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FOUNDATION

World Quality Month 2020 Celebration



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Project Title:

“Introduction of follow up calls to reduce the ER Returns of Pediatric cases”

Return to emergency department (ED) within 72 hours is a widely-used quality indicator for quality of care and patient safety. It is generally assumed that patients who return within 72 hours of ED discharge (72-hour re-attendees) received inadequate treatment or evaluation.

Being a Women and Children hospital, the chances of patients returning to ER within 72 hours are high. However the monthly trend showed that the number of ER returns was exceeding the target (1.5%). The area which interested us was the ER revisits within 72 hours, esp. in pediatric cases. The monitoring of ER revisits was primarily to identify the medical errors related to prognosis.

Hence we thought of initiating a project for improving the efficiency, effectiveness and quality of care to the patients. In view of the above, a study for reducing the Emergency Returns was initiated. The project mainly aims to effectively prepare paediatric patients and families for discharge from ER, improve patient and family satisfaction and decrease hospital readmission rates.

Sample Size: The pediatric patients visiting during the day shift (7 am - 7 pm) were considered for this case study.

Inclusions:

- Age- 0-17 years
- All patients who visited the ER from 7 am to 7 pm (Day Shift)

Exclusions:

- LAMA cases(Leave Against Medical Advice)
- Referred cases
- Admitted cases

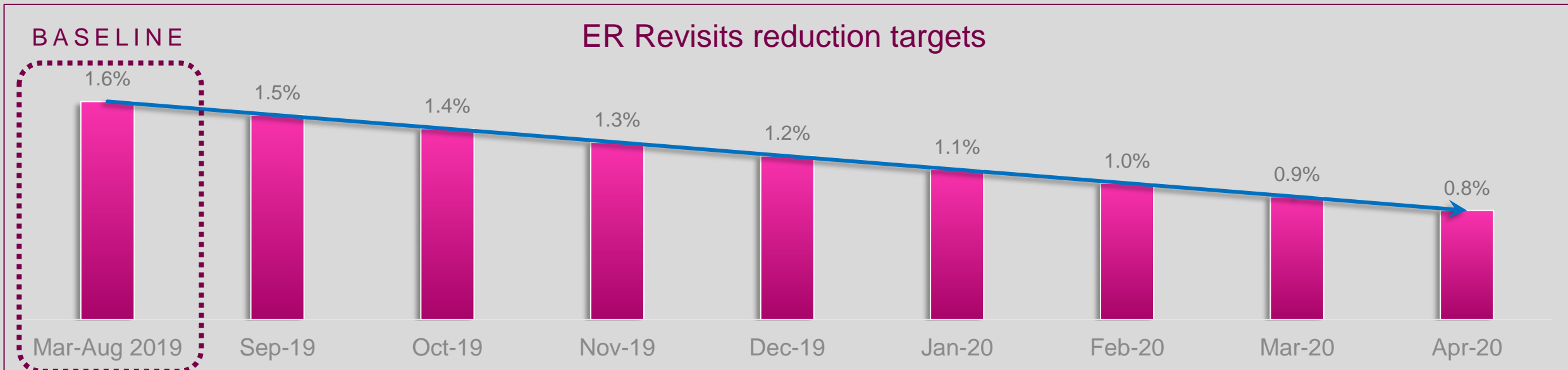
The project was split in to 3 phases to ensure there is smooth execution. The details of the phases with completion timelines are as below-

Phase	Task	Start date	End date	Remarks
Phase1	Pre - Analysis of problem & planning	September 2019	Novemeber-2019	Formation of team, Brainstorming, root cause analysis, development of tools, identification of a designated nursing staff.
Phase 2	Implementation of Action plans	December 2019	January 2020	Initiation of follow-up calls
Phase 3	Final Data Analysis and conclusion	1 st February 2020	5 th February 2020	Concluded the project and reflected on the various impact.

