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Conclusions: All respondents felt that the gift card initiative should continue; the majority of residents used this help with daily chores that they had difficulty fulfilling. Further, residents reported an increase in wellness after this initiative. We plan on investigating this intervention in relation to individuals' Maslach Burnout Inventory.

16 Effect of Provider Level on Bounceback Rate and Patient Prognosis in the Emergency Department

Katherine Chen, Marco Lorico-Rappa, Caroline Runco, Alberto Hazan, Saira Mehmood, Patrick Olivieri

Background: Emergency Medicine providers have a limited time frame to decide whether patients can be safely discharged home or if they require inpatient hospitalization for further management. Some patients who are discharged home return unexpectedly to the ED within a short time period of their initial visit. These return visits are categorized as bouncebacks. For our quality-of-care measurement we utilized bouncebacks that ultimately require hospital admission, as we believe this serves as a better indicator than bounceback rates alone.

Objective: The primary objective of this study was to determine if the composition of the initial visit provider team was associated with a difference in 72-hour bounceback admission rates and 72-hour bounceback cardiac arrests.

Methods: Initial visit provider teams consisted of an attending physician alone or as a team with a resident physician. We conducted a retrospective cohort study of arrests. Initial visit provider teams consisted of an attending physician alone or as a team with a resident physician. We conducted a retrospective cohort study of Emergency Department visits between August 1, 2020, and August 1, 2021. Data was extracted from six community hospitals and categorized by provider and disposition. **Results:** Attendings saw 140,718 patients, with 1,207 bounceback admissions (0.86%), which was a lower rate than attending and resident teams, who saw 10,428 patients and had 153 bounceback admissions (1.47%; $X^2 = 39.8, p < .001$). Attendings saw 14 (.001%) bouncebacks due to cardiac arrest, which was not statistically different from the bounceback rate due to cardiac arrest from teams of attendings and residents (1 bounceback; .009%; $X^2 = 0.00, p = 1.000$).

Table 1. Bounceback admission rates based on provider level.

Provider Level	Admitted	p-value
Attending	1,207/139,511 (0.86%)	0.921
Attending/APP	1,036/127,718 (0.80%)	0.007
Attending/Resident	153/10,275 (1.47%)	<.001

Table 2. Bouncebacks admitted with cardiac arrest based on provider level.

Provider Level	Admitted	p-value
Attending	14/140,718 (0.01%)	0.138
Attending/APP	7/128,754 (0.01%)	0.278
Attending/Resident	1/10,428 (0.00%)	

Conclusion: The severity of the clinical diagnosis was not considered in the analysis. Even though the bounceback admission rates are higher in the attending/resident team, our study suggests that this team model is safe and can help foster a clinical learning environment, as long as patient-centered care is emphasized.

17 Emergency Medicine Resident Competency and Satisfaction After Implementing a Standardized Radiology Curriculum, a Prospective Study

Gary Cook, Christopher Reilly, Priscilla Cruz

Background: Currently, there is no radiology curriculum adopted by an ACGME accredited Emergency Medicine (EM) residency program, nor does the ACGME define specific outcomes regarding image interpretation and application. Studies have shown EM residencies are lacking formal radiology training. Thus, EM residents may not feel prepared to interpret images and make clinical decisions based on that imaging without a radiologist's interpretation. This study attempts to add to the limited amount of literature in regard to radiology education within EM residencies.

Objectives: We hypothesized that if an ACGME accredited EM residency program institutes a formal, standardized and brief lecture-style radiology curriculum, then those residents will show objective improvement in radiographic interpretation and subjective educational satisfaction and confidence in their ability to interpret imaging.

Methods: This was a single-center, blinded, prospective study performed at a community hospital. There were 28 EM residents followed over a four month study period from February to June 2022. Each week, the study investigators prepared and led brief, formalized radiology lectures. Prior to the start of the study, EM residents completed a formal assessment and survey. The same assessment and survey were then given at the end of the study period. This data was then analyzed using T-test statistical analysis.

Results: Of the 28 EM residents, 23 showed an improved assessment score. There was a 12% increase in