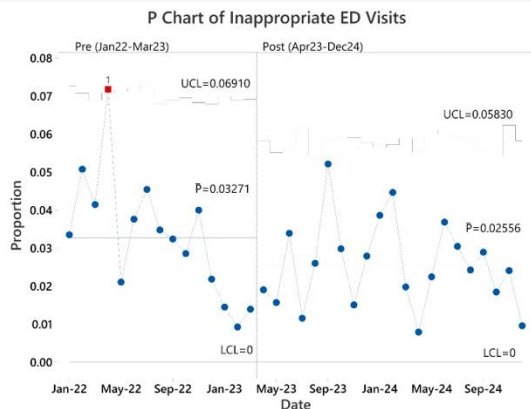




Reducing 30-Day Postoperative Emergency Department Visits Following Pediatric Urologic Surgery: A Quality Improvement Initiative

Our initiative led to a 48.8% decrease in inappropriate 30-day postoperative emergency department (ED) returns in the first six months of implementation

Targeted interventions to reduce postoperative ED returns are feasible and can save time for patients and families



Lessons Learned

- Implementing interventions to triage and redirect postoperative concerns is feasible across surgeons, trainees, and nurses at various practice locations
- Barriers to implementation: varying levels of alignment across roles, differing uptake by practice setting, and concerns about expectations for cross-covering urgent visit providers
- Future iterations will continue to reinforce triage protocols and track proportion of patients who successfully utilized urgent clinic visits

Data Source/Population and Results:

- From Jan–Dec 2022, 30-day inappropriate ED return rate of 4.3%
- Aim: decrease inappropriate 30-day ED returns by 50% in six months
- Uncontrolled pain, active emesis, active bleeding, or problem after hours not addressable by phone triaged to ED; otherwise triaged to urgent clinic visit when possible
- Surgeons, trainees, and nurses communicated goals to families
- Automated discharge instructions updated with detailed triage protocols
- After six months, median inappropriate 30-day ED return rate of 2.2%



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