72-Hour Revisit, Hospitalization, and Operations performed Among Patients originally Discharged from the Emergency Department

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ABSTRACT

Objectives: Unplanned emergency department (ED) revisits by patients are always unsatisfactory when dealing with a disease process and such visits are prone to cause medicolegal problems. The purpose of this study is to analyze the causes of patient revisits, hospital admission, and operations among patients discharged from the ED in order to reduce the risks both patients and physicians might face.

Methods: A 1-year retrospective study was undertaken of non-traumatic adult patients who were discharged from the ED, returned within 72 hours, and were admitted to the surgical department for operations. A control group for the study was the patients who were admitted for operations in the first ED visit in the same period of time.

Results: During the 1-year study, 119,868 patients (65,277 non-traumatic adult patients) were seen and discharged in our ED. Only 69 patients met the criteria. 80 patients met the criteria to be enrolled into the control group. Of the 69 patients who revisited, 15 had urolithiasis, which became the leading diagnosis of the revisits, 10 had acute appendicitis, and another 10 had biliary tract diseases. In the control group, the leading diagnosis for operations was acute appendicitis, followed by intracranial hemorrhages, and then urolithiasis.

Conclusions: A big proportion of revisits were for urolithiasis and biliary tract diseases and were determined as medical care-related. Ultrasonography was the most available tool for non-invasive diagnoses. A more extensive use of ultrasonography for patients suspected of having urolithiasis or biliary tract diseases may not only reduce the rate of revisits to the ED but also the number admitted for operations within 72 hours, and avoid additional medical costs.

Keywords: 72-hour revisit, emergency department revisits, non-traumatic, adult, operation, ultrasonography.

INTRODUCTION

With the development of a more efficient emergency service and the introduction of the national health insurance in Taiwan, the emergency physicians (EPs) are faced with increasing numbers of patients visiting the emergency departments (EDs). Therefore, the emergency physicians are obligated to find ways to promote the quality of medical care and to save medical resources at the same time. Unplanned ED revisits are always a problem for EPs, leading to a higher risk of error in either diagnosis or the physicians judgment in their management, an increased waste of available resources, lowered faith and satisfaction from the initial visit, an increased risk of the safety issues and an inevitable higher incidence of medicolegal problems. In addition, a 72-hour revisit is also one of the targets of medical quality. While studies on early revisits (72-hour revisit) to the ED are common, and focus on demographic characteristic data, clinical symptoms, ED diagnoses, final prognoses, and diagnoses, rate of revisits related to factors of the diseases/patients/physicians, and quality assurance of the emergency care, studies probing into...