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# DEFINING AND IDENTIFYING VULNERABILITY AT DISCHARGE: KEY CONSIDERATIONS AND APPROACHES IN THE EMERGENCY DEPARTMENT (ED)

WONGEL BOGALE

2<sup>ND</sup> YEAR FLEX PROJECT

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# OUTLINE

- Objectives
- Approach to the Literature Review
- Results from the Literature Review
- Future directions
- Other activities

## OBJECTIVES

- Learn how to create Provincial Emergency Patient Information Resources (PEPIRs)
- Learn how to conduct an environmental scan and literature review

# APPROACH TO THE LITERATURE REVIEW

- Initial questions
  - Markers in the literature we can use to identify return to ED
  - Markers of vulnerability to ED discharge
  - Role of vitals signs during pre-discharge process
- Focus
  - Defining a Vulnerable and High-risk Discharge
  - Markers to Identify Vulnerability to ED Discharge
  - Next Steps after Identifying Vulnerability
  - Current Gaps and Future Explorations

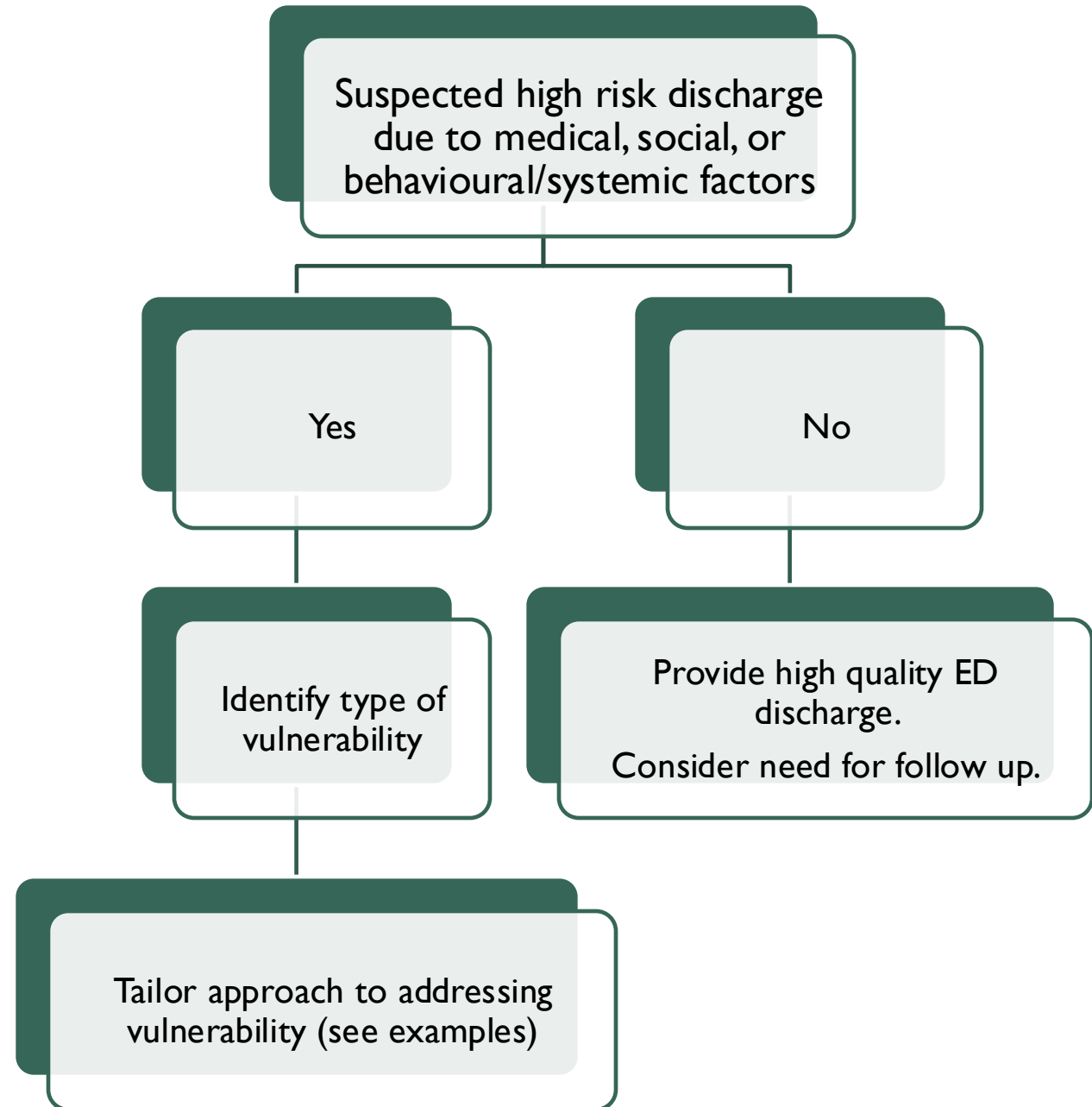
# DEFINING A VULNERABLE AND HIGH-RISK ED DISCHARGE

- High-risk discharge from the ED → negative patient health outcomes + health system inefficiencies
- A **high-risk discharge** from the ED happens when a patient is more likely to have health problems or needs more care after leaving the hospital
- Increased age, medical complexity, and poor mental health are well known factors that are related to vulnerable and high-risk ED discharges<sup>1-5</sup>
- Patients experiencing unstable housing<sup>6</sup>, those with limited health literacy<sup>7</sup>, and individuals facing language barriers are also particularly vulnerable to ED recidivism

