



Service Priorities and Programmes
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**A CQI Program on Enhancing Patient Education upon Discharge in a Cluster
Emergency Department**

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Introduction

Providing discharge advices through educational pamphlets to patients about health knowledge is critically important to patient care. Discharge instruction not only enhances patients' self-awareness to influence their own health behaviours, but it also has potential to significantly reduce the number of repeated emergency department (ED) visits, and patient complaints. However, ED environment presents obstacles to discharge instructions such as lack of resources and unpredictable situations. Thus, in order to enhance staff practice to provide patients with educational pamphlets upon discharge from ED, a continuous quality improvement (CQI) programme of enhancing discharge advices has been launched in local EDs in New Territories Western Cluster since August 2013.

Objectives

(1) To increase staff compliance with pamphlet provision at ED discharges; & (2) To enhance patients' knowledge related to their health needs after discharges

Methodology

In order to design appropriate measures to enhance staff compliance with pamphlet providing, a task force group was formed, which consisted of department nurse head (DOM), ward manager (WM), nursing officer (NO) and registered nurse (RN). This project included three phases. Phase I was to collect data by retrospective case review at the three different periods and intervals by randomization in order to investigate staff practice on pamphlet provision to emergency discharged patients. Phase II was to implement designed interventions, including reminder card, ambassador, slogan, and award. In the phase III, was to measure the effectiveness of implemented interventions to the discharged patients, the method is the same as phase I.

Result

A total of 196 randomized cases were reviewed in the phase I and phase III of the project respectively. Overall, pamphlet provision to emergency discharged patients in the NTWC was dramatically increased from 23% to 47.9% (108.2% increased) (Figure 1), especially in fever cases from 4.8% to 22.7% (372.9% increased); gastroenteritis cases (GE) from 20% to 31.3% (56.5% increased) and head injury (HI) cases from 54.5% to 66.7% (22.3% increased) in the programme (Figure 2) in January 2014.