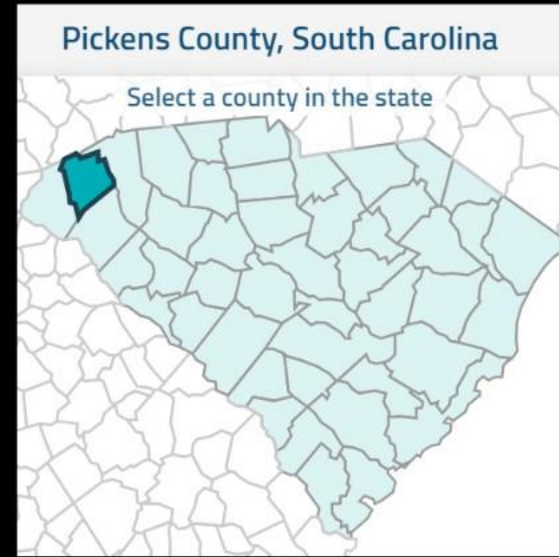
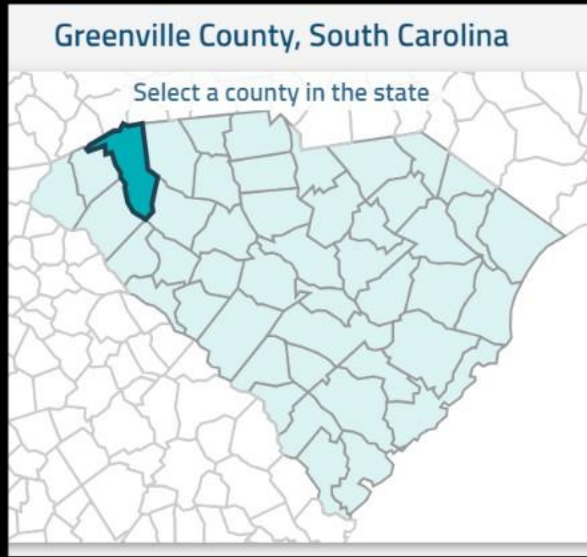


**PROGRAM FOR THE INTERNATIONAL ASSESSMENT
OF ADULT COMPETENCIES (PIAAC)**

**INTERACTIVE
SKILLS MAP**



PIAAC SKILLS MAP



< = LEVEL 1

20%

21%

22%

LEVEL 2

32%

35%

36%

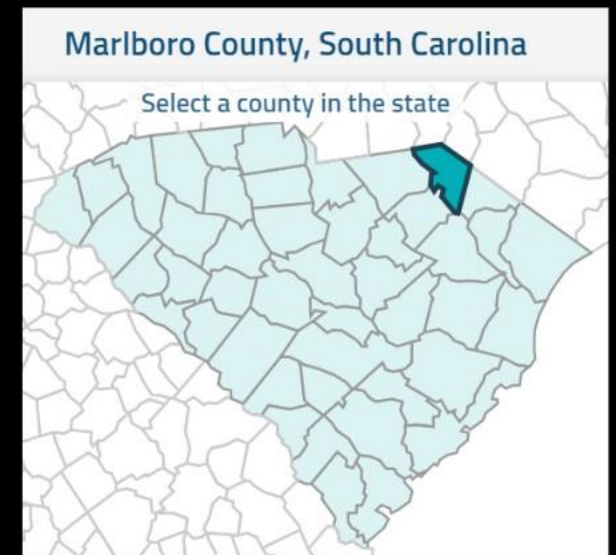
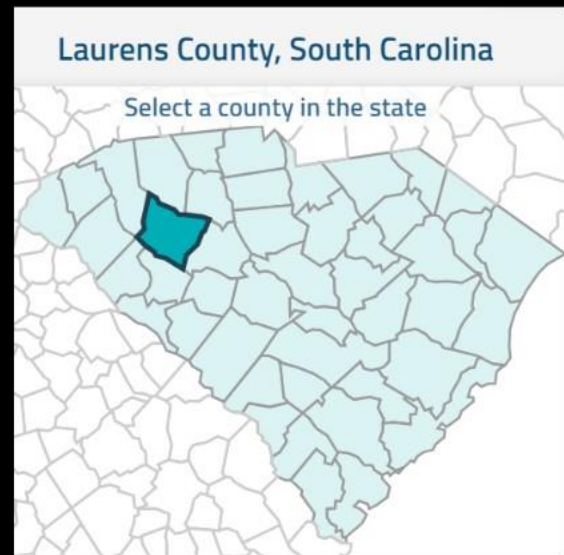
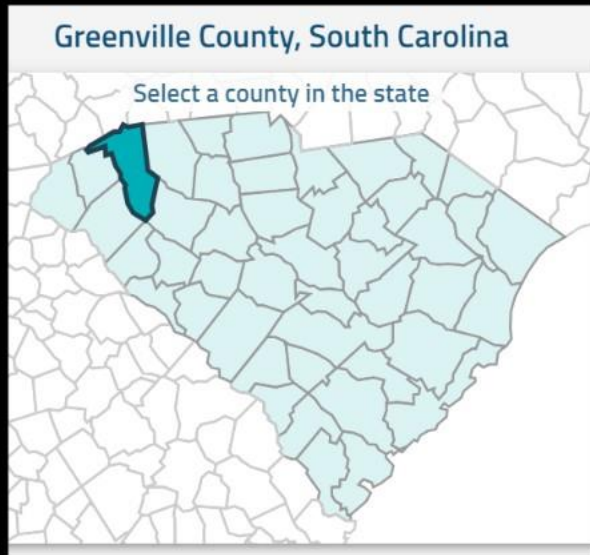
> = LEVEL 3

