Ontario Health

Emergency Department Return Visit Quality Program

Report on the 2022 Results

September 2023

2022 Highlights

76 hospital sites participating in the Emergency Department Return Visit Quality Program

5,198 total audits conducted

274 sentinel diagnoses identified in audits

1,135 quality issues/adverse events identified

About the Program

The Emergency Department (ED) Return Visit Quality Program builds a continuous structure of 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:

- Return visits within 72 hours for any diagnosis resulting in admission to any hospital (termed "all-cause 72-hour return visits")
- Return visits within 7 days resulting in admission to any hospital with 1 of 3 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.*

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Findings From the Audits and Narratives

Adverse Events Summary

Notable adverse event findings from the audits:

- 70.7% of adverse events were mild or moderate
- The top 3 most common causes were responsible for 80% of all adverse events/quality issues:

    1. Patient mismanagement
    2. Delayed or incorrect diagnosis
    3. Unsafe discharge disposition decisions

Note: Patient mismanagement surpassed delayed or incorrect diagnosis in 2022 at 32% and 30%, respectively, of all adverse events/quality issues.

Adverse events for sentinel diagnoses:

- Approximately 5.4% of audits involved sentinel diagnoses; this represents an increase from the mid-pandemic low of 4.1% in 2021 but a decrease from 9.3% in 2016
- The percentage of adverse events/underlying quality issues for sentinel diagnoses was 38%
- The percentage of adverse events for sentinel diagnoses has declined by 24% since the EDRV Quality Program began, from 49% in 2016 to 38% in 2022 (Figure 1)

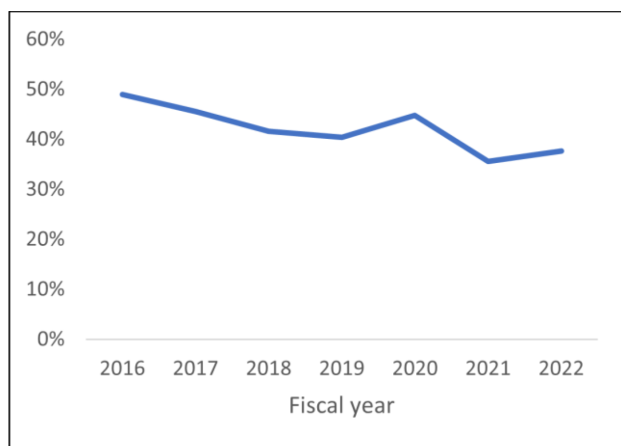

Figure 1: Annual percentage of sentinel diagnoses with adverse events or quality issues, FY 2016–2022

Themes and Quality Improvement Initiatives

The volume and breadth of QI initiatives shared in 2022 was inspiring. Program members used audit findings and observations to inform their ED return visit QI initiatives for the coming year. Table 1 (p. 2) provides a summary of common QI initiatives from the narratives.

Early in the program, analysis of adverse events and quality issues identified in the return visit audits yielded 11 themes (as described in *How to Conduct an Audit*, pp. 11–15). This report features hospital sites focusing on 2 of these themes: elder care and left without being seen (LWBS).

Elder Care

Orillia Soldiers' Memorial Hospital and Pembroke Regional Hospital
In February 2022, Orillia Soldiers' Memorial Hospital received funding to hire a geriatric emergency medicine (GEM) nurse for their ED to help facilitate geriatric care for older adults presenting with mental health concerns. This comprised initiating geriatric patient assessments and workup, as well as connecting patients with regional and community geriatric programs.

Pembroke Regional Hospital's GEM nurse reguarly hosts a huddle in the ED, teaching staff how to increase safety for geriatric patients. The program reached close to 12,000 patients, which accounted for 80% of all discharged older adults. Many patients expressed gratitude for the program through letters to the patient experience office.

Health Sciences North
Health Sciences North in Sudbury increased the availability of their ED Mobility Team (including a high-risk assessor and physiotherapist). Working with the GEM nurse, the ED Mobility Team aims to increase the identification of geriatric patients (through the Identification of Seniors at Risk tool) who need enhanced community care and coordinated discharge, as well as to minimize patient deconditioning before transferring to inpatient care. In the past 2 years, the team has successfully assessed over 3,000 patients, avoided 212 admissions, and reduced length of stay for geriatric inpatients.

Learn more about this initiative on Quorum.

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Patient flow	Documentation	Availability of imaging and testing	Consultations
Changing patient-flow processes after door screeners no longer present	Implementing new EMR systems (e.g., Meditech Expanse, Epic)	Extending hours of operations on evenings and weekends	Adding a new general internal medicine ED consultation service
Adding a new ED patient flow coordinator	Improving documentation by implementing transcription M*Modal software	Improving ED and diagnostic imaging relationship and collaboration through EMR enhancements	Improving mental health ED resources to support psychiatry consultations
Offering virtual ED care for low-acuity patients	Leveraging EMRs to improve vital sign documentation processes	Improving CT head standard to reduce risk of missed stroke	Improving education to support decision-making for chest pain consultations within ED vs. outpatient chest pain clinic referrals
Streamlining rapid-assessment zones		Adding new MRI machines	

Abbreviations: CT, computed tomography; ED, emergency department; EMR, electronic medical record; MRI, magnetic resonance imaging.

