# Risk management opportunities in the Emergency Department

## 1. Discharge instructions and education

Educate patients on their diagnosis, prognosis, treatment plan, and expected course of illness. Ensure effective communication and comprehension, especially considering language barriers.

## 2. Post discharge test results

Identify who should receive the test results and ensure effective communication between providers. It is crucial to determine who is responsible for addressing the test results, especially considering that the ordering provider may not be on shift when the results are finalized. Effective communication between providers is key to ensuring appropriate follow-up care.

## 3. Telephone follow-up

Nurses typically perform follow-up calls to clarify discharge instructions, answer questions, and reinforce compliance.

## 4. Emergency department-made appointments

Focus on high-risk patients accessing PCP follow-up. High-risk patients include those with chronic conditions, elderly patients, patients with complex medical histories, and those who have had recent hospitalizations.

## 5. Detailed records

Ensure all patient interactions and treatments are thoroughly documented. Accurate records can prevent misunderstandings and provide a clear history of care.

## Case Study: Delayed diagnosis of pulmonary abscesses

**Patient Background:** A 24-year-old, non-smoking male presented to the Emergency Department (ED) complaining of chest and rib pain after playing recreational softball two days earlier. He also experienced mild shortness of breath and coughing. His body mass index (BMI) of 42.6 indicated obesity.

**Initial Assessment:** The ED physician considered intercostal strain and rib fracture and ordered a chest x-ray. The study was negative for rib fracture; however, the radiologist identified a round infiltrate in the superior lobe of the right lung. The differential diagnosis included round pneumonia, inflammatory etiology, and neoplasm. The radiologist recommended follow-up but did not flag the actionable incidental finding in the report or contact the ED physician about the finding. The ED physician diagnosed musculoskeletal chest wall pain and ordered an injection of Toradol. The patient was discharged before the ED physician reviewed the chest x-ray report in detail. The discharge summary incorrectly indicated a negative chest x-ray, and there was no further contact with the patient. The patient died a week and a half later. An autopsy revealed bilateral empyema and pulmonary abscesses. Plaintiffs claimed poor reporting and communication within the ED discharge process resulted in the patient's death. **The case was settled for policy limits of $1 million.**

**Key Lessons:**

**Timely Review of Diagnostic Reports:** This case underscores the importance of timely review and follow-up on diagnostic reports, especially when incidental findings are identified.

**Effective Communication:** Closed loop communication between radiologists and ED physicians is crucial to ensure that actionable findings are promptly addressed.

**Accurate Documentation:** Accurate documentation in discharge summaries is essential to prevent miscommunication and ensure appropriate follow-up care.

Explore the **MIEC Knowledge Library**, which contains valuable patient safety and risk management content.

**Data Driven Risk Management:** MIEC partners with independent sources to supply detailed data that allows for analysis and insight. This information is intended to help MIEC members evaluate their practices and procedures across a wide variety of clinical settings and specialties.

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