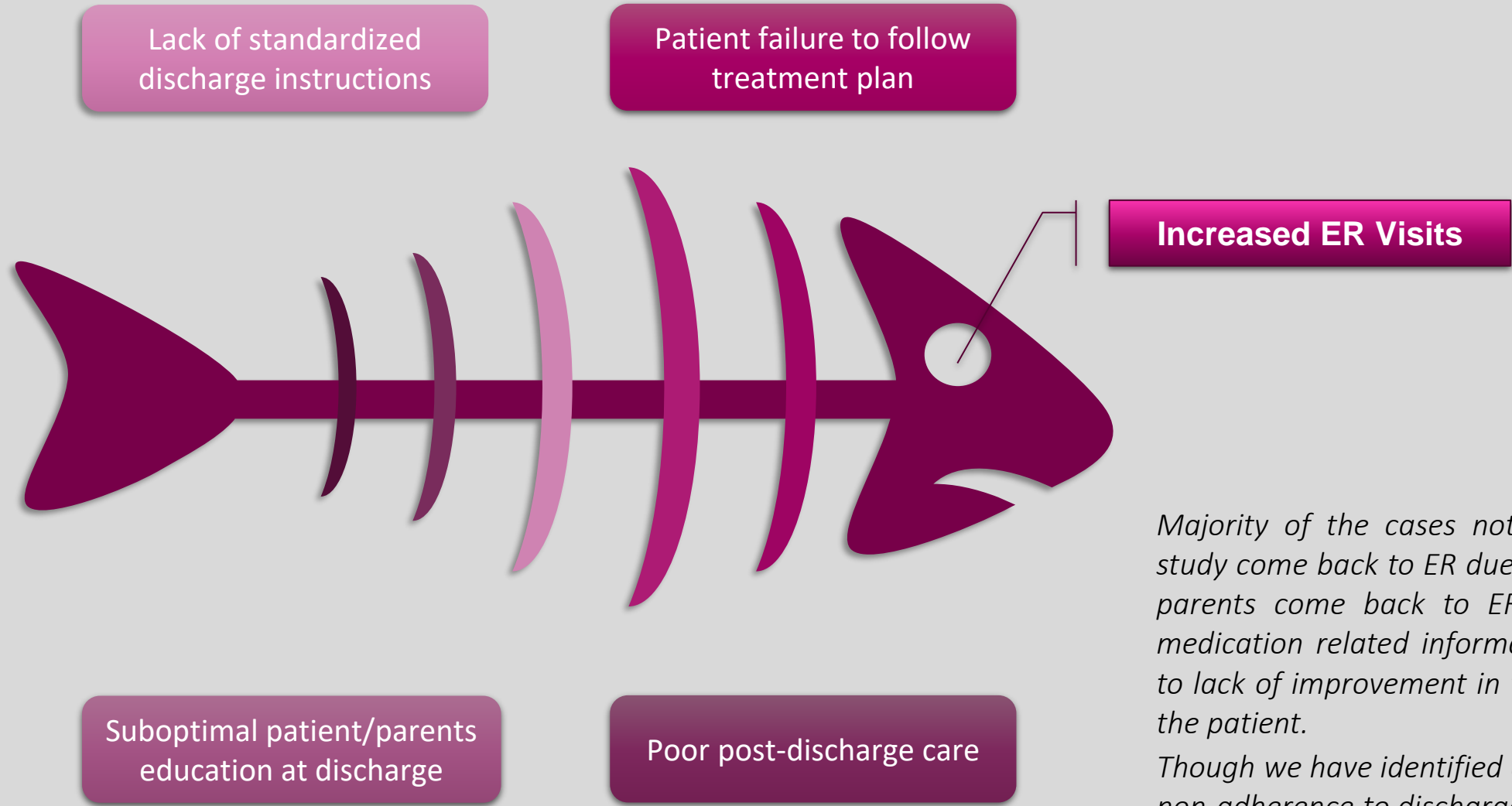
PROBLEM DEFINITION

In the Emergency Department of Medcare Women & Children Hospital, It was found that Paediatric patients revisits to ED within 72 hours of discharge is as high as 1.6%, much higher than international standards/benchmarks. In order to reduce such revisits by 50% to be 0.8%, this presentation discusses the case study, strategies adopted, outcomes & way forward to extend similar practices across other Medcare hospitals.

The team initiated the pilot case study in Emergency Department of Medcare Women and children hospital. The project was split in to 3 phases to ensure there is smooth execution. The pediatric patients visiting during the day shift (7 am - 7 pm) were considered for this case study. Total number of samples taken for the study- 112 (approximately 51%* of the day cases)



PROBLEM DIAGNOSIS



Majority of the cases noted in our case study come back to ER due to anxiety. Few parents come back to ER to ask about medication related information or related to lack of improvement in the condition of the patient.

Though we have identified a few cases of non-adherence to discharge instruction, we have found that most of them are unintentional.

