Reducing unscheduled return visits to ED's

Footscray and Sunshine Hospital Emergency Departments

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Western Health

In 2016 the Emergency Care Clinical Network conducted its eighth annual cycle of evidence-based quality improvement projects. All the projects were led by frontline emergency clinicians and used evidence with the aim of reducing unwarranted variation in clinical practice and improving patient care. Footscray and Sunshine hospitals focused on reducing unscheduled return visits to their emergency departments (EDs).

Why this project was important to our emergency departments

- Unscheduled return visits to the ED may be an important quality indicator.
- There may be several reasons for unscheduled return visits that can be summarised as patient factors, clinician factors, illness factors or health system factors.
- Understanding the local contributing factors and modifying processes to identify 'at risk' patients may reduce the proportion of unscheduled return visits and avoid negative impacts for patients – particularly if there is a misdiagnosis or inappropriate discharge.
- Our project focused on patient education for all discharges from the emergency observation units (EOUs) at both Footscray and Sunshine hospital EDs.

What our data identified as key themes

- Inadequate patient education on discharge.
- Inadequate pain management advice at discharge.

What we did

- Developed an acronym – CURVE (cutting Unscheduled Return Visits to the ED)
- Introduced a patient education strategy for all discharges from the EOU.

Provided patients with:

- a simple self-questionnaire assessing their understanding prior to discharge
- a simple discharge summary outlining the main points of their presentation
- a discharge pack including the summary, handouts and other information as required.

Impact on patients, staff and the health system

- Patients liked having the discharge plan explained to them.
- Non-English-speaking patients presented an extra barrier to providing appropriate information.
- Staff felt this process took up a lot of valuable time as patients required assistance in filling in the forms.
- Renal colic patients were identified as a group that may be amenable to an interdisciplinary pathway.

What we learnt about improving quality of care

- Improving quality of care requires time, commitment and staff engagement.
- Auditing the process can highlight some unexpected areas that may be amenable to further change.
- It would be easier to engage staff if the benefits were obvious at the start of the project.




CURVE

Discharge Handout for

BRADMA

- Your condition
- Your treatment
  - Painkillers — See handout
  - Antibiotics
  - Other medication
  - Other advice
  - Other tests
  - Other appointments
- Advice for return to:
  - Work:
  - Other Activities:

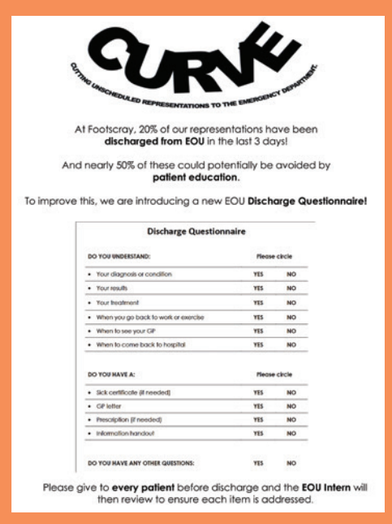
Provided
Sick Certificate
GP Letter
Prescription
Information Handout

- If you don't feel any better in the next few days, please see your GP.
- If you start to feel worse, please return to hospital.


CURVE

CUTTING UNSCHEDULED REPRESENTATIONS TO THE EMERGENCY DEPARTMENT

Please tick:
- Discharge handout
- Sick certificate
- GP letter
- Prescription
- Information handout
- Pain medication advice


CURVE

CUTTING UNSCHEDULED REPRESENTATIONS TO THE EMERGENCY DEPARTMENT

At Footscray, 20% of our representations have been **discharged from EOU** in the last 3 days!

And nearly 50% of these could potentially be avoided by **patient education.**

To improve this, we are introducing a new EOU **Discharge Questionnaire!**

Discharge Questionnaire

DO YOU UNDERSTAND:	Please circle	
• Your diagnosis or condition	YES	NO
• Your results	YES	NO
• Your treatment	YES	NO
• When you go back to work or exercise	YES	NO
• When to see your GP	YES	NO
• When to come back to hospital	YES	NO
DO YOU HAVE A:	**Please circle**	
• Sick certificate (if needed)	YES	NO
• GP letter	YES	NO
• Prescription (if needed)	YES	NO
• Information handout	YES	NO
DO YOU HAVE ANY OTHER QUESTIONS:	YES	NO

Please give to **every patient** before discharge and the **EOU Intern** will then review to ensure each item is addressed.

Emergency Care Clinical Network – 2016 Evidence-Based Care Improvement Project

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