

Researchers say patients leave ER with poor understanding of how to care for themselves

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(Medical Xpress) -- In a new review article, researchers at the University of Toronto, The Hospital for Sick Children (SickKids) and Children's Hospital Boston have found there frequently is a lack of patient-family comprehension at the time of discharge from the emergency department, leaving patients and families unable to report the diagnosis or understand instructions for at-home care, medication use or reasons to return to the hospital.

The review article was published in the January issue of [Annals of Emergency Medicine](#). Researchers reviewed more than 50 studies from both adult and pediatric populations in databases that contain journals from around the world. The researchers summarized the current risks associated with insufficient communication at the time of discharge and also provide recommendations to improve patient and family comprehension.

“Discharge communication is an opportunity to recap the visit, teach [patients](#) and families how to safely care for themselves or their loved ones at home, and address any remaining questions,” said Dr. Stephen Porter, an associate professor of pediatrics at U of T. “Failure to understand important elements of care can result in medical error at home and safety risks, including incorrect medication use, inappropriate home care and failure to follow-up on concerning symptoms.”

Researchers recommend that instructions be given verbally, in writing and with visual representation to improve comprehension. Patients need

structured content and clear instructions about at-home care with opportunities to ask questions, they say.

Porter explained that patients and families with limited understanding of health terms or language fluency are likely to be at a higher risk of leaving the emergency room with insufficient comprehension.

“Poor understanding of instructions may also increase the risk of the patient revisiting the [emergency department](#),” said Porter, who is also principal investigator of the review and head of emergency medicine and senior associate scientist in child health evaluative sciences at SickKids. “It’s a two-way conversation that has often been overlooked.

“Language, appropriate reading level and use of medical terms need to be considered so that the conversation can be tailored to the patient.”

The researchers focused on studies that examined the content, delivery and comprehension of discharge instructions. They found in one study that although 76 per cent of the patients received an explanation of their symptoms, only 34 per cent received instructions about symptoms that should cause them to return to the hospital. They also found that even when instructions were detailed and complete, deficient comprehension can result if instructions are not presented in a way that is understandable to the patient or relative.

Another study included in the review found that while 72 per cent of patients could read the discharge instructions aloud, only 49 per cent could report the treatment plan back to the health-care provider.

“While improved communication at discharge from the emergency room is crucial for patient safety, future research should address the relationship between discharge process and outcomes, including preventable morbidity and mortality, and cost to the health-care system,”

said Porter.

Provided by University of Toronto

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