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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

https://escholarship.org/uc/item/6qg1n3ph

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 20(5.1)

ISSN

1936-900X

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Publication Date

2019

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0.617±0.13 and for the ED was 0.623±0.13. The Youden's index for these tests was 0.33 for physicians' scores and 0.22 for EMS scores.

Conclusion: Although this work is based on a small sample, the findings suggest that FAST-ED scores assessed by prehospital personnel were not different from those obtained by physicians at the ED. The FAST-ED score between the two groups had a comparable sensitivity, specificity and accuracy for predicting LVOS.

19 Comprehensive Approach to Sustainable Reduction in Emergency Department Opioid Prescribing

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Objective: Despite the strict regulation of opioids, the majority of individuals who develop opioid use disorder are introduced to opioids through prescription pain medication. While emergency physicians contribute minimally to the overall number of opioid prescriptions, they treat a high volume of patients with painful conditions and are often at least the initial prescriber of opioids for such patients. The present quality improvement (QI) project aimed to decrease the rate of opioids administered in the emergency department (ED) and prescribed at discharge.

Design and Method: The QI project consisted of three distinct interventions: 1) monthly non-anonymous feedback to all providers regarding their opioid prescription patterns compared to the provider group; 2) removal of hydromorphone from the decentralized, automated, medication dispensing system; and 3) addition of an "Alternative to Opioids" order set to the computer provider order-entry system. The intervention spanned a four-month period from October 2018 to January 2019 in a 27-bed community hospital ED that sees about 50,000 patients annually. We compared opioid administration and prescription to the same months in the preceding year to account for seasonal variation.

Results: There were 12,897 patient-visits in the pre-intervention period compared to 12,372 in the post-intervention period. The normalized morphine milligram equivalents (MME) administered and prescribed per patient decreased 32.3% from 10.2 to 6.9. The average MME of opioids administered before and after the intervention (12.6 vs 12.9, p = 0.33) or prescribed for outpatient therapy (72.6 vs 69.1, p = 0.11) did not differ. The exposure of our community to opioids was reduced by 45,800 MME over the study period.

Conclusion: The intervention produced a significant and sustained reduction in the administration and prescription of opioids. The average dose administered did not differ, suggesting that patients who required opioid pain control were not undertreated. Fewer individual patients were exposed to opioids as part of their treatment, theoretically decreasing the risk of dependence, abuse, and addiction. The intervention required minimal resources to implement and is easily scalable to a variety of settings.

20 Telephone Follow-Up After Pediatric Emergency Department Discharge – Does It Impact the Likelihood of Return Visits?

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Background: Successful transitions of care from the pediatric emergency department (ED) to home can be impacted by comprehension of discharge instructions, medication adherence, and primary care follow-up. Post-discharge communication has been used to identify barriers to ongoing care after discharge. While follow-up calls after ED discharge have been associated with improved adherence and primary care follow-up, some research suggests a higher likelihood of return visits for patients called. In this study, we analyzed predictors of nurse-directed telephone follow-up after discharge from a pediatric ED and the rate of return visits.

Methods: We performed a retrospective cohort study of patients <19 years old discharged from an academic pediatric ED between 3/1/2015-8/31/2016. Staff nurses called discharged patients within 72 hours with a standardized survey to assess follow-up and symptoms. We used multivariate logistic regressions to evaluate relationships between patients called, those reached, and those not called, and 72-hour and seven-day return visits. These data were controlled for by age, insurance type, and race.

Results: Of the 25,152 patients discharged from the pediatric ED during this time period, 7378 (29%) had calls attempted; 4110 (16.3%) were reached and completed the survey. Patients reached were less likely to return in 72 hours compared to those not reached (2.6% vs 5.4%; adjusted odds ratio [aOR] 0.5; 95% confidence interval [CI], 0.40-0.59). Similarly, patients reached were less likely to return within seven days (6.0% vs 8.2%; aOR 0.71; 95% CI, 0.62-0.82) (Table 1). Few patients needed clarification on instructions

and few reported problems obtaining or taking prescribed medicines (Table 2).