Optimize the current processes



Reinforcement of patient education & information



Introduction of discharge checklist

1. *Effective discharge planning*
2. *Patient engagement in treatment and care*
3. *Appropriate and sufficient discharge instructions*
 - *Sufficient information on medication reconciliation*
 - *Sufficient information on dietary and restrictions*
 - *Sufficient information on fever management*

The new initiative of making the follow up calls, needed tools and checklists for recording the data. We developed the below temporary forms and tools–

1. *Post Discharge surveillance checklist*
2. *Post discharge follow-up guidelines*
3. *Post discharge analysis sheet*

Follow-up calls



Initiated the follow-up calls within 24 Hrs

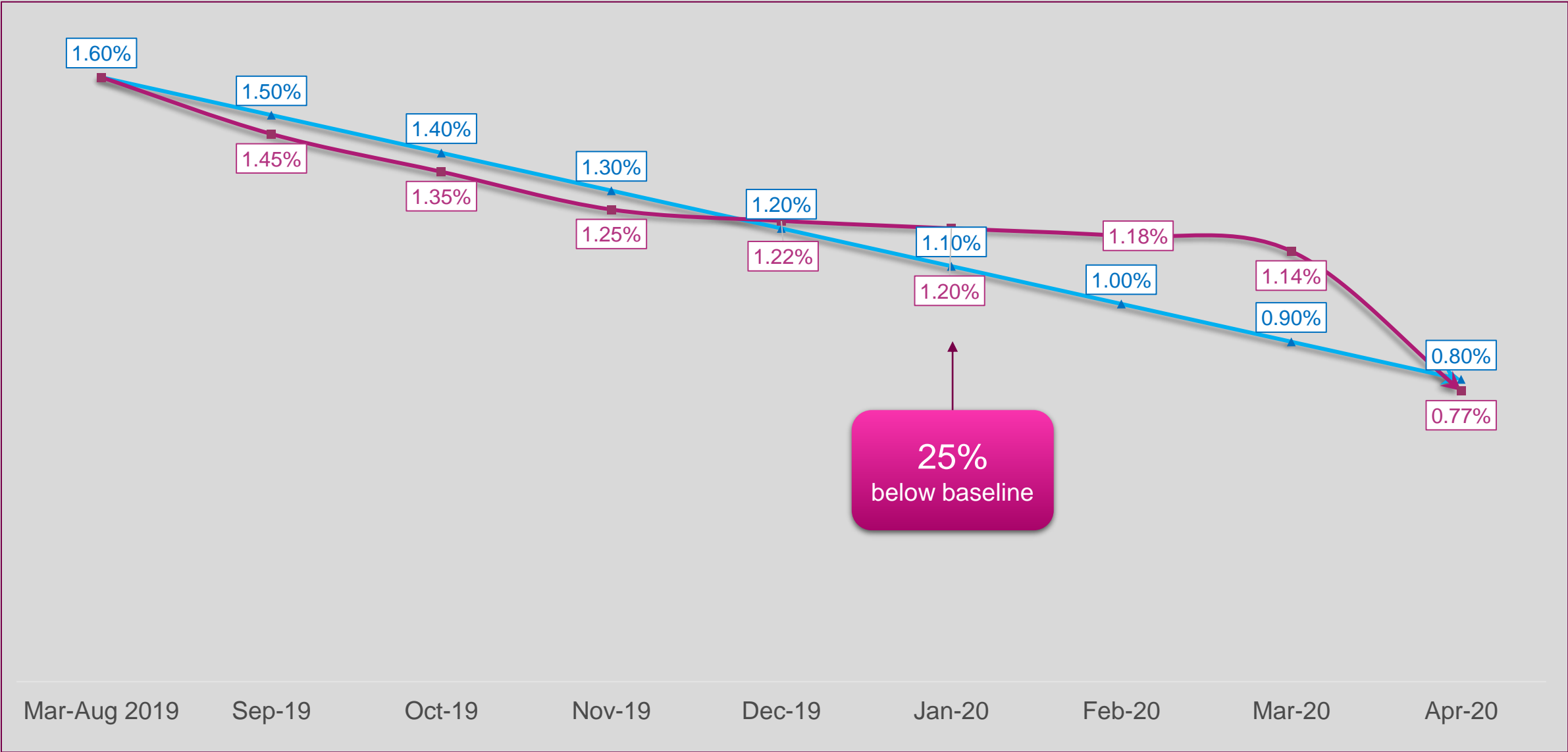


Standardized script for follow up calls



Post discharge surveillance checklist for ER

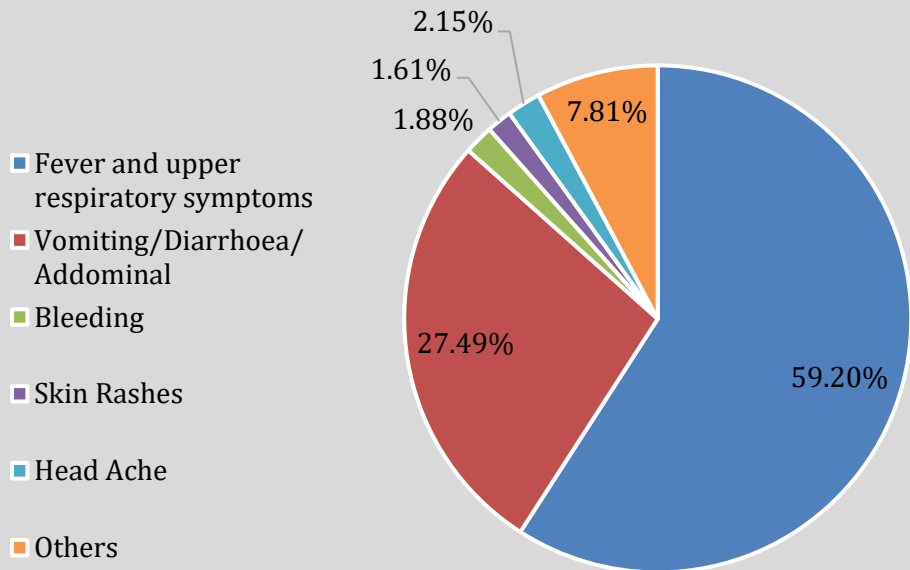
LOCKING THE IMPROVEMENT



CLONING THE IMPROVEMENT

The project was well appreciated by the management, as it brought out clinical excellence, financial impact and patient experience. Therefore this project was asked to clone it across Medicare group. Currently the project is running across medicare considering all category of patients which is also looking at major reasons of revisits and Change in Triage category.

Major Reasons for Readmission



UHID	DATE-FIRST VISIT	TRIAGE CATEGORY	Date- Second visit	TRIAGE CATEGORY
9044405	05/06/2020	Green	05/06/2020	Green
196321	05/06/2020	Blue	06/06/2020	Yellow
36374	05/06/2020	Blue	06/06/2020	Blue
9048026	07/06/2020	Blue	08/06/2020	Not Selected
9027562	10/06/2020	Not Selected	10/06/2020	Blue
276536	08/06/2020	Yellow	10/06/2020	Yellow
