Emergency Department Return Visit *Quality Program*

Report on the 2021 Results

September 2022

80 Hospital sites participating in the ED Return Visit Quality Program

132 Sentinel diagnoses identified in audits

3220 Total audits conducted

572 Quality issues/ adverse events identified

About the Program

The Emergency Department (ED) Return Visit Quality Program was started in April 2016 to build a culture of continuous quality improvement (QI) in Ontario's EDs. This program is an Ontario-wide audit and feedback program involving routine analysis of ED return visits resulting in admission. Where quality issues are identified, hospitals take steps to address their root causes. Participation is mandatory for all hospitals participating in the Pay-for-Results (P4R) Program and voluntary for other hospitals.

In the ED Return Visit Quality Program, participating hospitals receive data reports that flag two types of return visits:

1. Return visits within 72 hours for any diagnosis resulting in admission to any hospital (termed "all-cause 72-hour return visits").

2. Return visits within 7 days resulting in admission to any hospital with one of three key "sentinel diagnoses"* (acute myocardial infarction, pediatric sepsis, and subarachnoid hemorrhage) on the return visit, paired with a set of related diagnoses on the initial visit.

   **The sentinel diagnoses listed have a high likelihood of disability or death resulting from a missed or delayed diagnosis; thus, EDs that identify quality issues that have contributed to missed sentinel diagnoses may prevent significant patient harm by addressing these issues.*

Quality Improvement in the ED During the COVID-19 Pandemic

COVID-19 continued to put strain the health care system and staff in 2021. However, all ED Return Visit Quality Program hospitals each successfully submitted their narrative and a minimum of 50 audits. This is a remarkable achievement that speaks to the dedication and passion these ED teams have for their patients, as well as their commitment to ongoing quality improvement.

Many hospitals used quality improvement skills to manage COVID-19 within the ED. Many different types of COVID-19 initiatives were reported in their ED Visit Quality Program narratives, including:

- Virtual care programs
- ED redesign to incorporate COVID and non-COVID treatment zones
- Building external physical structures for increased capacity
- Cold and flu clinics
- Protected code blue teams
- Providing at-risk patients with oxygen saturation monitors to take home

Read on for more highlights from the 2021 audits and narratives.

Findings From the Audits

Adverse Events Summary

Notable adverse event findings from the audits are listed below:

- 75% of adverse events were mild or moderate
- 6.6% of adverse events were severe or resulting in patient death
- Most common causes of adverse events/quality issues:
  - Delayed/missed diagnoses
  - Management issues
  - Unsafe discharge disposition decisions

Findings From the Audits – *continued*

Adverse Events for Sentinel Diagnoses

» **Approximately 5% of audits involved sentinel diagnoses**

» **Adverse events/underlying quality issues were higher for sentinel diagnoses:** 36% for sentinel diagnoses, 18% for all-cause return visits *(see Table 1)*

Table 1: Summary of Adverse Events for ED Return Visits

Type of Return Visit	# Audits	# Audits with a Quality Issue/Adverse Event	%
All-cause 72-hour return visits	**3,220**	**572**	**17.8%**
Sentinel return visits	**132**	**47**	**36.4%**
Acute myocardial infarction	89	37	42%
Paediatric sepsis	20	7	35%
Subarachnoid hemorrhage	15	12	80%

Findings From the Narratives

Themes and Quality Improvement Initiatives

The volume and breadth of quality improvement initiatives shared in 2021 was inspiring. Over 70% of program members used audit findings and observations to inform their ED return visit QI initiatives for the coming year. A summary of common QI initiatives from the narratives is shown in Figure 1.

