The ED Return Visit Quality Program

Background
What is the ED Return Visit Quality Program?

The ED Return Visit Quality Program is a new initiative that aims to bring focus on the quality of ED care to supplement the performance indicators that are part of the Pay-for-Results (P4R) program. This program was recommended by a task force with expertise in quality improvement that included ED physicians as well as representatives from a number of stakeholder organizations, including the Ministry of Health and Long-Term Care, Access to Care (Cancer Care Ontario) and Health Quality Ontario (HQO).

In the ED Return Visit Quality Program, hospitals will be provided with quarterly data reports summarizing their performance on two ED quality indicators, and will conduct routine and random audits of return visits to identify and understand their underlying causes. Hospitals will present the results of these audits to their CEO and Quality Committee of the Board on a semi-annual basis, and will submit results to HQO annually. HQO will then summarize and report key quality issues and themes discovered, as well as the improvement strategies identified, so that these key lessons can be shared among hospitals to support ongoing quality improvement.

Program at a Glance

In the ED Return Visit Quality Program, hospitals will 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.

Why was the ED Return Visit Quality Program created? What is the goal of the Program?

Returning to the ED after an initial visit is a life event that is important to patients and may represent a gap in quality care.[1] These return visits may occur for a variety of non-preventable reasons such as natural disease progression or a scheduled return.[2,3] However, there are some return visits that are preventable, because they are related to the quality of care provided in the index visit.[2,4-6] These preventable return visits may be due to adverse events (AEs) or other quality issues.

From a health system perspective, preventable return visits to the ED are significant because they may lead to increased wait times and unnecessary health care spending, and most importantly, may indicate preventable harm. Identifying and addressing the factors associated with return visits will help to improve clinical outcomes, increase patient satisfaction, and promote high-value care.[7,8] It is also a unique opportunity for clinicians to receive feedback about their clinical care, and identify quality and/or educational improvements. Thus, the goal of this program is to promote high-quality ED care by helping clinicians and hospitals identify, audit and investigate underlying causes of return visits to their ED and take steps to address these causes, preventing future return visits and harm.

It is important to note that funding will *not* be tied to the overall number of return visits for P4R hospitals. The emphasis is not on decreasing return visits, because this may lead to unintended consequences such as increased admission, unnecessary testing, etc. The emphasis is on the process of auditing return visits to identify opportunities for quality improvement.

Who is involved in the ED Return Visit Quality Program?

All ERNI[1] hospitals will be provided with the quarterly data reports on the two ED quality indicators and are encouraged to participate in the ED Return Visit Quality Program; however, participation is mandatory only for P4R hospitals.

While participation in the ED Return Visit Quality Program will be a condition of the P4R program starting fiscal year 2016/17, funds will *not* be tied to performance on these indicators.

Support for this program is a collaborative effort. Access to Care will be providing hospitals with the quarterly data reports on the two ED quality indicators. HQO will be providing guidance on how hospitals can conduct audits and learn from return visits, and will be analyzing submissions for key lessons to share among hospitals. LHIN Leads for Emergency Medicine can provide clinical leadership to hospitals to support review of return visits.

What indicators are being measured?

The two ED quality indicators are:

1. Number and percentage of return ED visits within 72 hours of discharge from the initial ED non-admit visit, to the same or a different hospital, and resulting in an admission to an inpatient unit on the second visit

2. Number and percentage of return ED visits within 7 days of discharge from the initial ED non-admit visit, to the same or a different hospital, resulting in an admission to an inpatient unit in the second visit with a sentinel diagnosis (subarachnoid hemorrhage [SAH], acute myocardial infarction [AMI], and paediatric sepsis) and with a relevant diagnosis* documented in the initial ED non-admit visit.

*The relevant diagnoses in the index visit are potential misdiagnoses for each sentinel diagnosis (for example, angina for AMI, headache for SAH and fever for paediatric sepsis). Complete technical specifications, including a list of relevant diagnoses and associated *International Classification of Diseases – 10th revision* (ICD-10) codes, will be included in the full-length guidance material to be released by Access to Care.

