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Ensuring patient improvement and medical compliance with pediatric emergency department post discharge telephone encounters

Background

Transition of care after discharge from the pediatric emergency department (PED) is a period of risk for patient noncompliance and communication failure. Telephone encounters after discharge offers a mechanism to provide answers to questions about follow up care, improve patient satisfaction and clinical outcomes.

Objective

Implement follow-up process after discharge from the PED to assess clinical change, review instructions, and ensure medical compliance. A secondary objective was to decrease unscheduled 72 hour revisit rates during the intervention period compared to the previous 6 months.

Methods

A pilot workflow was started in the PED in June 2020. Patients considered for clinical follow up were placed in a physician binder. Visit information, date/reason of follow-up, and comments were recorded. Follow up attempts were also recorded in the electronic medical record (EMR). Revisits from June 2020 to January 2021 and 6 months prior to the intervention (December 2019 - May 2020) were recorded. Group differences were compared using Mann-Whitney and Chi Square tests.

Results

From June 2020 to January 2021, 6392 patients were seen in the PED and 240 (3.8%) patients were marked for follow up. Of these, 212/240 (88.3%) were contacted. The most common diagnoses were fever, sexual assault, and appointment/medication compliance. During the intervention period, there were 171/6392 (2.7%) revisits within 72 hours and 108/171 (63.2%) were unscheduled. In the previous 6 months, there were 273/8411 (3.2%) revisits within 72 hours and 185/273 (67.8%) were unscheduled. There were no statistically significant differences in revisit rates between the groups (P=0.35).

Conclusions

Our intervention was effective at reaching a majority of patients who needed follow up. PED revisit rates were similar pre and post-intervention. The follow-up workflow was successful and has since been integrated into our hospital EMR for improved record keeping and documentation.

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