**Background**

- 20-40% of emergency department (ED) visits are unnecessary, leading to long wait times, overstretched resources, higher healthcare costs, and disjointed care. 
- Established relationships with primary care providers (PCPs) are associated with lower morbidity and mortality rates, and fewer urgent healthcare encounters due to proper disease management and routine preventative care. 
- Patients are advised to follow-up with PCP after ED discharge, but many report difficulty obtaining follow-up appointments.
- Literature shows patients who are given a follow-up appointment prior to leaving the ED are highly satisfied with discharge, but many report difficulty obtaining follow-up appointments.
- Decrease rapid follow-up appointments within 7 days of initial discharge.

**Aims**

1. Increase number of scheduled rapid follow-up appointments with in-house primary care clinic at discharge from the ED
2. 50% of patients given a rapid follow-up appointment will attend that scheduled appointment
3. Decrease in number of patients given a rapid follow-up appointment who return to the ED within 7 days of initial discharge from the ED

**Purpose**

Schedule rapid follow-up appointments during ED discharge process to help link patients to PCPs in-house clinic and decrease burden on ED

**Design:** Quality improvement (QI) project

**Sample:** Convenience sample of all patients aged 18+ presenting to adult ED between March 24 - April 13, 2021

**Intervention:** Rapid follow-up appointment within 2-7 days of discharge scheduled by ED nurses during discharge process using application within Epic

**Outcome measures:** Collected weekly through Epic report

- Number of patient visits
- Number of eligible patients
- Number of appointments offered
- Number of appointments attended
- Number of patients returning to the ED within 7 days of initial discharge

**Results**

**Table 1: Patient Visit Characteristics at Baseline vs. Intervention Period**

<table>
<thead>
<tr>
<th></th>
<th>Baseline (11/01/2019 - 01/31/2020)</th>
<th>Intervention (03/23/2021 - 04/13/2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Patient Visits</strong> Total</td>
<td>12,243</td>
<td>2,426</td>
</tr>
<tr>
<td>GBMC Health Partners</td>
<td>3,390 (27.4%)</td>
<td>506 (20.9%)</td>
</tr>
<tr>
<td>FCA Practice</td>
<td>584 (4.8%)</td>
<td>76 (3.1%)</td>
</tr>
<tr>
<td><strong>FCA Adult Patient Encounter Number</strong> One</td>
<td>604 (86.3%)</td>
<td>67 (88.2%)</td>
</tr>
<tr>
<td>Two</td>
<td>16 (11.3%)</td>
<td>8 (10.5%)</td>
</tr>
<tr>
<td>Three</td>
<td>12 (20.0%)</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Four</td>
<td>1 (0.2%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Five</td>
<td>1 (0.2%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td><strong>FCA Adult Patient Visit Type</strong> Initial Return within 7 days Return within 30 days</td>
<td>528 (90.4%)</td>
<td>21 (3.6%)</td>
</tr>
<tr>
<td></td>
<td>70 (92.1%)</td>
<td>6 (7.9%)</td>
</tr>
</tbody>
</table>

**Conclusions**

- Less than half of eligible patients were offered a rapid follow-up appointment, and only 13% received an appointment
- 83% of patients who received an appointment attended
- Patients who received an appointment were less likely to return to the ED within 7 days of initial discharge
- **Recommendation:** Focus on retraining ED nurses and promoting adherence to initiative
- **Sustainability:** Charge nurses to continue reminders and encouragement at daily huddle; process added to Epic training sessions; new DNP student to continue and expand process
- **Limitations:** Shorter intervention period, baseline data not during same time frame as intervention period

**References**