# The Emergency Department Return Visit Quality Program:

## Report on the 2018 results

Health Quality Ontario

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# The Emergency Department Return Visit Quality Program

## Report on the 2018 results

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# Introduction

## What is the ED Return Visit Quality Program?

The ED Return Visit Quality Program started in 2016 with a goal to foster a culture of quality in Ontario's EDs.

Participating hospitals conduct audits to investigate return visits involving their site, identify any quality issues or adverse events (AEs) that may be present, and take steps to address their underlying causes.

This program is mandatory for hospitals that are part of the Pay-for-Results program and optional for other hospitals in the province.

The program has been guided by an expert working group of system leaders, quality improvement specialists and ED providers involved in all stages of design of the program (listed in Appendix A).

## How does the program work?

- Hospitals receive data reports quarterly from Access to Care (Cancer Care Ontario) identifying return visits involving their site.
- Hospitals audit a set number of these return visits to identify potential quality issues/AEs.
- Each January, hospitals submit the results of their audits as well as a completed narrative template in which they answer a set of questions about the program to Health Quality Ontario. This includes describing how they are addressing the issues they have identified.

### For more information about the program...

- Visit the ED Return Visit Quality Program website at www.hqontario.ca/ED-Return-Visit
- Read our report on the results from 2016
- Read our report on the results from 2017

### To read interviews with program participants...

Throughout this report, we link to interviews with program participants that are hosted on Quorum (quorum.hqontario.ca), Health Quality Ontario's health care quality improvement community.

You can read all interviews related to the ED Return Visit Quality Program by searching for the ED Return Visits tag on Quorum.

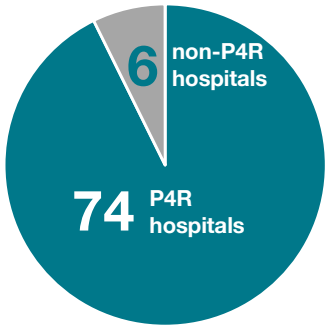
## How many audits need to be conducted?


Sentinel diagnoses include:

- Acute myocardial infarction
- Subarachnoid hemorrhage
- Paediatric sepsis

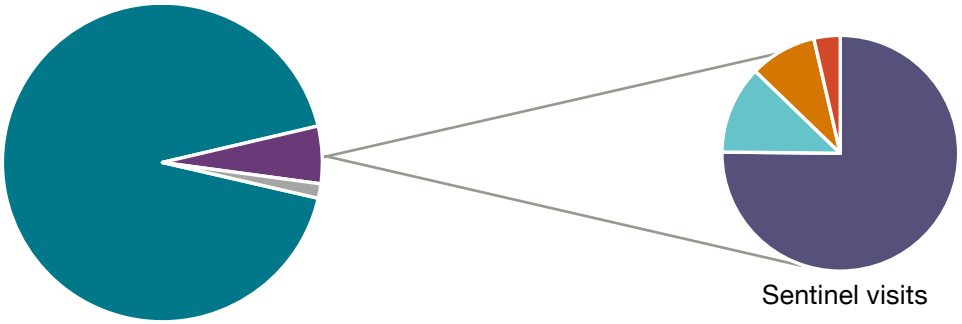
## Program participation and audit results

A total of 80 EDs participated in 2018.




Together, these EDs receive 84% of all ED visits in Ontario.

A total of 5,253 audits were conducted in 2018.



Total audits

- 4,933 all-cause RVs
- 315 sentinel return visits
- 5 unclassified (excluded from further analysis)

Sentinel visits

Of the 315 sentinel return visits:

- 245 were for acute myocardial infarction
- 37 were for paediatric sepsis
- 31 were for subarachnoid hemorrhage
- 2 were not classified by diagnosis

## The ED Return Visit Quality Program over the years

Since the program began in 2016, a total of 12,852 audits have been completed.