9048219	14/06/2020	Green	16/06/2020	Green
62946	17/06/2020	Green	17/06/2020	Green
9038968	17/06/2020	Green	18/06/2020	Green
9039446	18/06/2020	Not selected	18/06/2020	Not selected
600029407	21/06/2020	Green	23/06/2020	Yellow
9035415	23/06/2020	Green	23/06/2020	Green
9032852	25/06/2020	Blue	26/06/2020	Not Selected
106264	26/06/2020	Green	26/06/2020	Green
8013429	29/06/2020	Green	30/06/2020	Green
9028782	28/06/2020	Green	30/06/2020	Yellow

TANGIBLE RESULTS

1. **Clinical outcomes-** We saw dip in the ER revisits.
2. **Financial Impact:** The ER revisits are Un-billable activity (considered as follow up, so free consultation).By attending ER revisits patients, due to non-clinical indications, we are adding on to the “non -value added activities”. By reducing the ER returns, we are indirectly saving on the consultation charges We believe that every penny saved is penny earned.
3. **Reduced waiting time:** By reducing the ER revisits the waiting was reduced which is a non-value added work and directly impact on patient experience.

Patient happiness:

The follow up calls made during the case study, made a huge difference in the patient experience, which made them feel special and that we cared. Their basic queries were addressed, anxieties were calmed and reassurance was provided.

Testimonials

“I am very happy receiving this follow up call from your hospital. This shows how much you care about your patients. Please continue to make such calls to the patients.”

Mother of Hind Jassin Abdulla

“I am glad to receive the call as I was worried about my daughter. When I received your call I felt relieved and it shows that you care”. I recommend you to continue this practice.”

Mother of Maryam Musab

THANK YOU



WE'LL TREAT YOU WELL