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Abstract Information

Title: Co-design of a Patient Managed Discharge Communication Tool

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Abstract

(250 word maximum)

Purpose: More than 1.8 million Canadians visited an emergency department (ED) in 2017-18 and the majority of patients (>90%) were discharged home with important instructions on what they needed to do to manage their care. Poor communication between providers and their patients and/or caregivers during this transition in care can place patients at risk for adverse outcomes. The overall goal of this project is to co-design a strategy to improve recall and comprehension of important discharge information shared during the transition from emergency care to home.

Methods: Co-design is a participatory approach to intervention development that brings together patient and healthcare provider experiences to design solutions for a defined problem. Our co-design process followed a systematic intervention design procedure based on theoretical guidance from the Behaviour Change Wheel. Participants joined in a series of structured meetings co-facilitated by a patient partner and a researcher.

Results: The co-design team included ED knowledge users (parents, nurses, physicians, pharmacists) and researchers. An electronic patient managed tool was prioritized by the team to help make explicit patient/caregiver understanding of information, using terms and words that reflect the patients' voice. The prototype was further refined in response to feedback from a cohort of patients, caregivers, physicians and nurses from two urban EDs. The refined patient managed communication tool prompts patients or caregivers to capture four types of information: diagnosis/symptoms, treatments/procedures, medications and follow-up instructions.

Conclusions: We co-designed a theory-driven patient managed discharge communication tool. Our next steps are to formally evaluate the usability, acceptability and feasibility in an emergency practice environment to optimize patient outcomes.