

Safe Discharge from the Emergency Department

Description

High-quality emergency department (ED) discharge is essential for patient safety, continuity of care, and reducing readmissions. According to the Agency for Healthcare Research and Quality (AHRQ), effective discharge planning includes clear communication about diagnoses, treatment plans, and recovery expectations, along with coordination of post-discharge care such as medications, follow-up appointments, and referrals (AHRQ, 2023). The National Transitions of Care Coalition (NTOCC) identifies seven key elements for safe transitions: medication management, transition planning, patient and family engagement, effective communication, follow-up care, provider engagement, and shared accountability (Hall et al., 2020). Comprehensive planning for safe discharge begins early and involves screening for social and medical risk factors, coordination of follow-up care, and outcome monitoring. Patient education occurs throughout the continuum of patient care and emergency nurses leverage multiple opportunities during patient care interactions to provide teaching and support the discharge process to improve patient understanding of instructions. Safe discharge ends with a focused nursing reassessment to determine the clinical condition of the patient upon intent to discharge. Accurate and timely documentation of the discharge process, including patient condition, instructions provided, and any follow-up appointments are essential.

Effective discharge communication is foundational to patient safety and satisfaction. Written discharge materials often exceed the recommended reading level, contributing to poor comprehension and non-adherence (Russell et al., 2024). Alternate document design, such as using numerical or pictorial information and patient-centered communication techniques can be used to assist patients with limited literacy (Dahl & Hosler, 2020). Multimodal, culturally appropriate approaches that incorporate verbal, written, and digital communication tailored to individual needs are particularly effective in promoting adherence and self-management (Carey et al., 2024; Russell et al., 2024). Technology plays a vital role in enhancing patient outcomes during ED discharge by improving education, follow-up care, and monitoring. Innovations such as instructions via text messaging, dedicated outreach nurses, follow-up calls, and the patient portal of electronic health records (EHR) have been shown to improve patient understanding, confidence, satisfaction, and adherence to instructions, while also reducing ED return rates and promoting health equity (Carey et al., 2024; Lu et al., 2025; Martinez-Nicolas et al., 2019; Russell et al., 2024).

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Quality communication is essential for safe and effective transition of care from the emergency department. Clear discharge instructions are an essential yet complex element of quality patient care and one of the most patient-centered activities that emergency nurses facilitate.
2. ED nurses consider SDOH that may create barriers to a patient's post discharge recovery and actively participate in work to reduce SDOH-related barriers.
3. Emergency nurses apply resources, tools, and evidence-based practices to support the provision of patient teaching and discharge instruction, including the use of interpreter services and discharge instructions in the patient's or caregiver's preferred language and at an appropriate literacy level.
4. Emergency nurses are familiar and comply with legal and ethical considerations that may impact safe discharge of the patients and.

5. Emergency nurses engage in interprofessional collaboration to develop effective policies, guidelines, and practices to address safe discharge, including vulnerable populations and impaired patients.

6. Emergency nurses collaborate with members of the interprofessional team and external organizations such as law enforcement agencies or community social services, to support safe patient transition to the home or community environment.

7. Emergency nurses advocate for and participate in evidence-based research to better understand the essential elements of a safe, comprehensive, and quality discharge planning process from the ED and innovate novel solutions to improve patient outcomes.

Background

Communication and Literacy

Emergency nurses play a vital role in facilitating effective communication, especially where language barriers exist, by utilizing interpreter services and being familiar with available resources to support patient understanding. Patients with lower income and education levels are more likely to have limited health literacy, which can negatively impact their comprehension of discharge plans and increase the risk of readmission (Schillinger, 2021). Challenges to quality discharge communication include limited literacy, language barriers, and fragmented care (Dahl & Hosler, 2020). Findings by Sardareh et al. (2024) underscore the value of tailored approaches in emergency departments, where high patient volumes, time constraints, disruptions, noise, overcrowding may hinder effective patient education (Dahl & Hosler, 2020).

Standardized discharge instructions personalized for patients and improved communication among ED staff and across care settings support the continuity of care required for safe discharge. Robust ED discharge teaching requires early initiation, plain language, and tailored written instructions that match the patient's literacy level and cultural needs. Nurse-led discharge education and structured interventions significantly improve patient understanding, self-management, and reduce readmission rates (Carey et al., 2024). Multimodal education strategies, such as combining verbal, written, and visual aids, have been shown to improve patient comprehension, self-management, and clinical outcomes (Carey et al., 2024; Russell et al., 2024). The teach-back method, where patients repeat instructions in their own words, has demonstrated improved retention and understanding (Curran & McCullough, 2025).