48%

44%

42%

PIAAC SKILLS MAP



< = LEVEL 1	20%	29%	39%
LEVEL 2	32%	39%	44%
> = LEVEL 3	48%	32%	17%



**MORE
THAN
1/2**

**OF ADULT
AMERICANS
READ BELOW THE
6TH
GRADE LEVEL**



**VISIT THE NATIONAL CENTER
FOR EDUCATION STATISTICS**

**WE MUST CRAFT OUR DISCHARGE
INSTRUCTIONS WITH CARE**



BREAK INFORMATION INTO SMALL CHUNKS WITH HEADINGS



LIMIT CHUNKS TO
5 PIECES OF INFORMATION

COMPLETE EACH ELEMENT WITH CARE

DIAGNOSIS



**TELL YOUR PATIENT WHAT IS
WRONG WITHOUT USING JARGON**

~~YOU HAVE A DISTAL RADIUS FRACTURE~~

YOU HAVE A BROKEN BONE IN YOUR WRIST



COMPLETE EACH ELEMENT WITH CARE DIAGNOSIS



**TELL YOUR PATIENT WHAT IS
WRONG WITHOUT USING JARGON**



**IF YOU DON'T KNOW, SAY YOU
DON'T KNOW**



COMPLETE EACH ELEMENT WITH CARE ED CARE



**REVIEW WHAT YOU DID
AND WHAT YOU FOUND**



COMPLETE EACH ELEMENT WITH CARE ED CARE

✓ REVIEW WHAT YOU DID
AND WHAT YOU FOUND

✓ EXPLAIN WHAT NEEDS
TO BE DONE NEXT



COMPLETE EACH ELEMENT WITH CARE

RETURN INSTRUCTIONS



**EXPLAIN WHAT SHOULD
PROMPT RETURN**



COMPLETE EACH ELEMENT WITH CARE

RETURN INSTRUCTIONS

- ✓ **EXPLAIN WHAT SHOULD PROMPT RETURN**
- ✓ **ACKNOWLEDGE WHAT SYMPTOMS THEY HAVE AT DISCHARGE**



COMPLETE EACH ELEMENT WITH CARE

RETURN INSTRUCTIONS

- ✓ **EXPLAIN WHAT SHOULD PROMPT RETURN**
- ✓ **ACKNOWLEDGE WHAT SYMPTOMS THEY HAVE AT DISCHARGE**
- ✓ **DRESSING/SPLINT CHECKS**