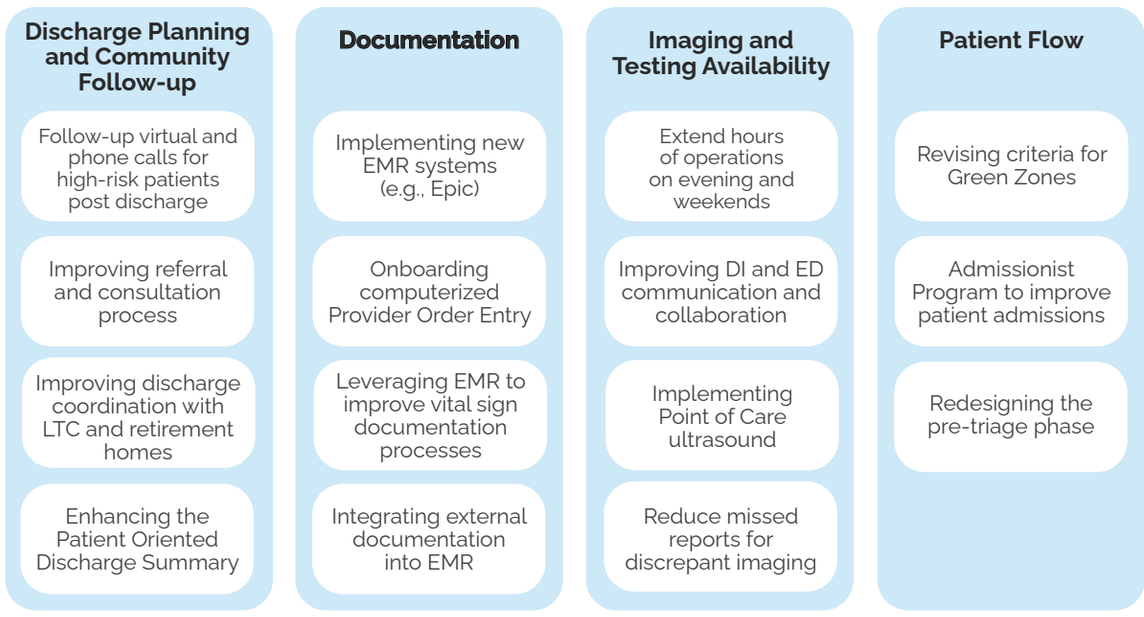

Figure 1: Examples of Quality Improvement Initiatives (By Common Theme)

Abbreviations: DI, diagnostic imaging; ED, emergency department; EMR, electronic medical record; LTC, long-term care

Timely and prominent themes in health care that emerged from the audits and narratives are described on page 2, along with featured initiatives from program members.

Stay in touch! We would love to hear from you at EDQuality@ontariohealth.ca if you have questions or feedback. Please also reach out if you would like to learn more about any of the examples shared in this report.

You can access all materials related to the ED Return Visit Quality Program (including past reports and webinars) via *our website*.

Ontario Health

Findings From the Narratives – *continued*

Equity, Inclusion, Diversity, and Anti-Racism

Hospital EDs care for wide range of patients, and understanding the diversity of the community is critical to serving them effectively. This year, the ED Return Visit Quality Program asked hospitals to reflect on, and describe, initiatives related to equity, diversity, inclusion, and anti-racism.

In addition to the featured stories below, other sites reported increasing translation services to improve access for non-English speaking populations, had initiatives to better serve diverse genders and sexualities, and/or took steps to understand the extent of systemic racism of Indigenous communities by participating in the *San'yas Anti-Racism Indigenous Cultural Safety Training Program*.

HUMBER RIVER HOSPITAL: Focusing on Sickle Cell Awareness

The ED team at *Humber River Hospital* has developed a partnership with the *Sickle Cell Awareness Group of Ontario (SCAGO)*. Collaboratively with SCAGO, Humber River Hospital continues to update their sickle cell management protocols, raise awareness regarding the needs of sickle cell patients, and continue to focus on the safe and effective delivery of sickle cell care in the acute care setting.

Sickle cell disease is most prevalent among people of African descent,[1] and focusing on the condition helps support the health of a population historically more affected by social determinants of health.[2]

This project is a great example how **local clinical initiatives can also take steps to help address imbalances in the health and care of the Black community**.

Click here to read more about this initiative on Quorum.

UNIVERSITY HEALTH NETWORK AND MICHAEL GARRON HOSPITAL: Providing Phones for Vulnerable Patients

University Health Network recognized that some ED patients did not have a way to be reached for follow up care or to share test results. The pandemic amplified this problem, and in early 2020, the ED team mobilized to collect old cell phones and partner with Bell Mobility to create the *Phone Connect* project. Phones distributed to patients created a lifeline between patients and their care providers.

Similarly, *Michael Garron Hospital* launched a new *Phone Equity Program* to increase access to care for vulnerable patients who visited the ED. As part of the program, 200 mobile phones with unlimited text and talking capabilities were distributed to priority populations identified by ED clinicians during Emergency care. In addition to follow up care, handsets were also leveraged to facilitate connection to community health services, such as social services, food security, and access to primary care.

This is a remarkable example of how **thinking outside the box can support upstream care**, improve patient care, and reduce unnecessary ED visits.

Click here to read more about this initiative on Quorum.

Mental Health and Addiction

Quality improvement initiatives targeting mental health and addiction featured prominently in this year's narratives. In line with recommendations to shift care for people with mental health and addictions from acute ED visits to primary care or community services[3], some ED visits may have been better served in the community (e.g., harm reduction clinics, Rapid Access to Addictions Medicine (RAAM) clinics, mental health services). However, these services might not have been accessible as a result of the pandemic.

