

Appendix 1. Survey guide for Appropriateness judgement.

REVIEWER #1

Was Return 1 scheduled?

- Yes
- No
- Unsure
- Chart Missing/Inadequate information

Please specify why

Index Visit Discharge Diagnosis Category

(ordered by system from head to toe)

- Minor trauma (minor head injury, concussion, laceration, burn, nose#,MSK Injury (UE, LE, Back, neck))
- Major Trauma (more than one system)
- Neurology (headaches (migraine and other), seizures (febrile and nonfebrile seizures), movement disorder, ataxia, sleep disorder, LOC, heatstroke)
- Mental health (anxiety, depression, suicidal, disruptive behaviour, eating disorder)
- Eye disease (eye pain, conjunctivitis, vision change, stye)
- Ear disease (AOM, ear pain, hearing loss)
- Dental (dental trauma, tooth and gum pain)
- Croup
- Allergic reaction/Anaphylaxis
- Endo.(diabetes, thyroid) Metabolic (hyper/HypoK, Hyper/HypoNa/ dehydration)
- Bronchiolitis
- Pneumonia
- Asthma, Reactive airway disease
- Resp NOS (include sinus, pharynx, tonsils, peritonsillar abscess etc), pneumothoraces, SOB, chest pain, apneic spell, hyperventilation, pertussis
- Rule out sepsis (fever nos, neonatal fever/ severe infection)
- Viral Infection (URTI, flu, infectious mono, mumps, etc)
- Cardiovascular diseases (congenital and acquired), arrhythmia, hypertension, syncope, cardio resp arrest
- Gastroenteritis or vomiting and diarrhea
- Constipation
- GI (abdominal pain NOS, GI bleed, IBD,reflux, gastritis, liver disease, jaundice), Acute Abdomen (Appendicitis or Rule out appy, obstruction, Intussusception,volvulus) FB in GI
- Renal (UTI, nephrotic, nephritic, pyelonephritis)
- GU (hydrocele, testicular torsion, inguinal hernia, foreskin problems)
- Gyne (PID, menstrual disorders, ovarian torsion, vulvovaginitis, pregnancy complication), breast disorder
- MSK/Joint Pain (arthritis, septic joint, transient synovitis, myositis, costochondritis), Rheumatology (Lupus, Kawasaki, HSP etc)
- Hematology/Onc (anemia, hemolysis,bleeding disorder,leukemia, febrile neutropenia.DVT.)
- Skin Rashes (eczema, hives, nonspecific rash, scarlet fever), Nail disorder (ingrown nail)
- Skin and Soft tissue infection (bite, cellulitis, impetigo,abscess, necrotizing fasciitis, lymphadenitis, mastoiditis, post op infection)
- Other Counselling, crying, drug side effect, direct to off service, Rx refill, chronic pain, over age, exposure to communicable disease, BFF exposure, post OP complication
- Device problem/Check (g-tube, tracheostomy problem, blocked shunts, cast, lab check)
- Child protection/Welfare (physical, sexual abuse..)
- Substance misuse/overdose, accidental ingestion, toxin
- Other

Please specify

Rate the diagnosis severity:

0 being inconsequential/benign ie. abrasion
10 life/limb threatening ie. nec fasc or sepsis

- 0 1 2 3
 4 5 6 7
 8 9 10

What diagnostic interventions were performed at the index visit?

- Blood work
 Imaging
 Urine
 LP
 NPW/resp swabs
 Skin/wound swabs
 Other
 None

Please specify

What therapeutic interventions were performed at the index visit?

- IV fluids
 PO fluids
 PO medications
 IV medications
 Dressing change
 Sutures/staples
 Other
 None

Please specify

Is this a high risk patient?

(for example, chronic condition, life threatening condition, or other)

- Yes
 No

What made this patient high risk?

- Chronic condition
 Life threatening condition
 Other

Please specify

RETURN VISIT 1 QUESTIONS

Did the discharge diagnosis change from index visit?

- Yes
 No

Return Visit 1 Discharge Diagnosis Category

(ordered by system from head to toe)

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- Device problem/Check (g-tube, tracheostomy problem, blocked shunts, cast, lab check)
- Child protection/Welfare (physical, sexual abuse..)
- Substance misuse/overdose, accidental ingestion, toxin
- Other

Please specify

What was this diagnosis change due to?