The specific definitions of the two indicators used in this program were selected based on literature review and consideration of factors such as data availability and application across a broad spectrum of cases and EDs.[10-12]

How will I be able to access the reports on these indicators?

There will be an aggregated site-level report and a patient-level report. The aggregated site-level report will be sent to all ERNI hospitals; however, the patient-level report will contain patient-level data and will only be accessible through iPort Access™ to authorized users.

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[1] The ER NACRS Initiative (ERNI) includes the 126 participating hospital sites that submit level 1 data to NACRS on a monthly basis.

What will an audit require?

The audit process used in this program was adapted from that described by Calder et al.[9] The following is an overview of the process:
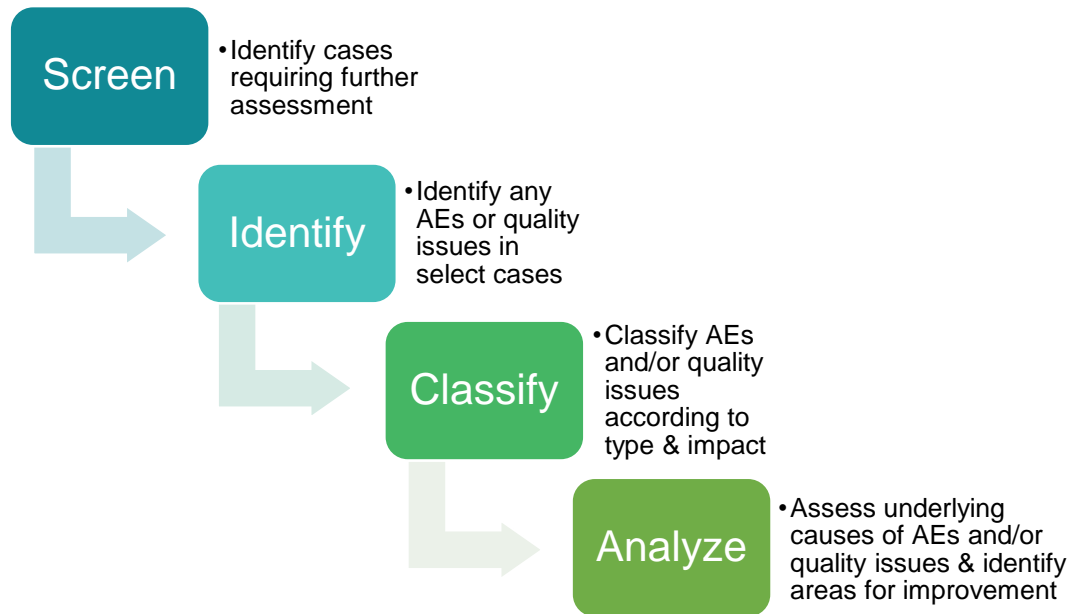
HQO will distribute an audit template in April 2016 that includes more detailed instructions.

How many audits must be conducted?

The minimum number of audits to be conducted will be 25 cases in year 1, and 50 cases in year 2 and beyond. However, **all cases relating to sentinel diagnoses *must* be audited;** therefore, some hospitals may need to audit more than 25 cases in year 1 or 50 cases in year 2, depending on the number of cases related to sentinel diagnoses indicated on their patient-level report. These requirements are applied on a per-site basis; thus, multi-site organizations will be expected to conduct a minimum of 25 audits for each ED site in year 1, and 50 cases for each ED site in year 2 and beyond.

Cases will be broken down as follows:

Audits for 2016 (Year 1)

Audits for 2017 and future years (Year 2 and beyond)

All return visits within 7 days relating to a sentinel diagnosis **+** **Random selection** of return visits within 3 days for any diagnosis **=** At least **50 cases audited**

What do I need to submit to HQO?

You will need to submit a completed audit template containing the required number of audits for that year, plus a narrative summarizing the results of the audits and potential actions for quality improvement.

In addition, you will need to submit an interim report to HQO in September of year 1 and July of year 2 and beyond indicating how many audits you have conducted thus far and whether you anticipate your hospital will meet its audit requirements for the year.