Conclusion: Patients successfully reached by phone within 72 hours after discharge are significantly less likely to return for further ED care within 72 hours or seven days compared to patients who were unable to be reached or not called. While our data do not suggest clarifying instructions or assisting with medications helps, phone call may assist with reassurance leading to lower likelihood of return. Discharge follow-up communication via phone may be a useful method of targeting high-risk patient groups. In addition, recognizing that few patients needed clarification on instruction or significant assistance, automated methods of outreach may be more cost-effective for employment and maintenance.

Table 1. Patient demographics regarding telephone outreach after pediatric emergency department visit.

	Total discharges	Called		Reached (of attempted calls)	
		n	%	N	%
Total	25152	7378	29.3	4110	55.7
Age (Years)					
0-1	7492	2270	30.3	1274	56.1
2-5	7482	2205	29.5	1239	56.2
6-11	5596	1669	29.8	917	54.9
12-18	4582	1234	26.9	680	55.1
Sex					
Female	11743	3437	29.3	1890	55.0
Male	13408	3941	29.4	2220	56.3
Race					
Black	4166	1380	33.1	753	54.6
Asian	4019	1096	27.3	645	58.9
White	6603	2133	32.3	1139	53.4
Hispanic/ Latino	6487	1586	24.4	910	57.4
Mixed/Other	3369	1023	30.4	585	57.2
Unknown	508	160	31.5	78	48.8
Insurance					
Public	13437	3690	27.5	2125	57.6
Private	10939	3491	31.9	1895	54.3
Self-Pay	776	197	25.4	90	45.7
Median Income					
$14k-$70k	9374	2700	28.8	1561	57.8
$70k-$125k	13810	4096	29.7	2238	54.6
$125k+	1518	475	31.3	253	53.3
Unknown	450	107	23.8	58	54.2

Table 2. Successful telephone contact after visit to pediatric emergency department.

	Call Attempt		Call Success	
	OR	95% CI	OR	95% CI
Age (Years)				
12-18 vs 0-1	0.85	0.78-0.92	0.97	0.84-1.12
Race				
Black vs White	1.21	1.1-1.33	0.92	0.78-1.07
Asian vs White	0.83	0.76-0.91	1.2	1.03-1.39
Hispanic/ Latino vs White	0.76	0.7-0.83	1.09	0.94-1.25
Insurance				
Public vs Private	0.82	0.76-0.87	1.12	1.0-1.25
Uninsured vs Private	0.82	0.68-0.98	0.73	0.54-0.99

OR, odds ratio; *CI*, confidence interval.

21 The Impact of a Liaison Program on Patient Satisfaction in the Emergency Department

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Background and Objective: Improving patient satisfaction is paramount to a successful emergency department (ED). Individualized patient navigators can be useful in providing immediate service recovery, but they can be costly. A patient liaison program adapted to ED needs and flow may be able to elicit consistent, structured feedback and result in increased patient satisfaction ratings.

Methods: This quality improvement project was conducted in the ED of an urban, academic, community hospital. Trained patient experience liaisons engaged patients at multiple points during their ED course and administered a survey that elicited opportunities for immediate service recovery. Engaged patients who also completed a validated patient satisfaction survey (Quality Reviews, New York, NY) were case-matched 1:1 by age, gender and ED arrival time with patients who were not encountered by the patient advocate. Topics on the survey included wait times, cleanliness, overall experience, and "likelihood to recommend."

Results: This retrospective, case-control study included data from 400 participants. Patients in the intervention group had a significantly longer ED length of stay compared to the control group (4.7 hours vs 3.9 hours, $p = <0.001$). In the patient liaison-administered survey, 96.7% and 91.8% of individuals responded positively to