This study outlines the successful trial of consecutive enrolment in the first phase before and after study at the Ottawa Civic Campus from 2011-2012. High acuity was defined as patients who were triaged to resuscitation, emergent, or urgent and who had a chief complaint that was an acute abdomen, chest pain, or syncope. Preliminary evidence suggests an alarming number of these patients suffer adverse events after ED discharge; however, it is unknown how many suffer an adverse event related to medical care, for example, death, re-admission, or admission to hospital and return ED visit, visit to a health care provider within 14 days. The lack of information for patients who were discharged from the ED reduces the occurrence of preventable adverse events related to healthcare.

To determine whether telephone follow-up of patients discharged from the ED reduces the occurrence of preventable adverse events related to healthcare, a pilot project was conducted. The project involved identifying patients who were triaged to resuscitation, emergent, or urgent and who had a chief complaint that was an acute abdomen, chest pain, or syncope. A health record was searched for flagged outcomes which included: death, admission to hospital, return ED visit, visit to a health care provider within 14 days. If successful, this intervention has the potential to prevent deaths, re-admissions to hospital and return ED visits ultimately enhancing patient safety across Canada.

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References

1. Canadian Institute for Health Information. Understanding emergency department wait times. Toronto, ON: Canadian Institute for Health Information; 2010.