

Health promotion and patient education in the emergency department: It's a start

By Michelle Taggart, RN

In Canada, more than four million adults are without a family physician, with a significant portion of those individuals seeking medical advice at emergency departments for non-urgent complaints (CBC, 2008). This leads to all types of patients coming through the emergency department (ED) doors, and an incredibly varied array of health issues being addressed by health care staff. Registered nurses (RNs) are at the forefront, helping and caring for those patients. In the current taxed health care system, RNs can help to empower their patients to take control of their own lives through health promotion and patient education. However, prior to implementation and expansion of such practices in the ED, it is important to investigate RNs' impressions about taking the time to educate the patients they see and care for in the ED. It is also essential to develop an understanding of the facilitators and barriers to provision of such health promotion and patient education by RNs within the ED. Hence the intent of the following study: *The Attitudes and Activities of Registered Nurses towards Health Promotion and Patient Education in the Emergency Department* (Taggart, 2008). The study is in its final stages of data analysis and concluding results will be published in the spring edition of NENA's **Outlook**. The following outlines the reasons for selecting this topic, as well as discussing future directions.


ED RNs see a variety of patients, both men and women, ranging in age, ethnicity, and socio-economic background. Many patients are never admitted, a large number of them being discharged home with non-acute illnesses. Some of these individuals do not have a family physician or are homeless. Often, the ED is their only place of contact with the health care system (Wei & Camargo, 2000). It is, therefore, so much more important that ED RNs play a larger role in health promotion and patient education, reaching some of those patients most in need of support for healthy practices.

Learning about one's health needs to start somewhere. There is extensive health knowledge available today through the internet and other sources and, yet, it is difficult for individuals to know what advice to follow. Salo et al. (2004) explain that 76% of their population of ED patients were, in some way, interested in having relevant internet sites provided for them, particularly due to the convenience of the World Wide Web. They concluded that this should be part of a standard practice in terms of patient education. Cummings, Francescutti, Predy, and Cummings (2006) were able to show how patients are willing to participate in health promotion and education strategies in the ED when the right resources are available.

Individuals want and need to take on greater responsibility for their own health rather than prematurely accessing health care services. Already overcrowded EDs can be relieved by providing patients with health promotion strategies during their ED visit. "Inadequate patient education before discharge is thought to be the reason for visits to physician offices and emergency departments after discharge, and both constitute higher utilization costs" (Rifas, Morris, & Grady, 1994, p. 216). Health professionals such as the ED RN can and should assist these individuals.

When patients are discharged from an admission in the hospital, they are always sent home with written discharge instructions. It would be ideal to see all patients discharged from the ED leave with some sort of information in hand, as well. Examples can be instructions on how and when to get to their follow-up or out-patient specialist appointment, a list of family physicians currently accepting new patients, drug information on their discharge medications, a copy of Canada's Food Guide, or details of the smoking cessation programs available in the city.

It would also be valuable to EDs, particularly in larger centres, to staff a new position. The patient education nurse would be someone available to spend time with patients and their families, while in the waiting room or while in the department waiting for test results, providing them with information about their health, tailored to their needs. This position could also be beneficial to those patients who feel they are too ill to wait for admission to the ED and leave without being seen by an ED physician, giving them standard advice, for example, about how to manage their nausea and vomiting at home.

RNs working in the ED can make a difference in the way a busy department is run by empowering patients with health promotion strategies. Changes in practice that include a patient education component can influence the outcomes of health care delivered to patients in the ED. 

About the author



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