Table 1: Examples of QI initiatives by common theme

Left Without Being Seen

Patients who were assessed by a triage nurse but then chose to leave the ED before being assessed by a physician or before diagnosis or treatment can return to the ED with more serious illness or more urgent needs. Patients leave without being seen because of overcrowding and high demand for care, which lead to long waits to see a physician.

Throughout the COVID-19 pandemic, EDs across the province experienced staff shortages. When this is combined with an increased demand for care, EDs can face increased pressure, with patients experiencing long waits to be seen and providers struggling to provide timely care.

Hospitals have addressed these issues creatively in several ways.

North Bay Regional Health Centre

In 2022, North Bay Regional Health Centre embarked on several initiatives to understand patient flow, wait times to see a physician, registration by time of day, physician workload, and impact on patient care. Triage assessment and timely reassessment are important components of good patient care. Through a rigorous analysis of about 350 patient charts, North Bay discovered poor compliance with triage reassessment (after 2 hours) and inconsistency in the use of the Canadian Triage and Acuity Scale (CTAS) modifier and medical directives. Factors contributing to these issues include the lack of a centralized process to oversee all patients waiting to be seen by a physician, weak indicators for patient reassessment, and knowledge gaps related to the use of CTAS modifiers and medical directives to support patient care.

To close these gaps, the ED created a triage team lead position to manage the waiting room and assist with triage assessment and reassessment to ensure patients see a physician in accordance with their presenting and evolving acuity. The team also expanded a pilot program that helps medically complex older adults navigate various community support services.

Lakeridge Health

Lakeridge Health identified patients who leave the ED without being seen and then return with more urgent needs as an important opportunity for improvement. In fall 2022, staff at Lakeridge's Ajax site held a 3-day kaizen QI event during which they applied lean principles to identify and test different ways to reduce their LWBS rate. They decided to trial a "Super Track," a low-acuity assessment area for CTAS 3, 4, and 5 patients to reduce time to physician initial assessment, reduce length of stay for non-admitted patients, and create more ED bed space for sicker patients. The goal of this initiative was to improve patient flow and ensure efficient and timely diagnosis and management decisions.

Learn more about this initiative on Quorum.

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LWBS Data

Hospitalization and ED administrative data from the Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS), provided by the Canadian Institute for Health Information (CIHI), are helpful for observing broader trends. According to these data, the rate of ED return visits for patients who first left without being seen increased from 6% in 2020 to 10% in 2022 (Q1–Q3) for all-cause return visits and from 13% in 2020 to 19% in 2022 (Q1–Q3) for sentinel diagnoses (Figure 2).

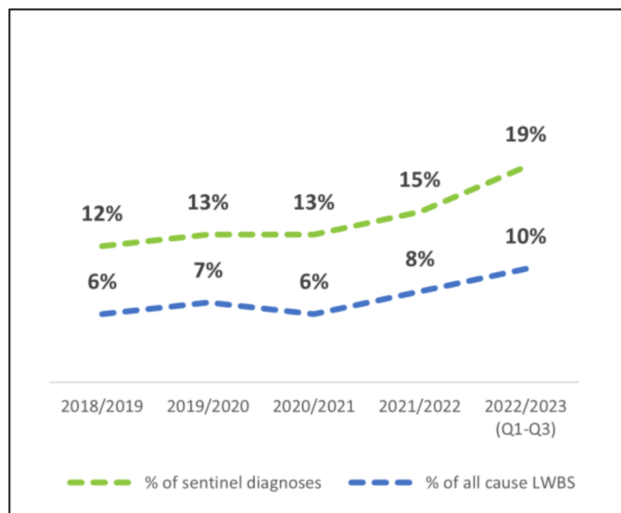

Figure 2: Proportion of LWBS for all-cause and sentinel diagnosis return visits, FY 2018 to Q3 2022

Note: Includes data for ERNI (ER NACRS Initiative) hospitals with both P4R and non-P4R hospitals represented.

Data sources: DAD and NACRS (CIHI).

For all-cause 72-hour return visits, 59% of first ED LWBS visits had triaged at CTAS level 3 (urgent); this trend has remained consistent over the past 3 years (Figure 3). For sentinel diagnoses, 53% of first ED LWBS visits had triaged at CTAS level 2 (emergent) compared with 29% for all-cause return visits. Overall, 50% more ED visits were triaged at CTAS level 1 or 2 during return visits compared with first LWBS visits – patients who leave without being seen and then return are *often sicker and require more urgent care* than if they had been seen on their first visit.

