Development of a Province-Wide Audit Program for Return Visits to the Emergency Department

Olivia Ostrow MD1, Ivan Yuen MSc2, Brittany Davis MBA2, Emily Hayes MSc2, Sudha Kutty LLB MBA2, Lee Fairclough MHSc MRT(T)2, Howard Ovens MD3, Lucas Chartier MDCM MPH4

1Hospital for Sick Children; Department of Pediatrics, Division of Pediatric Medicine, University of Toronto, Toronto, Ontario, Canada; 2Health Quality Ontario, Toronto, Ontario, Canada; 3Sinai Health System; Department of Family and Community Medicine, University of Toronto, Toronto, Ontario, Canada; 4University Health Network; Department of Medicine, Division of Emergency Medicine, University of Toronto, Toronto, Ontario, Canada

BACKGROUND

- Return visits to the emergency department (ED) resulting in admission (RVs) may serve as an efficient method of detecting adverse event/quality issues.
- This feedback can help clinicians and administrators working to improve clinical outcomes, increase patient satisfaction, and promote high-quality care.
- The ED RV Quality Program (RVQP) is a new Ontario-wide audit and feedback program that involves routine analysis of RVs. Where quality issues are identified, steps are taken to prevent their reoccurrence, strengthening a culture of continuous quality improvement.

AIM

To promote a culture of quality in Ontario EDs through routine audit/investigation of RVs.

METHODS

The program follows these five steps:

- **Step 1**: EDs access data reports flagging RVs
- **Step 2**: EDs audit RVs based on HQO’s guidance
- **Step 3**: EDs review findings with CEO & Board
- **Step 4**: EDs submit findings to HQO
- **Step 5**: HQO analyzes & reports on submissions

The provincial program is mandatory for high-volume EDs and requires auditing of two types of RVs:

- All RVs within 7 days involving sentinel diagnoses
- Random selection of all-cause 72-h RVs

= At least 25 audits conducted in the first year

11 key themes emerged from the qualitative analysis, which are classified into three subgroups:

- **Patient characteristics or actions**
  - Patient risk profile
  - Elderly patients
  - Patients who LAMA or LWBS

- **Actions or processes of the ED team**
  - Physician documentation
  - Cognitive lapses
  - High-risk medications or interactions
  - Abnormal or undocumented vital signs
  - Handovers
  - Radiology issues

- **System issues**
  - Lack of availability of diagnostic tests
  - Discharge planning and follow-up

80% of participating EDs indicated that they found the program either “useful” or “very useful”.

CONCLUSION

- The ED RVQP has provided the opportunity to reflect on how care is provided and identify potential areas for improvement.
- It supports our broader goal for a safe, effective, efficient, patient-centred, timely and equitable health care system in Ontario by supporting a culture of quality across the province.
- Other jurisdictions can replicate this model to promote high-quality care.