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 on 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)

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.

Findings From the Narratives

Themes and Quality Improvement Initiatives

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Stay in touch! We would love to hear from you at EDAudit@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.
Equity, Inclusion, Diversity, and Anti-Racism

Hospital EDs care for a 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 Services, 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, and focusing on the condition helps support the health of a population historically more affected by social determinants of health.

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, some ED visits may have been better served in the community.

Hospitals such as St. Joseph’s Healthcare London have launched programs to help patients connect with essential care partners, such as social services, food security, and access to primary care.

This approach recognized that some ED patients did not have a way to scan patients 24/7.

The ED team has also recognized the importance of upstream care and 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 hospital, 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 team is planning to expand this team-based model for future audits.

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.

References

