WHY EMERGENCY PHYSICIANS DISCHARGE PATIENTS WITH CLINICALLY SIGNIFICANT ADVERSE EVENTS?

C-H Chern, C-K How, L-M Wang, C-I Huang

Emergency Department, Veterans General Hospital-Taipei, Taiwan

BACKGROUND/AIMS: To explore clinically significant adverse events (CSAEs) in the emergency department (ED) discharged patients through emergency physicians' (EPs') subjective impression of discharging patients and objective evaluation of senior EPs

METHODS: From September 1, 2005, to February 28, 2006, we collected cases of returned visits at regular intervals everyday through an instantly updated computer list in a tertiary-care ED. We tried to interview EPs who saw the patients of returned visit immediately. We also asked EPs who discharged the patients in their previous visits about their reasons of discharging the patients as soon as possible, using both an open-question method and a checklist. On a regular basis, a board of senior EPs met to discuss the presence of CSAEs and these subjective reasons and also to perform objective evaluation of the causes of CSAEs.

RESULTS: In 11702 ED discharged cases, 822 (7%) had returned visits and 147 (1.3%) CSAEs, with 110 (74.8%) physician's factor noted. Regarding the subjective reasons of discharging patients with CSAEs due to physicians' factor (110), "a mild disease" (41) and "an improved symptom" (28) were the most common reasons, followed by "consultant opinion" (14), "patients' intention to leave "(11) and "normal lab/X-ray finding" (6). Using a systemic review, we found a shortage of observation of clinical symptoms/signs (41) and treatment (18) and inadequacy in history taking (33) or/and physical exams (8) were the most important causes of these adverse events.

DISCUSSION/CONCLUSIONS: We found that a majority of CSAEs were thought to be mild clinical conditions, while EPs had a shortage of clinical follow-up and an inadequacy in the basic clinical evaluation in many of them.

Key words: adverse events, patient safety, emergency medicine