

Patient Passports in the Emergency Department: A Scoping Review

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Introduction

Discharge communication in the emergency department (ED) occurs frequently and has been identified as an important, underestimated problem. Tools, such as patient-held passports have been used in other departments to improve communication and facilitate provider and patient decision making. The objective of this review was to identify what modalities, methods and designs have been used and evaluated when implementing a communication tool or “passport” type document in the ED.

Methods

This review was conducted following Joanna Briggs Institute Methodology. Iterative steps included identifying relevant studies, data extraction and synthesis. Keywords and indexed terms were used to search four publication databases. The reference list of all identified reports and articles from that search were reviewed for additional studies and a hand search of the last 5 years of Annals of Emergency Medicine and the Canadian Journal of Emergency Medicine was completed. Inclusion and exclusion criteria were set to select studies investigating either patients’, caregivers’ or health care providers’ use of passports, tools or documents aiming to improve communication in the ED setting.

Results

Of 81 identified publications, 4 met criteria for extraction. 1 publication reviewed a passport aimed at pediatric pain management in settings including the ED, 2 reported on the same project which developed a passport for asthma patients and 1 discussed a passport for patients with learning disabilities. All included publications discuss passports developed for use in the UK. Descriptions of implementation methods, evaluation and perception of these passports were limited.

Conclusions

This scoping review reveals a major gap in the current literature on communication tools in the ED. While communication tools may be used commonly in EDs, research and reporting on them is limited. Studies reviewed here focused on diverse patient populations with differing objectives and provide little evaluative information, therefore no strong recommendations for tools for the ED can be made based on current literature.