

## ED Return Visit Working Group TERMS OF REFERENCE

### I. Background

In June 2015, the Emergency Department (ED) Task Force brought forward a recommendation from the Quality Sub-Group to establish a comprehensive ED quality program that includes an audit process to analyze ED return visits that lead to an admission. Given Health Quality Ontario's (HQO) focus on quality, and alignment of ED as a priority through the Quality Improvement Plan program, this was a logical program to establish and be managed by HQO. The ED Return Visit Quality Program was developed through a collaboration between HQO, Ministry of Health and Long-Term Care (MOHLTC), Access to Care (ATC), Local Health Integration Network (LHIN) Leads for Emergency Medicine and other ED physicians. The program was announced to hospitals in mid-March and launched in April 2016. Participating hospitals will now review data on return visits involving their ED, conduct audits to identify the underlying causes of these return visits, and take steps to address these underlying causes. The purpose of the program is to promote a culture of continuous quality improvement in the ED, and to reduce misdiagnosis and other factors that increase the risk of return visits. Hospitals will submit the results of their audits to HQO on an annual basis, with their first submission due in January 2017. Results will be analyzed so that clinical observations, key lessons and improvements can be shared. An evaluation of the program's design and impact will also be conducted, with the intention of presenting and publishing results.

### II. Objective

The goals of the Working Group are to:

- Guide a program evaluation plan that will support the presentation and publication of the results of the ED Return Visit Quality Program through various scholarly avenues including conferences and journals
- Provide advice to HQO to analyze and report key findings and lessons learned back to the field (i.e. all hospitals with an ED in Ontario) on an annual basis

Early tasks of the ED Return Visit Working Group may include informing:

- Metrics for program evaluation
- Evidence-based instruments, methodologies and processes for collecting relevant data
- What hospitals would value receiving in the report back to the field
- An annual analysis process that will yield the type of information sought by hospitals in the annual report
- What hospitals should include and exclude in their submissions to HQO

### III. Responsibilities

In support of the role of the ED Return Visit Working Group, members are collectively responsible for the following:

- Providing advice to HQO
- Striving to achieve alignment and consensus

- Keeping members of relevant groups and committees (e.g., LHIN Leads for Emergency Medicine) apprised of its activities
- Identifying other relevant experts to provide further advice to the Working Group

Under the Director, QI and Adoption Strategies, HQO will provide secretariat support to the ED Return Visit Working Group. In this role, HQO will prepare drafts of documents, support meetings, and provide administrative support.

#### **IV. Membership:**

Lee Fairclough, Vice President of Quality Improvement, HQO, and Dr. Howard Ovens, Chief of Emergency Medicine, Sinai Health System, will co-chair the ED Return Visit Working Group. Members with relevant knowledge, expertise and experience from the following sectors or organizations will be sought, including:

<b>Sector / Organization Category</b>
ED quality improvement subject matter expert(s), including ED LHIN Leads
Researchers/academics with expertise in QI measurement and program evaluation
Local Health Integration Networks
Ministry of Health and Long Term Care
Health Quality Ontario

Appendix A contains a tentative list of members. At the discretion of the co-chairs, membership may be reviewed to ensure that goals and objectives of the Group are being met. Guests will be invited as required to support ED Return Visit Working Group activities.

Members will not act as representatives of their respective institutions of employment in their work as part of this Group.

#### **V. Attendance and member alternates:**

To maintain continuity and consistency in discussion and group composition, members will strive to attend all meetings. If unable to attend a meeting, members are encouraged to provide written feedback if required.

#### **VI. Decision-making authority**

Members will strive to make decisions by consensus. The ED Return Visit Working Group will be asked to comment on all recommendations that fall within its mandate.

#### **VII. Frequency of meetings and manner of call:**

The ED Return Visit Working Group will remain active for a period of one year with the possibility to terminate early should the goals be achieved early. Alternatively, the Group may remain active for longer if there is consensus from Group members. Meetings will be held approximately monthly for one hour, along with two additional half day working sessions. The chairs reserve the right to call or cancel meetings, as appropriate. Meetings may be held in-person or via tele/video conference.

**VIII. Communications:**

Agendas will be distributed approximately one week prior to meetings, and members may add agenda items through the Co-chairs.

Official discussion of the ED Return Visit Working Group with media or at conferences or other external events should be done only when the Co-chairs have given the authorization.

**IX. Conflict of Interest**

Members must ensure that any actual or potential conflict of interest arising in regard to any matter under discussion by the Working Group is drawn to the attention of the Co-chairs. The Co-chairs will determine what action, if any, is required arising from the conflict of interest and will take appropriate action.

Members may not use any data or information obtained as a result of their membership in this Group for their personal financial benefit or gain, or for the benefit or gain of any entity or corporation in which they have a financial interest or in which they have an interest as an employee or officer.

Participating in the Working Group does not preclude members from publishing their own work.

**X. Confidentiality**

Members are encouraged to share information discussed at the ED Return Visit Working Group meetings with their sectors, associations and colleagues. However, there may be some information shared at the meetings that should remain confidential, such as audit data for individual hospitals. Members agree not to disclose or in any way use information identified as confidential.

## Appendix A: Membership

Name	Title	Organization
<b>Lee Fairclough (Co-chair)</b>	Vice President, Quality Improvement	Health Quality Ontario
<b>Howard Ovens (Co-chair)</b>	Chief of Emergency Medicine	Sinai Health System
<b>Lisa Calder</b>	Director, Medical Care Analytics	The Canadian Medical Protective Association
<b>Heather Campbell</b>	Program Director, Emergency and Primary Care	Quinte Health Care
<b>Lucas Chartier</b>	Staff Physician and Director of Quality and Innovation, Emergency Department	University Health Network
<b>Martin Davidek</b>	Group Manager, Emergency Room	Cancer Care Ontario
<b>Jon Dreyer</b>	Deputy Chief of Staff and SW LHIN Lead for Emergency Medicine	Four Counties Health Services
<b>Olivia Ostrow</b>	Staff Physician, Paediatric Emergency Medicine	The Hospital for Sick Children
<b>Hindy Ross</b>	Manager, Implementation	Ministry of Health & Long-Term Care
<b>Michael Schull</b>	President & CEO	Institute for Clinical Evaluative Sciences