

Utilizing Technology to Automate and Standardize Patient Discharge Education

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Introduction: Discharge education is an important part of post-surgical care. Perianesthesia nurses play a vital role in patient discharge instructions. Inclusion of relevant, up-to-date, and consistent information is needed for patients and families to care for themselves at home.

Identification of the problem: Nurses identified manually entering discharge education in the electronic health record (EHR) was nurse dependent and required additional work. Audits revealed that instructions for specific medications such as Scopolamine, were not always entered on the After Visit Summary (AVS), which is given to the patient at discharge. In working to automate the process, it was discovered that the Scopolamine education content varied throughout a large healthcare system.

QI purpose: The purpose of this project was to implement an automated process for Scopolamine education content on the AVS for same day surgery patients via the EHR. A secondary purpose of the project was to standardize Scopolamine patient education for post-operative N/V across the system.

Methods: A team was formed including anesthesia, pharmacy, patient education, clinical informatics, and application analysts. Standardized discharge education was created, and technology was leveraged to build an automated process in the EHR.

Outcomes: After implementation of the automated process, all patients with a Scopolamine patch documented in the EHR had instructions printed on their AVS. Updated, evidence-based, standard medication instructions for Scopolamine are now used across all sites within one large healthcare system.

Discussion: The development of an automated process with standardized medication education was done by forming a team with both technology and clinical expertise. The original manual process took nurse time and could be unintentionally missed. Two medication discharge instructions have been implemented using this process, with two more planned.

Conclusion: Through interdisciplinary partnership and optimal use of EHR capabilities, improvements can be made to reduce nurse burden of entering instructions, increase standardization, and provide patients with appropriate discharge instructions.

Implications for perianesthesia nurses: Nurses should continue to identify and explore opportunities to improve the discharge education process to ensure patients receive relevant printed discharge instructions. Partnering with technology leaders in your organization to investigate automated processes may help eliminate requiring nurses to manually enter some instructions.