Emergency department (ED) follow-up on discharged patients is a key component in closing the patient care loop, decreasing unnecessary ED re-visits as well as encouraging patients to return when they are not improving. Discharged patients may be at higher risk for complications given that they are not being monitored in a healthcare setting. While emergency medicine (EM) residents frequently follow up on admitted patients, they do not routinely check in on these vulnerable discharged patients. By implementing a protocol for telephone follow up, EM residents will develop a deeper understanding of the patients they see, and patient satisfaction and quality of care will likely increase dramatically.

EM residents will increase the percentage of documented resident phone follow-ups with patients discharged from the UCSF ED by EM residents, from zero percent to fifteen percent for 3 out of 4 best performing quarters between July 1, 2012 and June 30, 2013.

- Technological barriers with the electronic medical record (EMR), both for running reports of discharged patients and for obtaining follow up data, adversely impacted the project's success.
- Do not design a quality improvement project hinging on an EMR that does not yet exist.
- We dramatically underestimated the amount of time needed to generate a report, peruse a patient's chart, and complete a phone call.
- Telephone follow up is a time-intensive process, requiring about 10 minutes per call.
- Patients consistently thanked residents for the phone call.
- Residents learned the benefit of follow up calls and will incorporate calls of their own discharged patients into daily practice.
- Common pitfalls (e.g. unclear discharge instructions, unobtainable prescriptions) were repeatedly encountered.
- Residents will improve their care of discharged patients after learning from patients' experiences.
- Patients discharged from San Francisco General Hospital (SFGH) represent an even more vulnerable population with low health literacy.
- Residents will apply the follow up skills acquired from this project to at-risk patients from SFGH.