

72-Hour Patient Returns in the Emergency Department

Aim of project

The purpose of this project is to review medical records of patients who present to the Emergency Department (ED) more than once in a 72-hour period in order to examine system flaws and identify high-risk patient characteristics and provider practices that result in ED “bounce-backs.” We also aim to give ED providers feedback about discharged patients who have a change in diagnosis and/or change in disposition at the time of the repeat visit.

Background of project

The number of patients who “bounce back” to the ED within 72 hours of discharge has been used as a quality measure. At UNM, it appears that a slightly increased number of patients bounce back compared to the national average. Much effort has been put forward to improving UNM’s wait-times and length of stay in the Emergency Department. Not only do patients who bounce back contribute to ED overcrowding, they also represent patients with potentially missed diagnoses and/or inadequate treatment plans. Finally, Emergency Physicians receive very little feedback about patients they see and treat due to the lack of continuity of care in the ED. A secondary goal of this project is give ED physicians feedback regarding their patients who present to the Emergency Department on multiple visits in hopes of improving patient care and physician practices.

Planned interventions tested

A list of patients who bounce back to the ED within 72 hours is generated on a weekly basis. Chart reviewers attempt to identify preventable factors and or practices that may have resulted in patient return.

Email notification is sent to attending and residents involved in the initial ED visit in cases in which there was a change in patient diagnosis and/or disposition.

Prediction of Results and/or Intended Results

We believe that with careful analysis we will indentify subsets of patients that have a higher-likelihood/risk of returning to the Emergency Department for further assessment/inadequate treatment or disposition of their medical complaint.

Results

To date, 326 charts have been reviewed for patient visits between December 10, 2012 and February 18, 2013.

Discussion

We are examining many factors, including demographic information, chief complaints, diagnoses, and ED treatment. If patterns of care, patient demographics or common clinical complaints that seem to contribute to repeat ED visits can be identified, perhaps interventions can be put into place to avoid subsequent hospital visits. To date, 326 charts have been reviewed for patient visits between December 10, 2012 and February 18, 2013. Several themes are emerging. Chief complaints and diagnosis related to respiratory and abdominal complaints appear to be high risk for patients bouncing back to the ED, which is consistent with results from studies from outside institutions. Common reasons for patients returning to the ED include lack of education regarding expected course of disease, poor pain control, and inability to afford prescriptions. Future quality improvement interventions may focus on addressing these factors.

Conclusions

We have multiple long-term goals for this project. The first is to include the 72-hour chart review project into our quality improvement curriculum requiring each resident to perform a month of chart review. Individual involvement in the project will give each resident an opportunity to reflect on how they can improve on their own practices involving common chief complaints and treatment practices and avoid

bounce backs. We also hope to expand this quality improvement project into future research projects. Finally, we expect individual physician practice patterns to improve as physicians incorporate feedback they receive regarding patients who bounce back with change in diagnosis and/or worsening illness.

AIMEE WENDELSDORF, MD
Department of Emergency Medicine,
University of New Mexico