Some sites identified opportunities to improve care pathways and access for patients with mental health and addictions.

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE: Supporting Mental Health Throughout the Pandemic

Thunder Bay Health Sciences Centre continued their implementation of a trial Care Partner Liaison role in the ED to help support patients due to care partner restrictions over the pandemic. The role enhances communication between the health care team, patients, and essential care partners, helps coordinate visits, ensures infection control protocols are followed, and helps advocate for the best patient experience. Patient feedback has been extremely positive, and additional liaison roles have been incorporated throughout the hospital.

This is an excellent example of how supporting mental health can **greatly improve patient care**, and pivoting resources to better serve the changing needs of the community **in real time**.

Diagnostic Imaging

Consistent with previous years, audits identified patients being discharged home with instructions to return to the ED during regular business hours for diagnostic radiology (e.g., ultrasound, CT scans). Patients were subsequently admitted for surgery or inpatient treatment, with some patients experiencing adverse events due to delayed diagnosis (e.g., perforated appendix).

BRANT COMMUNITY HEALTHCARE SYSTEM: Trending Data Resulting in 24/7 CT Scans

Brant Community Healthcare System tracked data showing that many patients were returning to the ED during regular business hours just for CT scans. In collaboration with responsive leadership and collaboration among many physician leaders, the ED team successfully implemented a local solution of hiring external radiologists to read their CT scans in the evenings and overnight, allowing the ED to scan patients 24/7.

This is a terrific example of how **trending data can help enhance patient care**, minimize adverse events, improve hospital efficiency, and reduce unnecessary ED visits.

Culture of Quality

Overwhelmingly, EDs in Ontario reported a positive culture of quality in their organizations. Many groups highlighted an evolution in how they have approached the ED Return Visit Program and have conducted their audits over the years. In addition to moving to team-based reviews of audits, some ED teams also shared that they have a newly designated quality champion role that oversees quality improvement work within the ED.

Despite health human resource challenges from the pandemic, the commitment to quality improvement for enhanced patient care in all participating ED teams was apparent and inspiring. We look forward to learning about more quality culture developments in the coming years!

NORTH BAY REGIONAL HEALTH SCIENCES CENTRE: Approaching Quality at the Hospital and Community-Levels

North Bay Regional Health Sciences Centre has adopted a collaborative, interprofessional approach to care across the hospital and in the community through the addition of a medical director role. The medical director partners with the ED chief to develop a culture of collegiality and collaboration with hospital administration, both within the ED and between departments. The medical director also champions community supports, such as their geriatric outreach program and ED follow up care for marginalized patients.

The director meets weekly with the ED Quality Team to review the status of department initiatives and return visits identified through participation in the ED Return Visit Program.

The hospital has **invested in the staffing infrastructure required to drive quality improvement culture** throughout the hospital and community, and is also effectively **actioning change through the regular review of their data and initiatives**.

QUEENSWAY CARLETON HOSPITAL: Engaging a Multifaceted Approach to Quality

The ED team at *Queensway Carleton Hospital* has taken a multifaceted approach to create a culture of quality throughout the department, including tracking ED performance metrics, reporting adverse events, morbidity and mortality rounds, and conducting organizational quality care reviews. In 2021, they also shifted from a single-reviewer to a team-based model for reviewing audits. The participating physicians felt this process was rewarding, educational, and promoted a "just culture." The team is planning to expand this team-based model for future audits.

The ED team has **considered all aspects of quality in their culture shift**, which aligns well with the quality shift in the hospital and in health care as a whole toward "just culture."

References

1. Sickle Cell Awareness Group of Ontario. Sickle Cell Within the At-Risk Communities [Internet]. Toronto (ON): The Group; 2007 [cited 2022 Jun]. Available from: *https://sicklecellanemia.ca/sickle-cell-within-the-at-risk-communities*
2. Black Health Alliance. Anti-Black Racism [Internet]. Toronto (ON): The Alliance; 2018 [cited 2022 Jun]. Available from: *https://blackhealthalliance.ca/home/antiblack-racism/*
3. Canadian Mental Health Association. Addressing Emergency Department Wait Times and Enhancing Access to Community Mental Health and Addictions Services and Supports [Internet]. Toronto (ON): The Association; 2008 [cited 2022 Jun]. Available from: *https://ontario.cmha.ca/documents/addressing-emergency-department-wait-times-and-enhancing-access-to-community-mental-health-and-addictions-services-and-supports/*

Ontario Health

ISBN 978-1-4868-6269-6