

Safe Discharge from the Emergency Department: How Can We Improve the Safety Net

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Problem Statement

LIJMC serves a diverse patient population – with patients often having difficulties with transitions of care and accessing Primary Care. Evidence-based literature supports the patients frequently do not understand their ED Discharge instructions even when English speaking (Engel, K et. al. Acad. Emerg. Med. 2012). Patients are more likely to follow-up/adhere to recommendations when (AHRQ 2017):

- Follow-up appointment made during ED visit
- Telephone follow-up phone call is made
- ED Care coordination

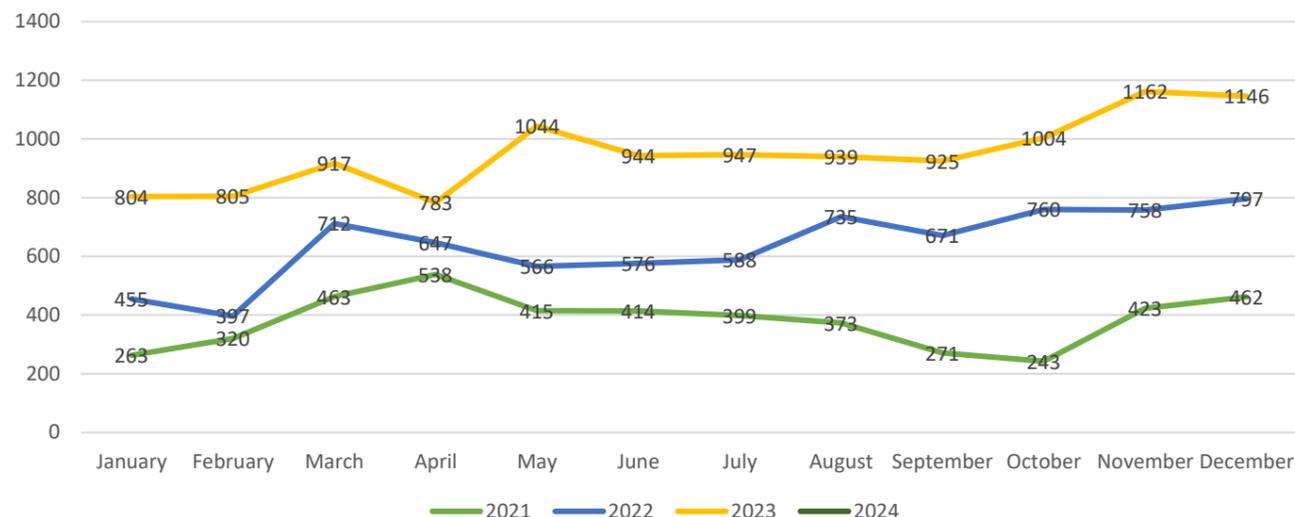
Goals

- To improve the discharge process for treat and release patients in the LIJ ED. Reinforcement of discharge instructions for patients with low health literacy and Limited English Proficiency (LEP) needs.
- To provide a conceptual framework where coordination of care at discharge would occur for all patients who are being discharged.
- To improve the transitions of care for patients who are being discharged from the ED and to keep them within the Northwell Health System.

Current Process

The Emergency Department Discharge Center (EDDC) aims to reduce barriers by coordinating discharge care for patients. This study elevates the process of program implementation during its pilot year. Data was analyzed for domains such as type of referral, reason, demographics, length of stay (LOS), & patient satisfaction. The team connects with the patient during their discharge from the ED or post-discharge, in order to connect them to continued care with a specialty or primary care facility.

T&R Monthly Referrals



Accomplishments & Success

- In 2023 the Emergency Department Discharge Center (EDDC) facilitated 17% of the treat & release patients follow-up care which is a 15% increase from 2022.
- Partnered with Northwell's R.J. Zuckerman Cancer Center & created a "Cancer Care Direct" channel – to expedite scheduling follow-up care with patients seen in the Emergency Department who have a new or suspected cancer diagnosis.
- Partnered with specific specialties to create direct channels of communication with their scheduling team and leadership to increase the turnaround time for scheduling appointments – Cardiology, Neurology, Obstetrics, Gynecology, Gastroenterology.
- On average 76% of the time patients attended appointments scheduled in 2023.



Next Steps

- Using Tableau dashboard to pull in metrics to follow the patients care.
- Measuring that the LIJMC EDDC is associated with a decrease in 72-hour returns and 30-day readmissions to the ED.
- Continue to distribute the Social Determinants of Health Screening tool (SDOH) to patients to identify additional needs that patients may need assistances with post-discharge from the emergency department. Ex. Food insecurities, health literacy needs, family support, financial liabilities

References

- Patient Understanding of Emergency Department Discharge Instructions: Where are Knowledge Deficits Greatest? September 2012. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1553-2712.2012.01425.x>
- Thomas EJ, Burstin HR, O'Neil AC, Orav EJ, Brennan TA: Patient noncompliance with medical advice after the emergency department visit. Ann Emerg Med. 1996, 27:49-55.
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