

Safe Discharge from the Emergency Department

Description

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

18
19 Effective discharge communication is foundational to patient safety and satisfaction. Written discharge
20 materials often exceed the recommended reading level, contributing to poor comprehension and non-
21 adherence (Russell et al., 2024). Alternate document design, such as using numerical or pictorial
22 information and patient-centered communication techniques can be used to assist patients with limited
23 literacy (Dahl & Hosler, 2020). Multimodal, culturally appropriate approaches that incorporate verbal,
24 written, and digital communication tailored to individual needs are particularly effective in promoting
25 adherence and self-management (Carey et al., 2024; Russell et al., 2024). Technology plays a vital role
26 in enhancing patient outcomes during ED discharge by improving education, follow-up care, and
27 monitoring. Innovations such as instructions via text messaging, dedicated outreach nurses, follow-up
28 calls, and the patient portal of electronic health records (EHR) have been shown to improve patient
29 understanding, confidence, satisfaction, and adherence to instructions, while also reducing ED return
30 rates and promoting health equity (Carey et al., 2024; Lu et al., 2025; Martinez-Nicolas et al., 2019;
31 Russell et al., 2024).

ENA Position

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

36 1. Quality communication is essential for safe and effective transition of care from the emergency
37 department. Clear discharge instructions are an essential yet complex element of quality patient care and
38 one of the most patient-centered activities that emergency nurses facilitate.
39
40 2. ED nurses consider SDOH that may create barriers to a patient's post discharge recovery and actively
41 participate in work to reduce SDOH-related barriers.
42
43 3. Emergency nurses apply resources, tools, and evidence-based practices to support the provision of
44 patient teaching and discharge instruction, including the use of interpreter services and discharge
45 instructions in the patient's or caregiver's preferred language and at an appropriate literacy level.
46
47 4. Emergency nurses are familiar and comply with legal and ethical considerations that may impact safe
48 discharge of the patients and.

49
50 5. Emergency nurses engage in interprofessional collaboration to develop effective policies, guidelines,
51 and practices to address safe discharge, including vulnerable populations and impaired patients.
52
53 6. Emergency nurses collaborate with members of the interprofessional team and external organizations
54 such as law enforcement agencies or community social services, to support safe patient transition to the
55 home or community environment.
56
57 7. Emergency nurses advocate for and participate in evidence-based research to better understand the
58 essential elements of a safe, comprehensive, and quality discharge planning process from the ED and
59 innovate novel solutions to improve patient outcomes.

60
61 **Background**
62

63 **Communication and Literacy**

64 Emergency nurses play a vital role in facilitating effective communication, especially where language
65 barriers exist, by utilizing interpreter services and being familiar with available resources to support
66 patient understanding. Patients with lower income and education levels are more likely to have limited
67 health literacy, which can negatively impact their comprehension of discharge plans and increase the risk
68 of readmission (Schillinger, 2021). Challenges to quality discharge communication include limited literacy,
69 language barriers, and fragmented care (Dahl & Hosler, 2020). Findings by Sardareh et al. (2024)
70 underscore the value of tailored approaches in emergency departments, where high patient volumes,
71 time constraints, disruptions, noise, overcrowding may hinder effective patient education (Dahl & Hosler,
72 2020).

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

82 **Technology and Innovation**

83 An effective and safe ED discharge integrates a standardized, risk-stratified approach with early risk
84 screening, nursing judgment, interdisciplinary collaboration, and outcome monitoring. Standardized
85 discharge checklists and policies have been shown to enhance provider practices and reduce
86 preventable safety events without increasing length of stay or readmissions (Overmann et al., 2021;
87 Paydar-Darian et al., 2022). Predictive analytics and clinical decision tools support discharge planning by
88 identifying patients at risk for complications and tailoring instructions to individual needs, improving safety
89 and precision (Mulders et al., 2025; Pawlikowski et al., 2023; Sengupta et al., 2020). Outcome tracking of
90 72-hour return rates, medication adherence, and outpatient follow-up visits through data analytics enables
91 healthcare teams to evaluate discharge success and refine discharge practices based on real-world
92 performance metrics (AHRQ, 2023; Busman et al., 2022).

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

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

102 ***Vulnerable Populations***

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

117
118 Multiple patient, provider, and system factors contribute to discharge failure. Social risks include
119 homelessness, lack of insurance, low income, absence of a primary care provider, and limited health
120 literacy, while medical risks encompass substance use disorders, psychiatric conditions, cognitive
121 impairments, chronic illnesses, and extremes of age (AHRQ, 2023). These factors often overlap,
122 complicating discharge planning and increasing the likelihood of poor outcomes such as ED revisits,
123 noncompliance, and inadequate follow-up. Validated screening tools to identify patients at high risk for
124 discharge failure provide opportunity to intervene early and tailor discharge plans; however, many tools
125 lack specificity, highlighting the need for further research to refine predictive models (Dahl & Hosler, 2020;
126 Marincowitz et al., 2020; Schrader et al., 2019; Southerland et al., 2019). Practices to enable safe
127 discharge include providing a supply of medication, facilitating direct communication with specialists, and
128 connecting patients to community resources (Marincowitz et al., 2020; Schrader et al., 2019). These
129 strategies, combined with systematic assessment of SDOH, can improve discharge safety, and reduce
130 disparities in care outcomes.

131
132 ***Legal and Ethical Considerations***
133 Local laws, institutional policies, nursing practice standards and codes of ethics highlight professional,
134 legal, and ethical principles for safe discharge practices, particularly for vulnerable populations (American
135 Nurses Association, 2025; Canadian Nurses Association, 2025; College of Registered Nurses of Alberta,
136 2023; Emergency Nurses Association, 2017). Discharging unhoused patients experiencing homelessness
137 requires compliance with laws such as California's Senate Bill 1152, mandating meals, clothing,
138 medications, and a safe discharge destination (California Health and Safety Code, 2018). Multidisciplinary
139 collaboration with social services and community organizations, helps to address complex needs and
140 reduce harm (Marcus et al., 2024).

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

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

147 **Resources**

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