Next Steps

When will the Program launch?

Reports of each hospital's performance on both indicators will be available on a quarterly basis beginning April 1st, 2016. Audit results for year 1 will be due to HQO by January 31st, 2017. Please refer to the timeline on page 5 for an overview of key dates.

What steps should I take right now to prepare for the Program launch?

Each hospital site needs to identify a point person for the ED Return Visit Quality Program. This point person will be responsible for coordinating the audit process; they will also receive all communications related to the program, and will be responsible for disseminating this information within their organization. **Please submit the name and contact information for this point person to HQO (EDQuality@hqontario.ca) by March 23rd, 2016**.

For privacy and security purposes, hospital sites are also required to identify a **maximum of two people** (primary and back-up user) who are currently iPort Access™ registered users to gain access to the patient-level report, the first of which will be released April 1, 2016. **The iPort Access™ Local Registration Authority (LRA) at each site should submit the details of the identified users by March 23rd, 2016 using the email template below:**

Email to: iPortAccess@cancercare.on.ca

Subject: Return Visit Rate Report Access Request (Patient Level)

Email Body:
Please include the following details in your email:

- Local Registration Authority (LRA) details
    o Site Name
    o iPort™ Access LRA User
- Authorized Users:
    o Site Name
    o iPort™ Access User

If you have any questions about iPort Access™, please email **iPortAccess@cancercare.on.ca**.

Where can I get more information?
More information about the program will be provided via guidance materials scheduled for release April 1, 2016. Further details will be communicated via the OHA. Additionally, two webcasts will be held in April 2016 to provide more detail about the program, offer a forum for questions and discussion, and outline how hospitals can access their data.

Who can I contact if I have questions?
If you have any questions about this program, please contact **EDQuality@hqontario.ca**.

Key dates for the roll-out of the ED Return Visit Quality Program:
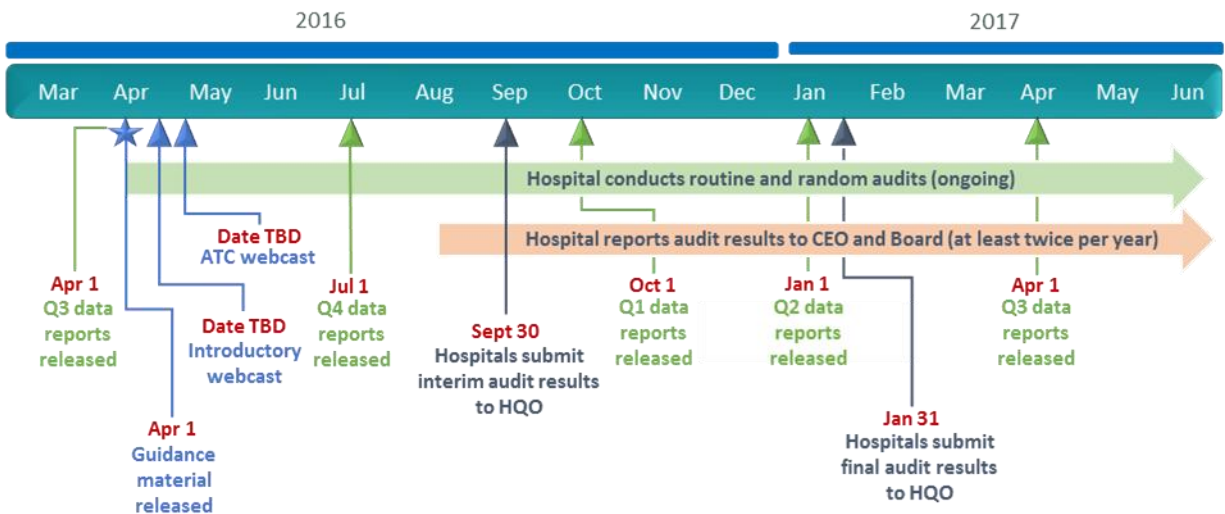
References

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