

## Abstract

The hospital discharge process is known to be a vulnerable period for patients with a high potential for medical errors, including completing recommended imaging post-discharge. We aim to improve missed follow-up imaging following hospital discharge for patients with abscesses that require outpatient management of drains. We identified an initial data set showing a 40% 30-day readmission/ED visit rate & a 67% error/near miss rate within the patient population and proceeded to complete PDSA cycles to improve these rates. We have completed 1 PDSA cycle with the implantation of a transition of care coordinator and specific after visit summary (AVS) material for required follow-up imaging. This resulted in a similar ED visit rate & a lower readmission & error/near miss rate. Further PDSA cycles are currently being done to continue decreasing readmission, ED visit rates and errors.