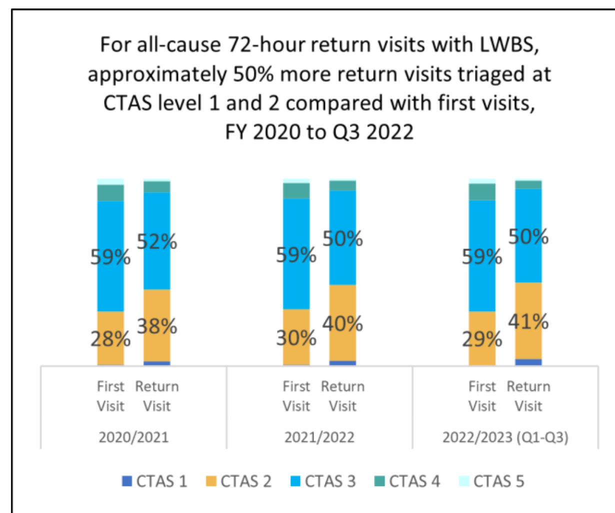

Figure 3: CTAS level distribution of all-cause ED return visits with LWBS disposition

Note: Includes data for ERNI (ER NACRS Initiative) hospitals with both P4R and non-P4R hospitals represented.

Data sources: DAD and NACRS (CIHI).

Quality Improvement in the ED During the COVID-19 Pandemic

COVID-19 continued to put strain on the health care system and staff in 2022. However, all ED Return Visit Quality Program hospitals successfully submitted their narratives and minimum of 50 audits, with 39 hospitals (51%) submitting more than 50 audits. This is a remarkable achievement that speaks to the dedication and passion these ED teams have for their patients, as well as to their commitment to ongoing QI.

Many hospitals have implemented and sustained the QI initiatives necessary to meet patient care needs and the many challenges exacerbated by COVID-19.

These initiatives include:

- Virtual care programs
- ED redesign to incorporate COVID-19 and non-COVID-19 treatment zones
- Building external physical structures to increase capacity
- Cold and flu clinics
- Mental health and addictions

Access to Emergency Care for Children and Youth

Several sites identified opportunities to improve care pathways and ED access for pediatric patients 18 years of age and younger. QI initiatives targeting children and youth featured prominently in this year's narratives. High rates of influenza, respiratory viruses (e.g., respiratory syncytial virus), and COVID-19 in children

and youth necessitated local innovations to increase accessibility to emergency services.

The COVID-19 pandemic contributed to an increased rate of children and youth with mental health diagnoses, many of whom had return visits to the emergency department and subsequent admission to hospital. High rates of children and youth with evolving mental health needs overwhelmed emergency department capacity to provide care in a timely manner.

Michael Garron Hospital

Michael Garron Hospital in East Toronto established a Child and Youth Emergency Zone, a family-friendly space next to the ED, to ensure young patients had more timely and focused access to emergency services. Informed by patient and family care, triage to physician initial assessment decreased from 2 hours and 12 minutes to 1 hour and 58 minutes (a 10.6% decrease) in less than 6 months. Patients, families, and caregivers shared their experiences; for example, "It was wonderfully reassuring to have a separate entrance and kid-focused area."

Learn more about this initiative on Quorum.

The Hospital for Sick Children (SickKids)

During the COVID-19 pandemic, an increasing number of patients with mental health concerns sought care in the SickKids ED. The hospital implemented ED QI initiatives in 2021, which they continued and expanded into new ones in 2022. SickKids is working on the following 3 QI initiatives related to mental health.

Eating Disorders

Led by the pediatric emergency medicine fellows, this initiative aims to reduce the time to disposition planning by 25% for patients 10 years of age and older presenting to the ED with a suspected or previously diagnosed eating disorder. In collaboration with adolescent medicine, the ED will implement a new order set and a nursing bundle (including assessment, treatment, and documentation standards) for patients presenting with a suspected or known eating disorder.

Suicide Risk Assessment

Updating the Ask Suicide-Screening Questions (ASQ) Toolkit to assess suicide risk (in compliance with recommendations from the National Institute of Mental Health) has led to improved access to care for lower-risk children and youth presenting to the ED, as they do not require a designated safety room and can be assessed by a medical social worker who can activate resources to reduce care delays.

Mental Health Workflow and Timely Patient Assessment

Withdrawal of psychiatric residents from the hospital call schedule necessitated changes to prevent care delays and repeated assessment interviews. Developed by the Neuroscience and Mental Health research program at SickKids, a team comprising a mental health registered nurse and mental health social workers initiate mental health assessments in the ED, with a staff psychiatrist completing the medical assessment. Triage nurses support this process by communicating with the appropriate team. A flow chart and other educational resources and workflow processes are available for staff.

SickKids' initiatives are excellent examples of how supporting mental health can **greatly improve patient care** and better serve the changing needs of the community **in real time**.

Stay in Touch

If you have questions, would like to provide feedback, or want to learn more about any of the initiatives shared in this report, please contact us at EDQuality@OntarioHealth.ca.

Please visit the Emergency Department Return Visit Quality Program website for all program-related materials, including past reports and webinar recordings.

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