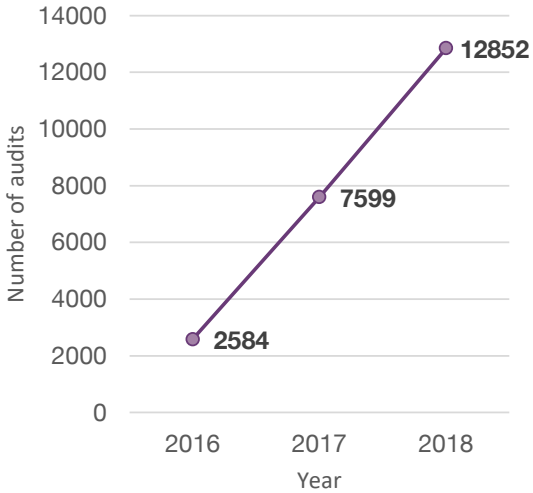



**Figure 1.** The cumulative number of audits conducted since the program began in 2016

# Program implementation

Most participating hospitals now have established processes for working on this program. Many hospitals also appear to be expanding on certain approaches that they have found to be successful:

- Increasing the number of people involved in conducting or reviewing the audits to include nurses, managers, decision support, and people from other departments of the hospital
- Sharing their findings with hospital committees and senior leadership
- Generating internal reports of return visits in real time or near-real time
- Distributing individual lists of return visits to treating physicians for them to review on their own time

We encourage hospitals to continue expanding on these approaches, as they are likely to maximize learnings from this program.

## Learn more about how organizations have implemented this program

Read an interview with program participants at **Health Sciences North** to find out how they have worked to:

- Provide lists of return visits to physicians involved in the cases to facilitate individual reflection and learning
- Use interesting return visit cases as educational opportunities

## View our webinar

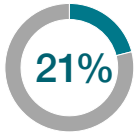
In February 2019, we held a webinar on the ED Return Visit Quality Program in which program participants describes how their sites are approaching the audit process to identify and address potential adverse events/quality issues.

Speakers from Hôpital Montfort and University Health Network shared how they have implemented the program and involved their colleagues at their hospitals.

You can view the webinar recording here.

# Quality issues/AEs identified in the audits

## Number of quality issues/AEs




of all-cause return visits resulted in identification of a quality issue/AE (1,027/4,933)

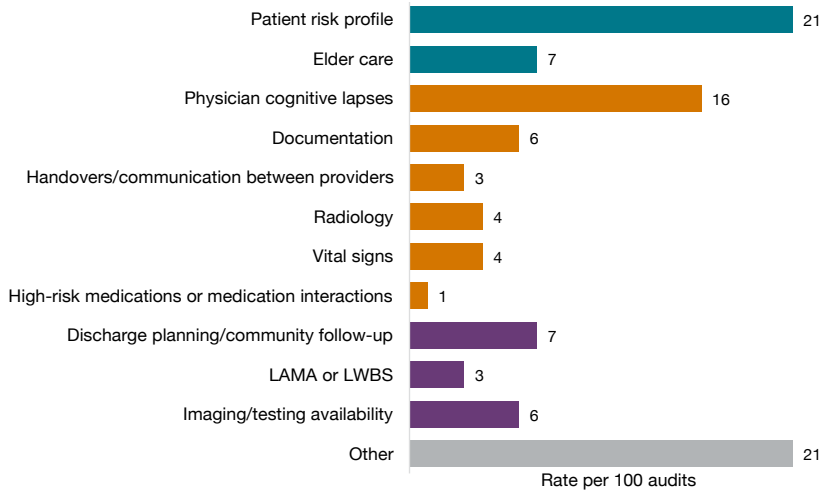

of sentinel cases resulted in identification of a quality issue/AE (131/315)

These numbers are similar to those observed in previous years.

## Themes among quality issues/AEs

The most common themes include those related to patient risk profile, physician cognitive lapses, and elder care (Figure 2). The themes appeared in approximately the same pattern as in 2017.

**Figure 2.** Themes among the quality issues/AEs identified by participating hospitals



# Collaborations to support the program

Although the ED Return Visit Quality Program is centred on the ED, many of the issues that are uncovered during the audits involve other areas of the hospital or other areas of the health care system. Increasingly, hospitals are reporting working together in collaborations to address these issues. These collaborations can be challenging to initiate, but are often necessary to address the issues that extend beyond the ED.

## Collaborations with other departments in the hospital to conduct audits or work on QI initiatives

What happens in the ED is affected by workflows or processes in other departments. For example, the availability of specialists for consultation and the availability or turnaround time for diagnostic imaging or other tests can significantly affect decisions made by ED clinicians. These issues must be addressed in collaboration with other departments in the hospital.

In general, it appears that strong leadership support and taking the time to build good working relationships with other departments are important for these collaborations. Striking committees with front-line champions among departments and using data to demonstrate a case for change can also help. Sharing stories of return visits can help to demonstrate the effect the issue has on patients and increase buy-in among both leadership and other departments.

### Read about collaborations related to diagnostic imaging

Read interviews with program participants from **Woodstock Hospital** and **Southlake Regional Health Centre** to learn how they managed to expand access by working with the diagnostic imaging department in their hospitals.