COMPLETE EACH ELEMENT WITH CARE

FOLLOW UP CARE



WHEN AND HOW TO SCHEDULE



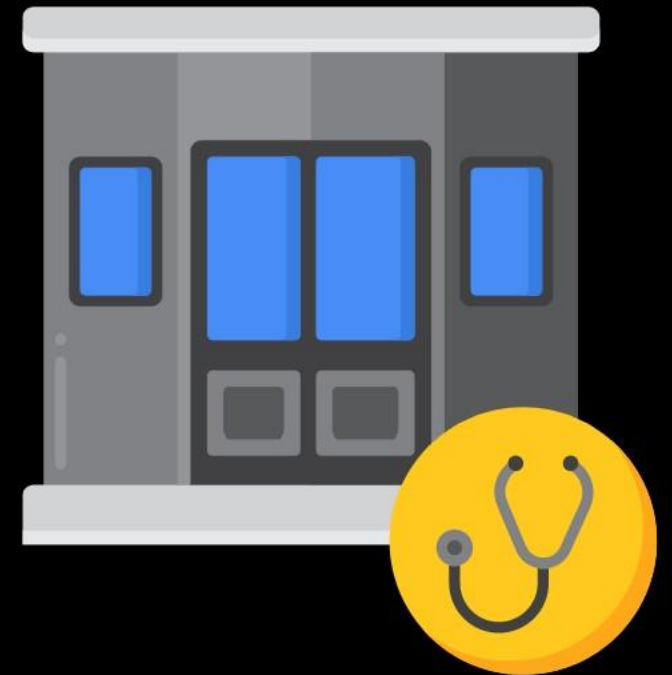
LOCATION OF THE OFFICE



WHY THEY ARE GOING



**WHEN IT'S OK TO WAIT, AND
WHEN IT'S NOT**



**BE AS SPECIFIC AS
YOU CAN IN THE
FOLLOW UP
SECTION**

**SEARCH DOCTORS
OR OFFICES HERE**

Follow-Up ✓

Suggestions ⤴

- + PCP - None Specified
- + ED
- + Care Team
- + Other - Lookup
- + Other - Free Text

☆ **Emergency Department-Greenville Memorial Hospital** ⌵ ✕
Action: Go in 2 days. Why: For wound re-check

☆ **NEW HORIZON FAMILY HEALTH SERVICES** ⤴ ✕
975 West Faris Road Greenville South Carolina 29605 864-729-8330

Call **Schedule an appointment** Go to

Today 1 Day 2 Days 3 Days 1 Week ⚙

0 Days Weeks Months ⚠

Action: Schedule an appointment as soon as possible for a visit.

As needed If symptoms worsen For suture removal For wound re-check ⚙

☆ **GREENVILLE FREE CLINIC** ⤴ ✕
600 Arlington Avenue Greenville South Carolina 29601 864-232-1470

Call **Schedule an appointment** Go to

Today 1 Day 2 Days 3 Days 1 Week ⚙

0 Days Weeks Months ⚠

Action: Schedule an appointment as soon as possible for a visit.

As needed If symptoms worsen For suture removal For wound re-check ⚙

Charlie Asparagus
Male, 60 y.o., 10/16/1962
MRN: 128000010
GMH NEURO MS / TRN IP MS
Pool 02
EMH MED SURG
Weight: 86.2 kg (190 lb)
Height: 180.3 cm (7'1")
COVID-19 Vaccine: Unknown
MyChart: Inactive
Care Team: No PCP
COVERAGE & FINANCIAL INFO
Guarantor: P/F - Self
HB Balance Due: \$0.00
PB Balance Due: \$0.00
Self-Pay Bal Due: \$0.00
None
FA: None
HAR Billing Flags: None
Active Home Care Episode: None

Department: GMH EMERGEN... Appt notes:

Please select a search:

- All Greenville Market - ED to Adult Primary Care
- All Greenville Market - ED to Peds Primary Care
- ED to Primary Care Established Patient
- Greenville - ED to Adult Primary Care
- Greenville - ED to Peds Primary Care
- Liberty - ED to Adult Primary Care
- Piedmont - ED to Adult Primary Care

Asparagus, Charlie

Demographics

M: 60 yrs, 10/16/1962
MRN: 128000010
Currently Admitted
since 10/16/2022 9:28 AM
GMH NEURO MS, TRN IP MS
Pool 02, TRN IP MS Pool 02
MyChart: Inactive

Today's Encounters

Currently Admitted
since 10/16/2022 9:28 AM
GMH NEURO MS, TRN IP MS
Pool 02, TRN IP MS Pool 02

Future Encounters

**ENTER APPOINTMENTS
SCHEDULED THROUGH
ONE CLICK HERE**

Follow-Up ✓

Suggestions ^

- + PCP - None Specified
- + ED
- + Other - Lookup
- + Other - Free Text

★ Emergency Department-Greenville Memorial Hospital ∨
Action: Go in 2 days. Why: For wound re-check

★ NEW HORIZON FAMILY HEALTH SERVICES ∨
Action: Schedule an appointment as soon as possible for a visit.

