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Abstract

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Background: Follow-up compliance for referrals to outpatient clinics and physicians, essential for better patient outcomes, is problematic amongst emergency department (ED) patients. Although previous studies have established that pre-scheduling of patient follow-up before discharge improves compliance, these studies had significant limitations because they utilized an observational design and had a high potential for confounding.

Purpose: To compare the effects of two emergency department instructional methods on compliance with outpatient referrals and to establish how sociodemographic characteristics influence outpatient follow-up compliance.

Design and participants: The study was a randomized blinded clinical trial of ED patients. The sample comprised of ED patients aged 18 years and more with medical conditions requiring follow-up within one month in an outpatient clinic as determined by the attending doctor. At discharge, follow-up appointment was scheduled for the intervention group. Participants in the standard group were given the phone number to the hospital's referral service and instructed to schedule their own follow-up appointment.

Measurements: One month after the discharge of each subject from the ED, the outpatient clinics were called to ascertain whether the patients followed-up. The statistical test, Poisson regression, was then used to determine the relationship between sociodemographic factors and follow-up compliance.

Results: Out of 287 eligible subjects, 87% (250) consented to the study. Of these, 119 were randomized to the intervention group and 130 to the standard group. The follow-up rates were 59% and 37% for the intervention

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group and standard group respectively ($P < .001$). In respect to the sociodemographic variables, having a primary care doctor appeared to enhance follow-up compliance of ED patients while having Medicaid insurance decreased outpatient follow-up compliance. Neither of these findings was statistically significant though.

Conclusions: Pre-scheduling of outpatient follow-up appointments at discharge significantly increased the probability of follow-up compliance as compared to giving patients standard discharge instructions. Most of the sociodemographic characteristics evaluated did not affect ED patients' follow-up compliance. The study had various limitations though such as small sample size and the potential for confounders influencing the findings of the study.

Significance/Implications for practice: Pre-scheduling of outpatient appointments prior to discharge enhances compliance with follow up care. A larger study incorporating several centers is required to evaluate the effects of sociodemographic variables on outpatient ED follow up compliance.

Critique: The article is generally well organized and the flow of content is good. The purpose of the article is clearly stated. The background section contains relevant information and delienates the need for the study and problem under investigation. The methods and procedures used are explicitly stated. The results section is well presented using descriptions and figures. The conclusion concisely summarizes the findings of the study.

References

Kyriacou, D. N., Dan Handel, M. D., Stein, A. C., & Nelson, R. R. (2005). Brief report: Factors affecting outpatient follow-up compliance of emergency department patients. *Journal of General Internal Medicine*, 20(10), 938-942.