

Impact of Prerecorded Video Discharge Instructions in Emergency Department on Patient Knowledge: Systematic Review and Meta-Analysis

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Introduction

Failure to follow aftercare guidelines and misinterpretation of discharge instructions in the emergency department (ED) create considerable challenges in healthcare provision. Video discharge instructions (VDIs) have surfaced as an effective means to enhance patient understanding and retention of vital information.

METHOD

- Systematic review and meta-analysis (PRISMA-compliant)
- Data from 8 studies (total N = 1473)
- 5 Randomized Controlled Trials
- 2 Prospective Studies
- 1 Quasi-experimental
- Databases: PubMed & Scopus (2010–2023)

Key Findings

Primary outcome :Patient Knowledge

VDI combined with written and verbal instruction significantly improved knowledge over standard instructions.

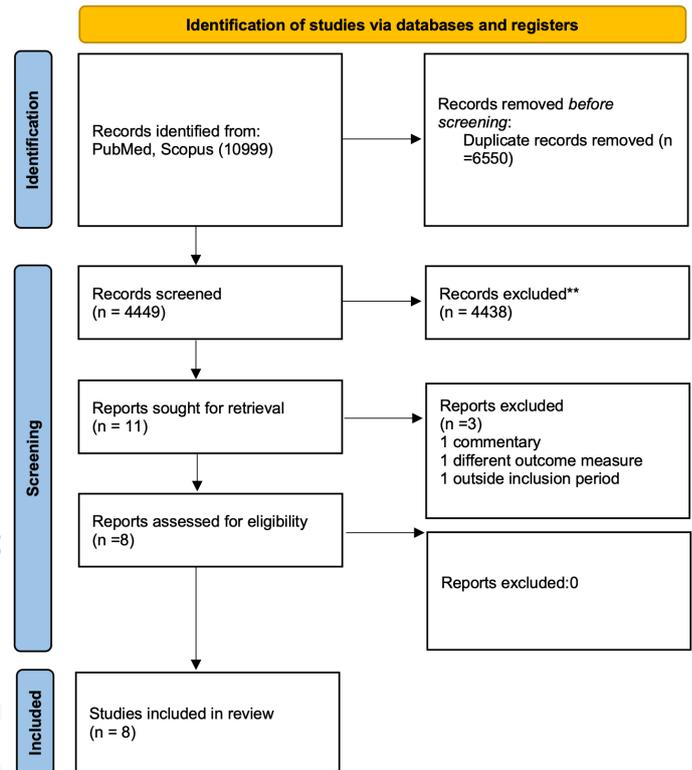
Effect size: SMD = 0.89 (95% CI: 0.37 – 1.41; p = 0.0007)

Secondary outcome: Patient Satisfaction
Slightly higher with VDI but not statistically significant

SMD = 0.54, 95% CI: -0.23 – 1.32, p = 0.17

RESULT

PRISMA FLOWCHART



Conclusion

VDIs are a valuable adjunct to standard discharge processes in ED, enhancing patient comprehension and recall. Satisfaction effects are promising but inconclusive. Future research should explore optimization of combined instruction formats (written, verbal, video).

Reference

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3. Belisle, S., Dobrin, A., Elsie, S., Ali, S., Brahmabhatt, S., Kumar, K., & Poonai, N. (2019). Video discharge instructions for Acute Otitis Media in Children: A Randomized Controlled Open Label Trial. *Academic Emergency Medicine*, 26(12), 1326-1335.

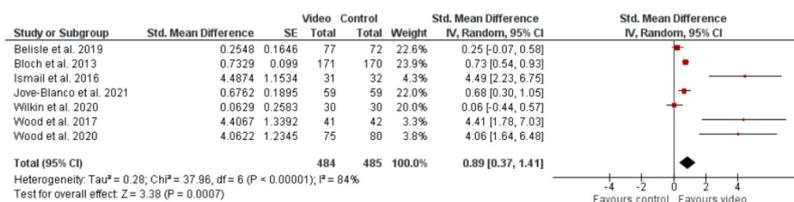


Figure 1.1 Treatment effect on discharge knowledge level

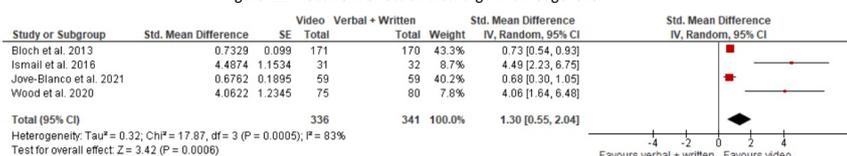


Figure 1.2 Subgroup analysis of treatment effect on discharge knowledge level

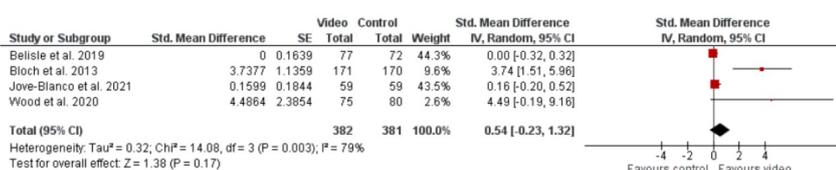


Figure 1.3 Treatment effect on participant satisfaction