## Collaborations among organizations to complete audits or review charts


of hospitals reported that they collaborate with other hospitals or organizations when completing audits/reviewing charts.

- Most hospitals collaborated with other hospitals in their area or other sites within their hospital corporation
- Some reported collaborating with their LHINs
- One site reported that an interprofessional team with patient and family advisors helped to conduct the reviews

## Collaborations among organizations to work on QI initiatives arising from the program


of hospitals reported that they collaborated with hospital or other organizations when working on QI initiatives arising from the program

Hospitals reported collaborating with:

- Other hospitals
- LHINs

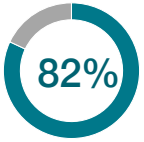
- Provincial partners (College of Nurses of Ontario, Emergency Educator Network of Ontario)
- Other health care organizations in the community (community health centres, long-term care homes)

Some organizations reached out to other organizations involved in the program to find out more about their work related to issues arising in their audits. For example, **North Bay Regional Health Centre** reached out to **Southlake Regional Health Centre** to learn about how they are addressing patients who leave against medical advice

## Read more about collaborations

Read an interview with program participants at **Health Sciences North** to find out how they have connected with other program participants in the North East LHIN to discuss challenges, approaches, learnings and QI initiatives related to the program.

# Quality improvement initiatives arising from the program




of hospitals indicated that they have implemented at least one quality improvement initiative as a result of this program. Most described multiple initiatives. Some of these initiatives may have been sustained over multiple years.

The quality improvement initiatives addressed a wide variety of themes. Some of these initiatives were ongoing from previous years of the program. The five most common themes and examples of initiatives to address each theme are presented in Table 2. The full list of themes and their definitions is presented in Appendix B.

### Would you like to learn more about any of these initiatives?

Email us at EDQuality@qontario.ca and we will connect you with the hospital(s) that have reported doing that work.

Table 2. The five most common themes addressed through the quality improvement initiatives described in the narrative submissions

| Theme | Examples of improvement initiatives |
|---|---|
| Patients who left against medical advice or left without being seen | **Improving communication with patients waiting in the ED**<br>· Revising processes around patients who leave without being seen or leave against medical advice to ensure the patient is aware of the risks and to ensure medicolegal requirements are met<br>· Assigning a physician assistant or nurse to connect with patients considering leaving against medical advice<br>**Checking in with patients who have left against medical advice/left without being seen**<br>· Implementing call-back programs to check in with patients who have left against medical advice/left without being seen (e.g., for high-risk patients only) |
| Lack of availability of diagnostic imaging or other tests | **Improving access to diagnostic imaging, or advocating for improved access**<br>· Collaborating with diagnostic imaging department to extend the hours in which imaging is available<br>· Collaborating with diagnostic imaging to improve workflows to facilitate imaging completion for ED patients<br>· Implementing expedited or structured processes for patients who are returning for DI<br>**Conducting tests in-house rather than sending them out to decrease turnaround time** |

Table 2 continued

| Theme | Examples of improvement initiatives |
|---|---|
| Issues related to abnormal or undocumented vital signs | **Education and review of standards for vital sign measurement and documentation**<br>**Review of normal ranges for vital sign measurements for paediatric patients**<br>**Implementing electronic cues or tools**<br>· Implementing integrated bedside medical device monitoring technology<br>· Implementing electronic cues for measuring and documenting vital signs and acknowledging abnormal vital signs<br>**Assessment of equipment resources to improve vital sign measurement (i.e., ensuring equipment is returned to proper location; purchasing additional equipment if necessary)** |
| Physician cognitive lapses | **Providing education or sharing cases with learning opportunities**<br>· Providing education related to management of particular diseases (e.g., rare diseases, diseases with unique presentations, or diseases frequently associated with return visits such as appendicitis or sepsis)<br>· Sharing cases with learning opportunities during M&M rounds or CME events<br>· Providing education on cognitive bias<br>· Providing education on mindfulness practices<br>**Conducting individual reviews with physicians as needed**<br>**Implementing or revising tools to guide decision making**<br>· Implementing or revising clinical pathways, medical directives, or order sets<br>· Implementing flags to trigger investigation for certain conditions |
| Discharge planning and community follow-up | **Improving discharge instructions**<br>· Standardized discharge instructions for specific conditions<br>· Discharge checklist and patient instructions<br>**Improving discharge planning, care coordination and community follow-up**<br>· Integrating or increasing the role of discharge planners, patient flow navigators, social workers and physiotherapists in the ED<br>· Enhancing care coordination for specific patient populations (e.g., patients with mental health or addictions concerns)<br>· Educating clinicians in the ED on what options are available for care in the community, including home care<br>· Supporting outpatient clinics for follow-up (e.g., General Internal Medicine Rapid Assessment Clinic, acute care, cardiac, chronic obstructive pulmonary disease, post-emergency paediatric care)<br>· Improving processes for making follow-up appointments (e.g., central intake for stress testing)<br>· Sending notifications to other organizations when a patient has been seen and discharged in the ED (e.g., renal transplant clinic or primary care provider)<br>· Call-back programs to connect with patients who have been discharged from the ED to address issues or questions (e.g., patients with mental health concerns) |

