

# Improving Emergency Department Discharge Instruction Readability

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## Background on Quality Issue

- **Written discharge instructions are a key way that information about a patient's emergency visit, including test results, medications, follow-up and return precautions are shared with patients.**
- The Agency for Healthcare Research and Quality recommends healthcare information be written at the **6<sup>th</sup>-8<sup>th</sup> grade level.**
- In 2020, only **39% of HCMC ED providers wrote discharge instructions written adhering to these national guidelines.** Most health information is written at 10th grade level or above. <sup>1</sup>
- A previous study at Hennepin Healthcare showed that 1 month after the intervention, there was an increase in discharge instructions adhering to national guidelines from 39% to 50%.

## Specific Aim

- The aim of this study is to analyze the durability of ED discharge instructions meeting reading level national guidelines over the next year after intervention.

## Tests of Change

- Provider education session about health literacy and discharge instructions at resident conference
- .EDDC discharge template created in EPIC
- Emails about discharge sent out to providers in Emergency Department
- Tip Cards with examples of best language posted in Team Centers throughout department
- Laminated D/C instruction tip cards and examples provided to ED providers

## Measure of Improvement

- AVS instructions were measured by grade reading level according to Fleisch-Kincaid in for 100+ unique sets of discharge instructions at 5 different time points: 1 week pre-intervention, and 1,3,6, and 12 months post-intervention.

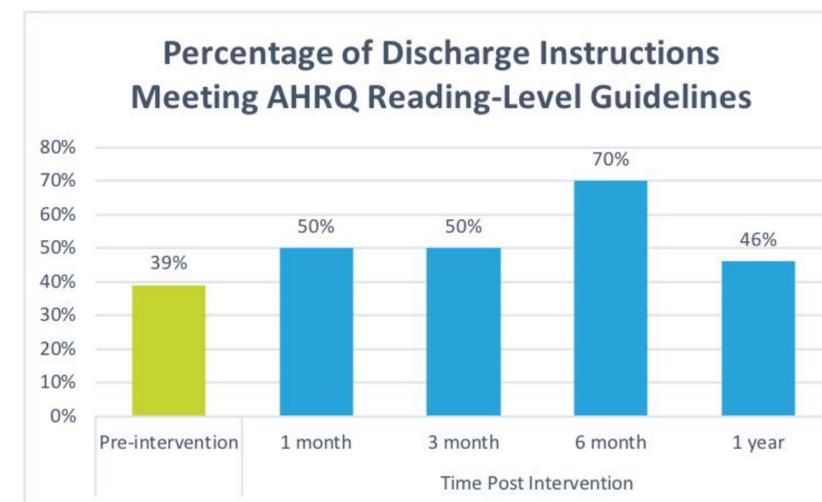
## Lessons Learned

- This simple, low-cost QI intervention led to durable improvement in the average grade reading level of discharge instructions in our ED for 6 months. A reintroduction of the intervention at the 9 month mark might help prevent the decrease in adherence observed at 1 year post-intervention.
- Looking for highly utilized areas like name-tag reference materials to reach resident providers when implementing changes in our academic ED setting can create meaningful, sustainable change.

## Effects of Change

- Pre-intervention 39% of ED discharge instructions in sample met AHRQ guidelines of 6<sup>th</sup>-8<sup>th</sup> grade reading level
- The intervention showed **durable change of maintaining discharge reading level at 50% at 1 and 3 months, and then an improvement to 70% at 6 months, but then decreased again to 46% at 1 year.**
- Subgroup analysis was also done by gender, race, type of provider, but did not show any significant findings.

Figure 1



## Limitations

- Sampling bias from choosing 3 consecutive days at each time point; ED workflow, census, and boarding can change dramatically
- Future studies should compare reading level of discharge instructions written by the same provider at different time points pre- and post-intervention.
- Future QI projects should focus on frequent reminders of the importance of discharge instruction readability. Incorporating real-time feedback within the electronic medical record might show significant improvement of discharge instruction readability.

Citations

1. Safer RS, Keenan J. Health literacy: the gap between physicians and patients. Am Fam Physician 2005;72:463-8