Technology and Innovation

An effective and safe ED discharge integrates a standardized, risk-stratified approach with early risk screening, nursing judgment, interdisciplinary collaboration, and outcome monitoring. Standardized discharge checklists and policies have been shown to enhance provider practices and reduce preventable safety events without increasing length of stay or readmissions (Overmann et al., 2021; Paydar-Darian et al., 2022). Predictive analytics and clinical decision tools support discharge planning by identifying patients at risk for complications and tailoring instructions to individual needs, improving safety and precision (Mulders et al., 2025; Pawlikowski et al., 2023; Sengupta et al., 2020). Outcome tracking of 72-hour return rates, medication adherence, and outpatient follow-up visits through data analytics enables healthcare teams to evaluate discharge success and refine discharge practices based on real-world performance metrics (AHRQ, 2023; Busman et al., 2022).

Innovative approaches to safe discharge, including digital tools and electronic health records (EHRs), offer promising solutions to enhance accessibility, accuracy, and personalization of discharge information,

improve clarity and retention of information, enhancing the efficiency and coordination of discharge processes and patient engagement (Curran & McCulloch, 2025). EHRs centralize patient data, enable automated alerts for follow-up care, and facilitate seamless communication among healthcare providers, and services. Despite growing patient interest in health data access fewer than half of patients use available digital health services, highlighting a need for education and improved integration (AHRQ, 2023; Digital Health Canada, 2020; Marcus et al., 2024). Embedding patient experience into digital strategies requires stakeholder accountability for adoption and equity in care delivery.

Vulnerable Populations

Social determinants of health (SDOH) including housing instability, low income, and limited health literacy can significantly affect discharge success. Discharge planning for older adults living alone and patients with cognitive impairments or substance use disorders are among the vulnerable populations facing heightened risks during transitions from the ED (Hudson, 2021). Sandhar et al. (2020) identified that seniors often experience delays in decision-making and lack referrals to community support, creating significant risks during the transition home, and highlighting the need for coordinated assessments and targeted discharge planning (Sandhar, et al, 2020). Nurses are well positioned to assess these risks and advocate for tailored discharge planning, including early screening, interdisciplinary collaboration, and connection to community resources. In cases involving administration of sedatives or opioids, both emergency physicians and nurses emphasize the use of objective guidelines to assess discharge readiness and tools to support safe discharge, collaborative decision-making (Surmaitis et al., 2018; Waszak et al., 2018). Effective coordination between hospitals and external institutions, including shelters and social services, is fundamental to ensure safe transitions for patients experiencing homelessness (Marcus et al., 2024).

Multiple patient, provider, and system factors contribute to discharge failure. Social risks include homelessness, lack of insurance, low income, absence of a primary care provider, and limited health literacy, while medical risks encompass substance use disorders, psychiatric conditions, cognitive impairments, chronic illnesses, and extremes of age (AHRQ, 2023). These factors often overlap, complicating discharge planning and increasing the likelihood of poor outcomes such as ED revisits, noncompliance, and inadequate follow-up. Validated screening tools to identify patients at high risk for discharge failure provide opportunity to intervene early and tailor discharge plans; however, many tools lack specificity, highlighting the need for further research to refine predictive models (Dahl & Hosler, 2020; Marincowitz et al., 2020; Schrader et al., 2019; Southerland et al., 2019). Practices to enable safe discharge include providing a supply of medication, facilitating direct communication with specialists, and connecting patients to community resources (Marincowitz et al., 2020; Schrader et al., 2019). These strategies, combined with systematic assessment of SDOH, can improve discharge safety, and reduce disparities in care outcomes.

Legal and Ethical Considerations

Local laws, institutional policies, nursing practice standards and codes of ethics highlight professional, legal, and ethical principles for safe discharge practices, particularly for vulnerable populations (American Nurses Association, 2025; Canadian Nurses Association, 2025; College of Registered Nurses of Alberta, 2023; Emergency Nurses Association, 2017). Discharging unhoused patients experiencing homelessness requires compliance with laws such as California's Senate Bill 1152, mandating meals, clothing, medications, and a safe discharge destination (California Health and Safety Code, 2018). Multidisciplinary collaboration with social services and community organizations, helps to address complex needs and reduce harm (Marcus et al., 2024).

Emergency nurses have an opportunity to engage in interdisciplinary research and quality improvement

initiatives focused on improving the safety and effectiveness of ED discharge practices, and advocate for evidence-based, comprehensive discharge protocols with clear policies and resources to support safe patient discharge from the ED. Opportunities for future research include exploring standardized tools, health literacy impacts, multimodal education, and digital innovation systems. Studies on ethical and legal complexities, vulnerable populations, and rural settings are warranted.

Resources

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