★ GREENVILLE FREE CLINIC ∨
Action: Schedule an appointment as soon as possible for a visit.

MEDICATION LABELS CAN BE CONFUSING






DO NOT FORGET INCIDENTALOMAS


SIGNS OF UNDIAGNOSED CHRONIC CONDITIONS ARE IMPORTANT, TOO!

- CORONARY ARTERY CALCIFICATIONS
- AORTIC DILATATION
- CARDIOMEGALY
- PLEURAL EFFUSIONS
- LYMPHADENOPATHY





 **Clinical Impression**  [Add from Problem List](#)

+ Add  Associate

Suggested by Chief Complaint 
No suggestions to display

Impressions

 **Pulmonary nodule** [Comment](#) [Add to Problem List](#) 

Active Inactive Acute Chronic Temporary

ADD TO PROBLEM LIST AS SOON AS YOU READ RAD REPORT



Epic Patient Lookup

CA

Expected

Charlie Asparagus
Male, 60 y.o., 10/16/1962
MRN: 128000010
Code: FULL (no ACP docs)
Patient Capacity: Full capacity

Search

COVID-19 Vaccine: Unknown
COVID-19: Unknown
Isolation: None
No assigned Attending
Allergies: No Known Allergies

CHIEF COMPLAINT
No chief complaint on file

BP Temp Heart Rate
Resp SpO2 Wt
86.2 kg (190 lb)
Ht BMI
CrCl: 104.6 mL/min

Allergies
No Known Allergies
Reviewed by Chris Asparagus at 11:10 AM EDT

Medications

Hospital Medications
acetaminophen (TYLENOL) tablet 325 mg
morphine syringe 2 mg
ondansetron (ZOFTRAN) injection 4 mg
pantoprazole (PROTONIX) tablet 40 mg
sodium chloride 0.9 % (NS) with KCl 20 mEq/L infusion
sodium chloride 0.9% (NS) infusion

Outpatient Medications
Alum & Mag Hydroxide-Simeth 200-200-20 MG/5ML suspension
hydrochlorothiazide (MICROZIDE) 12.5 MG capsule
metFORMIN (GLUCOPHAGE) 500 MG tablet

Reviewed by Chris Asparagus at 11:10 AM EDT

Tobacco History

Smoking Status	Every Day
Types	Cigarettes
Amount	1 pack/day for 20.00 years; Pack years: 20.00
Smokeless Tobacco Status	Never

Reviewed by Chris Asparagus at 11:10 AM EDT

Problem List

Hospital
Pulmonary nodule
Thyroid nodule
Dilatation of aorta (HCC)

Non-Hospital
Diabetes type 2, controlled (HCC)
Hypertension
Peptic ulcer with hemorrhage
Left lower lobe pneumonia (HCC)

Reviewed by Chris Asparagus at 11:29 AM EDT

Medical History

Date Unknown	Diabetes mellitus (HCC)
Date Unknown	Gout
Date Unknown	Hypertension

Reviewed by Chris Asparagus at 11:10 AM EDT

Surgical History

Date Unknown	Hernia repair
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Reviewed by Chris Asparagus at 11:10 AM EDT

Medication Dispense History

Start Review

YOU'LL SEE THEM HERE

CLICK THE START REVIEW BUTTON

Asparagus, Charlie TRAINING PLAYGROUND ATTENDING E. ASAP

Chart Review Snapshot Results Review Triage Review Visit My Note Procedure Note Orders Order Review Dispo Expected Patient

Dispo Reprint Rx

Disposition ✓

Admit Discharge ED Observation Transfer to Another Facility Discharge Pending LWBS

Discharge

Condition: Good Fair Stable Serious Critical

Comments

Clinical Impression ✓ Add from Problem List

Add a new impression + Add Associate

Suggested by Chief Complaint ^
No suggestions to display

Impressions

◆ Pulmonary nodule ✓ Comment x

Active Inactive Acute Chronic Temporary

DC Call Follow Up + New

Instructions ✓ Clinical References

Add attachments + Add Patient's Written Language: —

Suggested Attachments ^

Pulmonary nodule

Pulmonary Nodules: General Info (English) + Respiratory System: Anatomy Sketch (English)