- Natural disease progression
 - Mistake with initial diagnosis
 - Reassessment/intervention suggesting new diagnosis
 - Other
-

Please specify

Rate the diagnosis severity:
0 being inconsequential/benign ie. abrasion
10 life/limb threatening ie. nec fasc or sepsis

- 0 1 2 3
 - 4 5 6 7
 - 8 9 10
-

What diagnostic interventions were performed at return visit 1?

- Blood work
 - Imaging
 - Urine
 - LP
 - NPW/resp swabs
 - Skin/wound swabs
 - Other
 - None
-

Please specify

What therapeutic interventions were performed return visit 1?

- IV fluids
 - PO fluids
 - PO medications
 - IV medications
 - Dressing change
 - Sutures/staples
 - Other
 - None
-

Please specify

What is your gut feeling or gestalt: was return visit #1 necessary or unnecessary?

- Necessary
 - Unnecessary
-

Why?

RETURN VISIT #1 NECESSARY/UNNECESSARY ALGORITHM

Who scheduled the return?

- ED MD
- Off Service

Which off service specialty scheduled the return?

- Adolescent Medicine
- Allergy and Immunology
- Anesthesia
- Cardiac Surgery
- Cardiology
- CTU
- Dentistry
- Dermatology
- Endocrinology
- ENT
- GI
- General Surgery
- Hematology Oncology
- Infectious Disease
- Interventional Radiology
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopedics
- Plastic Surgery
- Psychiatry
- Radiology
- Respiriology
- Rheumatology
- Urology
- Other

Please specify

What did off-service bring the patient back for?

- Recheck
- Intervention
- Recheck and intervention
- Other

Please specify

What did the ED MD bring the patient back for?

- Recheck
- Intervention
- Recheck and intervention
- Other

Please specify

Was the offservice first return during regular work hours (Monday - Friday ~8-5)?

- Yes
- No

Was the ED MD first return during regular work hours (Monday - Friday ~8-5)?

- Yes
- No

Did the off service return need to be off hours for a clinical reason?

- Yes
- No

Please specify the clinical reason

Did the ED MD return need to be off hours for a clinical reason?

- Yes
 No

Please specify the clinical reason

Did the ED scheduled return require Pediatric Emergency Department clinical expertise?

- Yes
 No

What expertise the Pediatric Emergency MD provide?

- Critical disease assessment
 ED-specific intervention
 Other

Please specify

Could the ED MD scheduled return visit have taken place elsewhere?

- Yes
 No

Did the off service scheduled return require Pediatric Emergency Department expertise? (for example: procedural sedation)

- Yes
 No

Please specify

Could this off service scheduled return visit be seen somewhere other than the Pediatric Emergency Department?

- Yes
 No

Where could the off service return have occurred?

- Primary care physicians
 In-hospital specialists
 Outpatient specialists
 Outpatient labs
 Other

Please specify

Where could the ED MD scheduled return have occurred?

- Primary care physicians
 In-hospital specialists
 Outpatient specialists
 Outpatient labs
 Other

Please specify

Did the ED MD scheduled return visit require another subspecialty's expertise?

- Yes
 No

Which subspecialty's expertise?

- Adolescent Medicine
- Allergy and Immunology
- Anesthesia
- Cardiac Surgery
- Cardiology
- CTU
- Dentistry
- Dermatology
- Endocrinology
- ENT
- GI
- General Surgery
- Hematology Oncology
- ICU
- Infectious Disease
- Interventional Radiology
- NICU
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopedics
- Plastic Surgery
- Psychiatry
- Radiology
- Respiriology
- Rheumatology
- Urology
- Other

Please specify _____

Did the off service scheduled return require involvement from another subspecialty?

- Yes
- No

Which subspecialty's expertise?

- Adolescent Medicine
- Allergy and Immunology
- Anesthesia
- Cardiac Surgery
- Cardiology
- CTU
- Dentistry
- Dermatology
- Endocrinology
- ENT
- GI
- General Surgery
- Hematology Oncology
- ICU
- Infectious Disease
- Interventional Radiology
- NICU
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopedics
- Plastic Surgery
- Psychiatry
- Radiology
- Respiriology
- Rheumatology
- Urology
- Other

Please specify
