

## Emergency Department Follow-Up Office

### Problem to Be Resolved:

- Inadequate follow-up with patients due to:
  - Delays in results from diagnostic test performed in the ED. Test results provided hours or days after the patient has left the facility.
  - Demands on ED physicians' time for follow-up and reporting which prevent them from providing essential care to patients.

**Hospital:** Stony Brook University Medical Center

**Location:** 101 Nicolls Road  
Stony Brook, NY 11794

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### Category:

- E: Exit from ED

### Key Words:

- Follow-up
- Continuity of care
- Safety Net
- Discharge

### Hospital Metrics:

*(Taken from the American Hospital Directory)*

- Annual ED Volume: Approximately 75,000
- Hospital Beds: 540
- Ownership: Not For Profit
- Trauma Level: Level-I
- Teaching Status: Yes

### Tools Provided:

- **Emergency Department Follow-Up Program – Flow Chart**  
This tool is a one-page flow chart outlining the steps to a successful Emergency Department Follow-Up Program and issued by staff to understand the roles of the EDFU staff and the implementation of the program as a step-by-step protocol for a particular patient.

### Clinical Areas Affected:

- Emergency Department
- All service areas (primary care)  
The follow-up office is in communication with all clinical areas in hospital as necessary for the follow-up

### Staff Involved:

- ED Nurses
- ED Staff
- Clerks

## Innovation

Housed in the Follow-Up Office, a highly specialized team of registered nurses (RNs) and clerks inform patients about diagnostic tests completed after discharge, communicate with primary care and other community providers, and field calls from patients who have questions or concerns after leaving the emergency department.

## Results

The walk out rate has significantly decreased to a 1% rate by tracking the reason for a patient leaving without being seen and addressing those issues.

Since the opening of the follow-up office they now have a far larger caseload — resulting from a stark uptick in ED volume.

The Follow-Up Office has been well received by community physicians, who have been overwhelmingly positive in polls, as well as by patients, who express relief that the process for sharing information is simple and requires no cost or effort. Continuity of care is promoted. ED staff experienced relief from the numerous phone requests for guidance, information, clinical concerns, and requests to have information faxed to primary care physicians. In addition, a second check may reduce the potential for liability. It provides a back-up set of eyes to review the patients' medical charts to make sure the ED staff did not fail to record any symptoms or diagnostic results during the visit.

### From The Experts:

"The follow-up office is a safety net that diverts all aftercare issues away from the ED staff."

- Judy Specht, RN, Follow-Up Office Coordinator, Stony Brook University Medical Center

## Timeline

### Innovation Implementation

The follow-up office at Stony Brook began in a trailer outside the hospital nearly 20 years ago; the office now occupies its own space and has expanded its caseload from roughly 90 to 300 patient chart reviews per day. The tasks of the Follow-Up Office staff fall into one of two categories: calling patients to alert them to medical conditions identified by tests and scans and handling in-coming patient inquiries covering a wide range of issues, from concerns about wound care to requests for proof of their ED visit to satisfy an employer.

The Follow-Up Office staff cross-reference the diagnostic results with the patient chart to look for things that may have fallen through the cracks. Often a test ordered to address one symptom will flag another, sometimes more serious, condition. If something is not written in the chart, it is assumed no one has yet to discuss it with

the patient. All ED charts are now scanned as the patient is discharged and all forms can be immediately accessed via ED Scanchart, eliminating the need for staff to search for a paper chart.

For maximum efficiency, the RNs handle specific tasks and delegate others to the clerks. RNs review every lab result and radiology report to identify abnormal findings not documented on the chart, in which case the patient must be called at home and informed. Work sheets are created to follow every result to completion, and 50-60 patient follow-up calls are made daily. A progress note is created to memorialize interventions and patient education and becomes part of the permanent medical record.

Patient education is a crucial aspect of the informing of findings from a test or scan, and is also time consuming. If the nurse is unable to contact the patient after two attempts and the finding requires non-urgent intervention, a letter is sent to the home. If the finding requires a treatment that should not be delayed, a letter is sent via UPS. Or, if it is urgent the patient return to the ED and the patient cannot be contacted by phone, the police are sent to the home.

Every patient who walks out prior to discharge, leaves without being seen, or leaves against medical advice is contacted to determine why they left and to make sure that they have the resources that they need. They are often able to convince patients who remain symptomatic to return. Effort is made in all cases to resolve any barriers for returning. If the patient's needs are financial, the staff provides contact with the financial aid department; if they are social, with our clinical social worker. If they have no primary medical doctor or dentist, they can share clinic numbers with them and may even negotiate an appointment. Victims service referrals can be initiated if there is an issue associated with domestic violence.

Clerks conduct basic telephone screening, provide non-clinical information to patients, and maintain records of each chart processed through the office. The bulk of their workload entails faxing all ED reports to each patient's primary care physician. The Follow-Up Office has a computerized fax for ED forms and has installed the names and fax numbers of almost all the physicians in the county. Clerks often have to send information to other counties or states, which then requires a call to the physician's office to obtain fax numbers. In addition, the test results are manually faxed, and the office is currently working on a system to allow computerized faxing of labs as well. The Follow-Up Office also handles daily and episodic reports to the Department of Health.

Finally, if the office staff needs advice or counsel from a physician to address a patient problem, the main ED attending or pediatric ED attending physicians are available for consultation.

At Stony Brook, all new RN staff members must spend a day in the office to learn about different types of concerns patients may encounter after discharge. In addition, all third-year ED residents spend 7 days in the Follow-Up Office. During this time, residents actually make some of the patient calls and spend time listening to concerns.

### **Cost/Benefit Analysis**

Staffed by two full-time registered nurses, two part-time registered nurses, and three clerks, the Follow-Up Office is open seven days a week, 365 days per year, for 10-12 hours per day. Salaries are paid by the Department of Emergency Medicine, which also purchases all supplies and equipment. Staff is the greatest expense, and the requisite equipment is limited to phones, fax machines, computers and space.

## Advice and Lessons Learned

1. Consider the costs and resources involved before launching this type of program
2. Use experienced nurses with experience in the ED who are able to address a wide variety of patient concerns
3. Employees, both clerical and professional should have the knowledge and skills regarding patient education
4. Staff should have a reassuring phone demeanor

## Tools to Download

- [Emergency Department Follow-Up Program Flow Chart](#)

## Related Resources

- [Urgent Matters E-Newsletter \(Volume 7, Issue 5\): Innovations: Scheduling Follow-up appointments through the ED](#)