Attached Instructions ^

Pulmonary Nodules: General Info (English) x

Patient Instructions ^
No patient instructions have been entered

Excuses Preview All Print All

**ONCE ADDED, YOU'LL SEE
A GREEN CHECK BESIDE IT**

**THEN ADD IT TO THE
INSTRUCTIONS**

Asparagus, Charlie TRAINING PLAYGROUND ATTENDING E. ASAP

Chart Review Snapshot Results Review Triage Review Visit My Note Procedure Note Orders Order Review Dispo Expected Patient

Reprint Rx

Clinical Impression ✓ Add from Problem List

Add a new impression + Add Associate

Suggested by Chief Complaint ⌵
No suggestions to display

Impressions

- ◆ Pulmonary nodule ✓ Comment ✕
Active Inactive Acute Chronic Temporary
- ◇ Thyroid nodule ✓ Comment ✕
Active Inactive Acute Chronic Temporary
- ◇ Dilatation of aorta (HCC) ✓ Comment ✕
Active Inactive Acute Chronic Temporary

Cover My Meds ⌵

D/C Meds/Orders + New Order

+ ! Endocrinology, Goiter (English) + ! Endocrinology, Thyroid Nodules (English)
+ Thyroid Surgery: Post-op (English) + Thyroid Surgery: Pre-op (English)
+ Thyroid: Biopsy: Fine-Needle: Post-op (English) + Thyroid: Biopsy: Fine-Needle: Pre-op (English)

View More Suggestions

Attached Instructions ⌵

- 📄 Pulmonary Nodules: General Info (English) ✕
- 📄 Thyroid Nodules (English) ✕
- 📄 Aneurysm: Thoracic Aortic (English) ✕

Patient Instructions ✎ ⌵

☆ B + ↻ ↵ ? + Insert SmartText ⌵ ⬅ ➡ ⌵ ↻

Empty text area for patient instructions.

"PLEASE ASK YOUR PRIMARY CARE DOCTOR TO REVIEW ALL RADIOLOGY AND BLOOD TESTS FROM YOUR VISIT TODAY TO DECIDE IF YOU NEED ANY MORE TESTS."

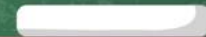
PATIENTS LEAVING AMA:



**PLEASE GIVE DISCHARGE
INSTRUCTIONS**

**LEAVING AMA
DOES NOT ERASE
THE**

VISIT



PROVIDE WHATEVER CARE YOUR PATIENT WILL ACCEPT



TREATMENT



PRESCRIPTIONS



**DISCHARGE
INSTRUCTIONS**



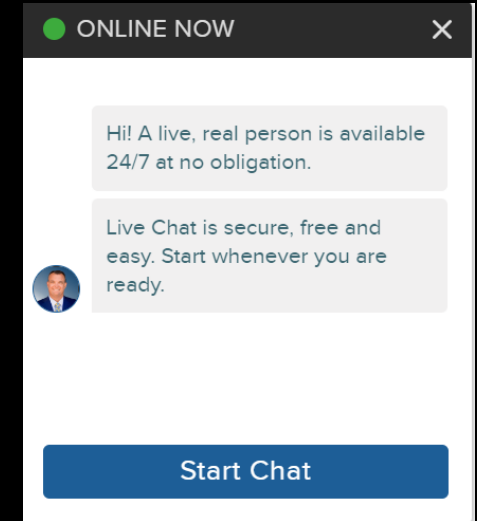
**FOLLOW UP
APPOINTMENTS**

GUESS WHO ELSE READS THE DATA ABOUT DISCHARGE INSTRUCTIONS?

Can Incomplete Discharge Information Lead To A Medical Malpractice?

Occasionally, some doctors have not time to explain to patients about their self-care after discharge. If your doctor gave you an incomplete discharge, you acted upon it and later developed complications that led you to be readmitted; this could amount to medical malpractice.

Sometimes, patients don't understand the information. A nurse or any other health care professional should explain such written information to the patient or the patient should surrogate. Where such information is incomplete and the patient is readmitted, then the hospital or the health care who gave such information may be held liable.





TIME TO STRETCH

