

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

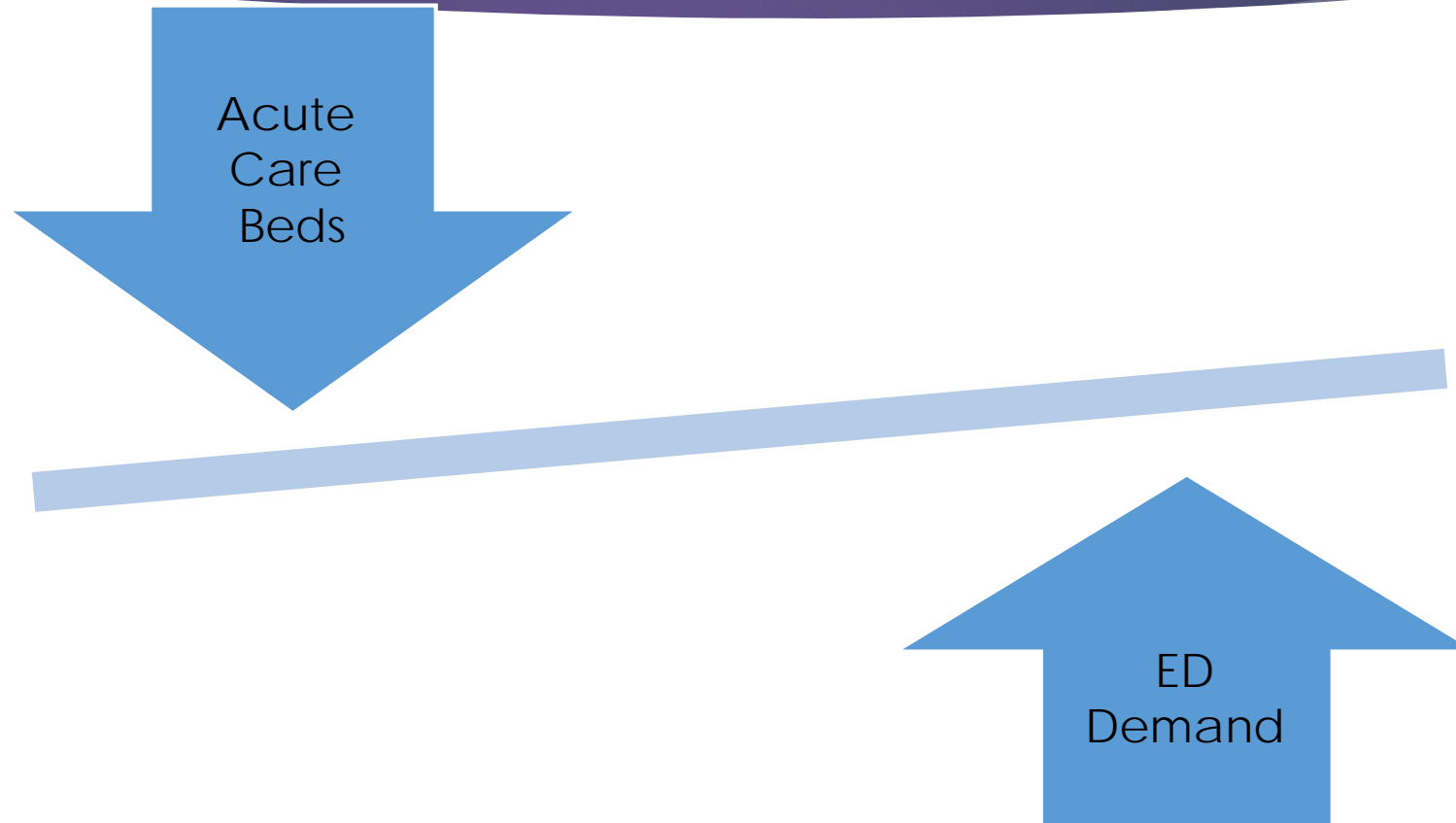
PUNEET FREIBOTT, DNP, RN, CCRN-K, NEA-BC

