Istanbul2024
Health for People and Planet
Building Bridges to a Sustainable Future
40th International Conference
24 - 27 September
#ISQua2024
CHANG GUNG MEMORIAL HOSPITAL,YUNLIN
雲林長庚紀念醫院
ISQua International Society for Quality in Health Care
REPUBLIC OF TÜRKİYE MINISTRY OF HEALTH
TÜSEB TÜSKA TÜRKİYE HEALTH CARE QUALITY AND ACCREDITATION INSTITUTE

Utilizing cross-team collaboration to reduce the probability of unplanned emergency department visits within three days after discharge

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INTRODUCTION

The indicator of unplanned return to the emergency department within three days after discharge is used to assess whether patients receive proper medical care during hospitalization. If a patient returns to the same hospital's emergency department within three days after completing treatment, it indicates insufficient medical care during the hospital stay, the patient's inability to follow medical instructions for self-care after discharge, or other reasons leading to unstable health conditions requiring medical attention. According to the our statistics from January to July 2022, the rate of unplanned return to the emergency department within three days was 3.04% (45 out of 1,482 cases). Upon reviewing the medical records of cases returning to the emergency department within three days from January to July 2022, a total of 45 cases were identified. Among them, 86.7% (39/45) were categorized as "mild," and 71.8% (28/39) of these cases were discharged with medication. It was observed that the majority of cases returning to the emergency department with "mild" severity could have been managed in the outpatient setting. Understanding the operational details for patients in this category from admission to discharge, it was found that nursing staff provided disease-related education only before the patient's discharge without referring them to the discharge preparation service team. In the year 2022, for cases requiring referral to discharge preparation services, only 25.3% (40 out of 158 cases) had a referral initiated within 48hours before discharge or on the day of discharge, indicating insufficient utilization of the discharge preparation service team.

METHOD

We implemented a diverse set of interventions for improvement: (1) Addition of "Early" discharge preparation service procedures: When a patient score ≥4 on the 'Adult Discharge Preparation High-Risk Screening Form,' a 'Home Care Needs Checklist' is provided for patients and family members to select required items. The discharge preparation service nurse is notified within 24 hours to proactively visit and assess the case, discussing and confirming acceptance. (2) Revision of the discharge preparation service phone follow-up care procedures: Phone follow-up care is conducted on days 1, 2, 3, and 14 after the patient's discharge. Cases requiring a follow-up visit are assisted in scheduling appointments. (3) Addition of the 'Outpatient Fast Track' service procedures for cases already accepted by the discharge preparation service and requiring a follow-up visit: For cases identified for the 'Outpatient Fast Track' service, after confirming their information, they are directly guided to the consultation room for outpatient care

RESULTS

After implementing our strategies, the utilization rate and timely completion of the discharge preparation service process increased from 25.3% to 100% in the first six months of 2023. The phone follow-up care service covered 26 individuals, achieving a 100% completion rate. Among them, three cases with a need for outpatient care were assisted in appointment scheduling, resulting in a 100% referral rate. The rate of returning to the emergency department within three days after discharge decreased from 3.04% to 1.1%

Addition of the 'Outpatient Fast Track' service procedures

Conclusion

Organized and systematic discharge preparation before patient discharge can help patients continue care and utilize medical resources effectively after returning home. Continuous tracking of immediate needs upon patient discharge by the discharge preparation service team can reduce unnecessary returns to the emergency department, saving healthcare costs. These implemented methods contribute to an overall increase in patient and family satisfaction.

Phone follow-up care is conducted on days 1, 2, 3, and 14 after the patient's discharge.