## Read about some of these QI initiatives in more detail

Read an interview with program participants at **Cambridge Memorial Hospital** to find out how they have worked to:

- Hold a seminar series on mindful medical practice
- Improve access to specialist consultation in the ED
- Improve triage accuracy in the ED
- Implement a structured return-to-ED process to expedite care for patients returning for diagnostic imaging

Read an interview with program participants at **Woodstock Hospital** to find out how they have engaged people throughout their hospital to:

- Expand access to diagnostic ultrasonography after hours without increasing costs
- Improve turn-around times for C-reactive protein testing by conducting the tests in-house
- Improve documentation of vital signs by implementing bedside medical device integration
- Utilize a Front Line Improving Performance (FLIP) team to conduct quality improvement initiatives in their ED

# Conclusion

The 2018 submissions for the ED Return Visit Quality Program demonstrate how program participants are evolving their efforts and truly integrating a culture of quality in their EDs.

Hospitals continue to describe a wide variety of QI initiatives arising from the program, and are involving multiple front-line providers in the program. Hospitals are also increasingly working on collaborations with other departments and other organizations in order to address the issues that extend beyond the ED.

Moving forward, we plan to hold webinars about topics that participants reported they would like to learn more about. These will be announced via email and on the ED Return Visit Quality Program website. We also encourage anyone involved to participate in Quorum to share their experiences and discuss lessons learned with other program participants.

As always, reach out to us at EDQuality@hqontario.ca with any feedback or questions you have about the program. We will answer your questions or connect you with other program participants who might be able to offer advice.

# Appendix A: Acknowledgments

Health Quality Ontario acknowledges and thanks the many dedicated individuals who contributed to this report:

## The ED Return Visit Quality Program Working Group

The Working Group provided guidance on all aspects of this program, and helped to write and review this report: Lee Fairclough (Co-Chair), Howard Ovens (Co-Chair), Lisa Calder, Heather Campbell, Lucas Chartier, Imtiaz Daniel, Agam Dhanoa, Jonathan Dreyer, Gazelle D'Souza, Lisa Fuller, Emily Hayes, Delaney Hines, Teela Johnson, Sudha Kutty, Olivia Ostrow, Michael Schull, Kaeli Stein, Tonja Stothart, Colleen Wong, and Ivan Yuen.

## Other acknowledgments

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# Appendix B. Themes identified among the AEs/quality issues

| Theme | | Description |
|---|---|---|
| Patient characteristics or actions | Patient risk profile | Failure to account for high-risk characteristics of patients (e.g., age, comorbidities, psychosocial status) when determining evaluation and management |
| | Elder care | Failure to consider unique presentations and needs of elder patients |
| Actions or processes of the ED team | Physician cognitive lapses | Knowledge gap or failure to act on signs and symptoms |
| | Documentation | Suboptimal documentation, which may have contributed to the return visit that the patient experienced |
| | Handovers/communication between providers | Suboptimal communication, especially during handovers or between physicians and nurses |
| | Radiology | Failure to diagnose correctly by the emergency physician, to communicate by the radiologist, or to appropriately note discrepancies in a timely manner |
| | Vital signs | Failure to explain abnormal vital signs or vital signs that are not repeated for many hours during stay in ED and/or prior to discharge |
| | High-risk medications or medication interactions | Failure to account for high-risk medications in assessment and management |
| System issues | Discharge planning/ community follow-up | Failure to assess baseline functioning, ability to cope, and support systems available prior to discharge from the ED, as well as availability of follow-up care in the community |
| | Left against medical advice/ left without being seen | Patients who left against medical advice or who left without being seen |
| | Imaging/testing availability | Availability of timely access to imaging or other tests, i.e., after hours |

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