# MARKERS TO IDENTIFY VULNERABILITY TO ED DISCHARGE

- Increasing age
- Unstable housing
- Comorbidities
- Polypharmacy
- Cognitive impairment
- Abnormal vital signs
- Limited health literacy

# DECISION SUPPORT TOOL FOR IDENTIFYING VULNERABILITY TO ED DISCHARGE



# MARKERS TO IDENTIFY VULNERABILITY TO ED DISCHARGE

## Medical markers

- Frequent ED visits/hospital admissions
  - Patient education on management of chronic condition
  - Follow up support
  - Connection with primary care
- Increased age
  - Identification of Seniors at Risk (ISAR) tool to identify a high-risk subgroup amongst all seniors presenting to the ED
  - Follow up support
- Multiple comorbidities
  - Patient education on management of chronic condition
- Cognitive impairment
  - Community outreach programs or case management services
  - Social work involvement
- Polypharmacy
  - Consider medication reconciliation
- Substance use disorder
  - Connection with substance use support services
- Abnormal vital signs
  - Re-measure, monitor



# MARKERS TO IDENTIFY VULNERABILITY TO ED DISCHARGE

## Social markers

- Unstable housing
  - Social work involvement; connection with social programs, assistance with transitional housing
  - Connection to primary care or mobile health clinics
- Lack of social support
  - Connection to community outreach programs or case management services
  - Follow up support
- Limited health literacy
  - Follow up support

## Behavioural/systemic markers

- Lack of primary care provider or follow-up
  - Connection to primary care or mobile health clinics
  - Connection to community outreach programs

# CURRENT GAPS AND FUTURE EXPLORATIONS

- Patient-reported experiences and outcomes offer valuable insight into discharge process
  - Incorporation of real-time patient feedback into discharge processes
- Site-specific evaluations of reoccurring diagnoses and symptoms → targeted interventions to improve ED outcomes

# OTHER FLEX ACTIVITIES

- PEPiRs
- Deep Vein Thrombosis
- Humerus, Ankle, and Nose fractures

## Nasal Fracture

A nasal fracture or broken nose is common and can result from a forceful hit to the nose. Causes include a fall, traffic accident, sports injury or physical altercation. Sometimes, surgery may be needed to correct a nose that has been bent out of shape by the injury or causes difficulty with breathing. Serious nose injuries cause problems that need a health care provider's attention right away, where minor injuries may need follow up with a health care professional to monitor proper healing.



### What to Expect

Symptoms of a nasal fracture include:

- Pain and/or swelling
- Bloody nose (epistaxis)
- Difficulty breathing through the nose
- Misshapen appearance
- Bruising around the nose and eyes



### When to Get Help

**Go to a pharmacist, or call 811 (711 for deaf or hard of hearing) if:**

- You have questions about your medication & condition
- You need to refill or renew your medication

**Go to the nearest Emergency Department or Urgent Care if you experience:**

- Increased pain or nosebleed
- Clear fluid drains from the nose
- You have difficulty breathing

### Recommended Follow-Up

☐ Follow up in \_\_\_ days.

Name of Provider  
Reason  
Date/Time  
Location  
Contact Info

☐ \_\_\_\_\_  
☐ \_\_\_\_\_

The information in this document is intended solely for the person to whom it was given by the health care team. This information does not replace the advice given to you by your health care provider.

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## Ankle Fracture

A broken ankle, also called an ankle fracture, is a common injury. It can happen from a misstep, a fall, or from a more serious reason like a car accident. A broken ankle can be very painful and usually needs medical attention right away. A health care provider will check how serious the break is and may treat it with a cast, walking boot, or sometimes surgery. Follow-up visits may also be important to make sure the ankle is healing correctly. Recovery can take several weeks to a few months.



### What to Expect

Symptoms of an ankle fracture include:

- Immediate pain
- Swelling and/or bruising
- Pain when walking or when putting weight on ankle
- Abnormal appearance (ankle that looks bent, distorted, rotated, or out of place)



### When to Get Help

**See a pharmacist, or call 811 (711 for deaf or hard of hearing) if:**

- You have questions about your medication
- You need to refill or renew your medication

**Go to the nearest Emergency Department, Urgent Care or call 911 if you experience:**

- New severe or increased pain that is not controlled by your medication
- Numbness, tingling, or loss of feeling in your foot or toes
- Blue, pale, or cold toes
- Excessive swelling that does not improve with rest, ice, or elevation

### Recommended Follow-Up

☐ Follow up in \_\_\_ days.

Name of Provider  
Reason  
Date/Time  
Location  
Contact Info

☐ \_\_\_\_\_  
☐ \_\_\_\_\_

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QUESTIONS



THANK YOU!