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Clinical Question: How is the rate of return visits to the ED (emergency department) affected by follow-up phone calls after a pediatric ED visit?

Introduction: Providing education to patients and/or their families in pediatric EDs has afforded short term solutions, but unfortunately does not address root causes of repeat presentations to the ED. These repeat visits are usually for minor issues and/or reassurance. Unfortunately, they are a source of ED overcrowding, which leads to inefficiencies and is detrimental to overall care provided in the ED. This study aimed to see whether follow-up phone calls can reduce these repeat visits.

Methods: This was a prospective randomized clinical trial at a large pediatric tertiary care center in Canada. Parents of pediatric patients were recruited from 7/1/2009 to 8/30/2009 by research personnel after informed consent was obtained and after the ED physician anticipated that the patient was to be discharged home. Study outcomes were not discussed during consent. Families excluded were those that didn't have phones, those that left AMA, and those that left without being seen. Consented families were randomized to follow-up vs control group. In the follow-up group, the medical student research assistant called families up to ten times from 12 hours to 24 hours after discharge and interviewed them regarding child's medical condition, community follow-up plans, and if parents had any questions. After 96 hours in both groups, families were again called up to ten times again asking about child's medical condition and community follow up plans. Data was analyzed and rate of return visits was calculated as (number of return visits within 72 hours of discharge) / (total number of participants in that group).

Results: 492 families were approached. 27 were admitted to hospital and excluded, and another 27 refused consent. Other patients were excluded due to inability to contact families or were lost to follow up. Out of the remaining 371 patients that were analyzed, 171 patients were in the follow up group and 200 patients were in the control group. Community primary care was available in 96.4% of patients. Surprisingly, return visits within 72 hours of discharge were found to be in 24 (14%) of children in study group versus 14 (7%) in control group ($p < 0.03$).

Main Limitations:

- The study had a somewhat small sample size
- Not truly randomized. Pseudorandomized based on availability of research staff
- Content and wording of interviews not recorded, which may have influenced parental decisions
- Interviewers were not physicians/NPs/PAs
- High community primary care rates in Canada not the same as for U.S. patient population

Conclusions: While noting the limitations as above, it appears from this study that follow-up phone calls to parents of discharged pediatric patients leads to increased return visits. This leads to ED inefficiencies and increased health costs. The paper referenced another Cleveland study that noted that even after single educational sessions to parents of pediatric patients with minor illnesses there was no difference in rates of return visits. In another small Philadelphia study, free 5-day prednisone course, transportation voucher to and from PCP, and 48-hour phone call reminder led to improved follow-up with PCP, but it remains unclear if repeat ED visits decreased. Overall, it appears that these follow-up phone calls are an attempt at superficially showing that EDs "care" about their patients to garner higher patient satisfaction scores, but at what cost? Doctors provide their genuine thorough medical and educational care while in the ED itself and notify parents

to arrange timely follow up with primary care to continue long-term care as needed. It is the personal responsibility of the patients and/or parents to execute this plan of care. When the EDs call these patients and/or families back or assume some of this personal responsibility, it becomes confusing to everyone as the ED is counterproductively attempting to assume the role of a primary care physician. I am therefore not at all surprised by the results. Beauty lies in simplicity.
