

Automating Patient Contact After ED Discharge Enhances Safety and Reduces Risk

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Description

While most claims against emergency departments (EDs) are closed without a payment to the plaintiff (70 percent), the amount of indemnity per paid claim averaged \$188,572. Of all claims, the top two are:



A system that contacts a patient after an ED discharge to assess well-being, understanding of aftercare instructions (including follow-up and prescription compliance), and satisfaction with ED providers, may both enhance safety and mitigate risk.

Aim

On the day after discharge, contact patients to:

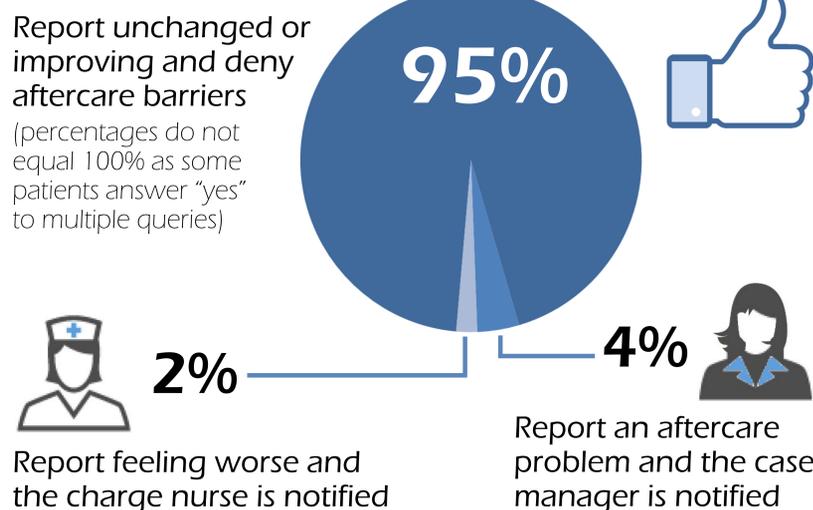
- Efficiently assess patient wellbeing.
- Alert providers to gaps in understanding of after-care instructions.
- Document patient satisfaction with providers and the overall ED experience.

Actions Taken

Deployed a cloud-based feedback solution (SMARTworks® EffectiveResponse, Standard Register Healthcare, Dayton, OH) in a suburban health system with 90,000 annual ED visits. Five self-assessment questions are sent to patients the day after discharge via text and/or email to assess patient wellbeing and satisfaction. Patients who do not respond electronically may be contacted via a call center.

Summary of Results

- Patients who respond electronically to requests for feedback:



- Addressing service issues and other non-clinical complaints in a timely manner reduces the burden of non-meritorious claims mainly by correcting misperceptions and deescalating dissatisfied patients.

Discussion

Reaching a large cohort of patients electronically and responding to a wide variety of issues improves outcomes, enhances patient safety, increases satisfaction, and may reduce costs associated with claim litigation.

References

¹Brown TW, McCarthy ML, Kelen GD, Levy F. *Acad Emerg Med.* 2010;17(5):553-60.

