Overutilization and Routine Non-emergent Use of the Emergency Departments.

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Objectives

Identify measures to facilitate Emergency Department throughput for non-emergent cases

Outline follow-up programs to decrease readmission of the critically ill
State of Emergency Rooms in United States

Acute Care Beds

ED Demand

Access to Care Limitations

Patients utilize ED service for non-emergent care due to:

- ↓ availability of primary care physicians/appointments
- The “not in your insurance plan patients”
- Escalating diagnostic and evaluation tests
- ED expectations and perceptions (Costs, Safety net)
- “Go to the ER if you have any problems”
Emergency Department Throughput

**ED throughput**: patient movement from ED arrival to ED departure

**Impact factors**

- **ED capacity**
- **ED patient census**
- **Acuity of patients**
- **Extensive diagnostic tests**
- **ED Physician and Nursing staffing**
- **Effectiveness and efficiency of other ancillary support departments (CT, MRI, Lab, Ultrasound, Non Invasive Cardiology, Nuclear Medicine, On-Call Schedules)**
Effects of Overcrowding in the ED

- Increased Length of Stay
- Decreased Patient Satisfaction
- Increased ED Throughput Sluggish Movement
- Increased Left Without Being Seen Rates
- Ambulance Diversion
- Increased Boarding Time
- Decreased Quality of Care
- Decreased Patient Satisfaction
Emergency Room Metrics

- Median Time > ED arrival to departure for admitted patients
- Median Time > ED arrival to diagnostic evaluation by a qualified provider
- Median Time > ED admit decision time to ED departure (Boarding)
- Median Time > ED arrival to departure for discharged patients
Clinical Outcomes of Non-emergent Cases

- Delay of treatment
- Fragmented treatment

- Negative Patient Health Outcomes
- Higher Return Rates
Alternative Routes Through ED: Comprehensive Care Model
Alternative Routes Through ED: Observation Unit

- **Telemetry/O2 monitor capable beds**
- **Establish criteria**
  - Clinically appropriate for disposition within 24 hours
- **Advanced care practitioners**
- **Expedite lab and diagnostic testing**
- **Medical management interdisciplinary collaboration**
Alternative Routes Through ED: Primary Medical Clinic

- Ability to schedule appointments from ED
- Ability to follow up compliance

- Clinically appropriate non-emergent; non-urgent

- Insured/Non-Insured
- MDs; NPs; PAs

- Establish Primary Care Network

- Establish feasible criteria

- Engage the patient/family

- On-Line Shared appt. schedule

- Ability to schedule appointments from ED
- Ability to follow up compliance

- Appropriate time; transportation; reminders
Alternative Routes Through ED: Outpatient/Specialists

**Navigate patients to right care**

- Mental health clinics
- Dialysis Centers
- Diabetes Clinics
- Eye Clinics
- Dental Clinics

**Outpatient Centers**

- Radiology
- Laboratory
Care after Discharge for Critically ill Patients

- Resource connections
- Use of Technology
- Comprehensive Record/Communication with the discharge team
- Alternate venues in and out of Emergency Rooms
Resource Connections

- Leverage technology as post-discharge care tool
- Care coordination and communication platforms
- Discharge phone calls
- Fall Prevention and Home Modification
- Health and Wellness Resources
- Nutritional Services
Utilizing Technology after Discharge

- Voice recording/YouTube videos of discharge instructions and home medications.
- The use of telemedicine, interactive web services and video calls for follow up care.
- Social media, email, text messaging:
  - Tracking appointments, recovery progress via pics & tweets.
- Engaging community resources for follow up care:
  - Local Fire Departments/Volunteer Groups.
Learning Assessment: Question 1

Emergency Rooms can refer patients out of the ED without being evaluated by a licensed personnel

a. True
b. False
Which one is not part of the CMS imposed ED Metric for discharged patients?

  a. Median time from ED arrival to diagnostic evaluation by a qualified provider
  b. Median time of ED arrival to ED departure
  c. Whether a patient was connected to specific resources post discharge
Questions?
References


References