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:

#1 Error in Diagnosis 37% of claims
#2 No Identified Error 18% of claims

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 aftercare 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.
- 95% of patients who respond electronically:
  - Report unchanged or improving and deny aftercare barriers (percentages do not equal 100% as some patients answer “yes” to multiple queries)
  - Report feeling worse and the charge nurse is notified
  - Report an aftercare problem and the case manager is notified
- 4% of patients who respond electronically:
  - Report feeling worse and the charge nurse is notified
  - Report an aftercare problem and the case manager is notified

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

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