# Objectives

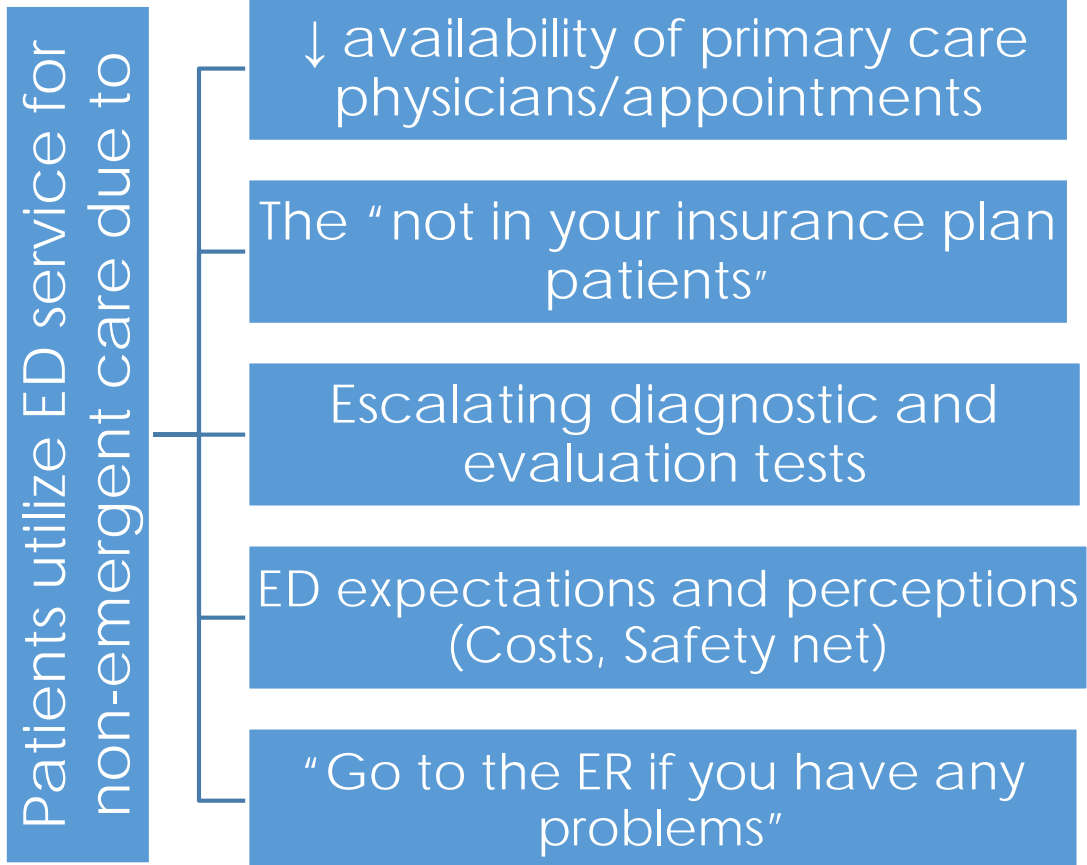
Identify measures to facilitate Emergency Department throughput for non-emergent cases

Outline follow-up programs to decrease readmission of the critically ill

# State of Emergency Rooms in United States



# Access to Care Limitations



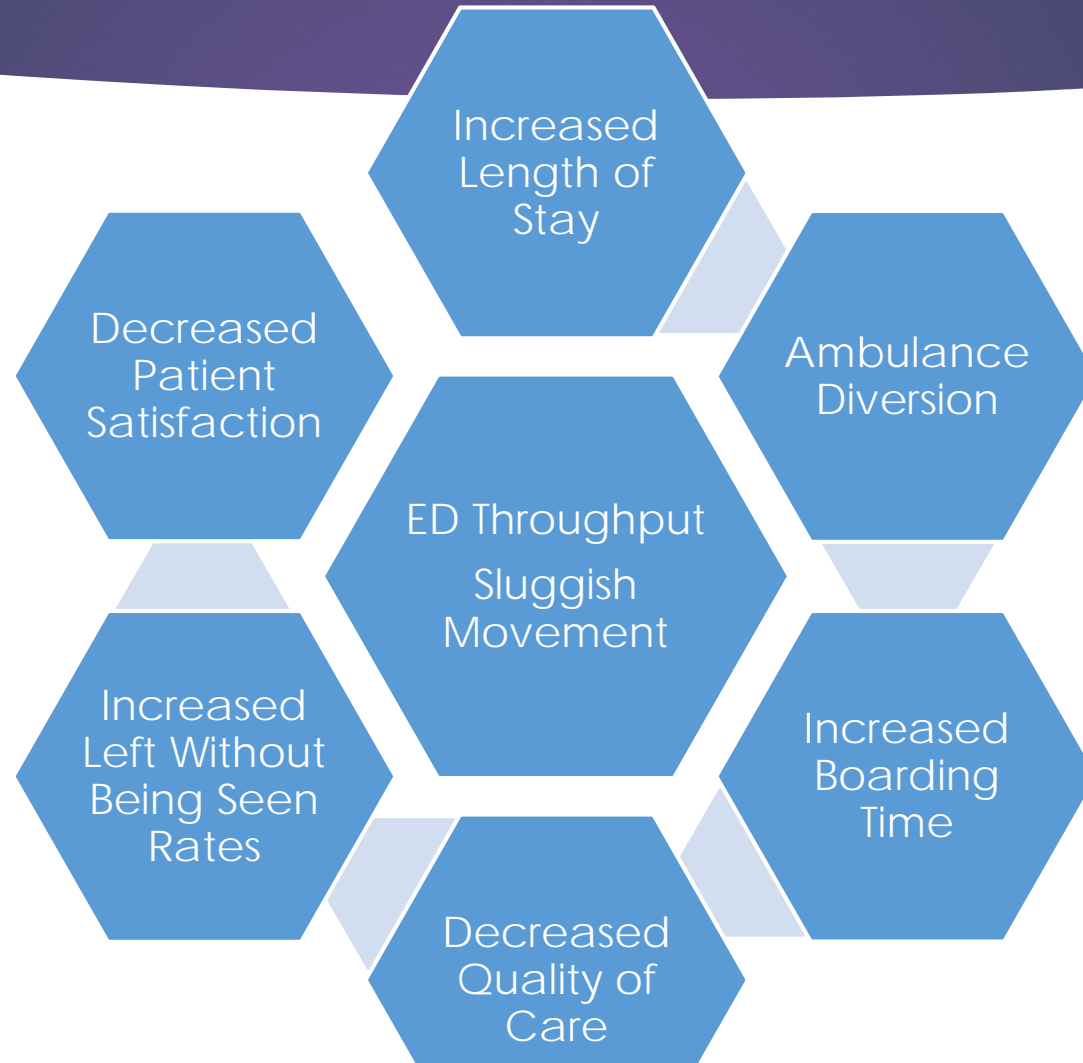
# Emergency Department Throughput

ED throughput: patient movement from ED arrival to ED departure

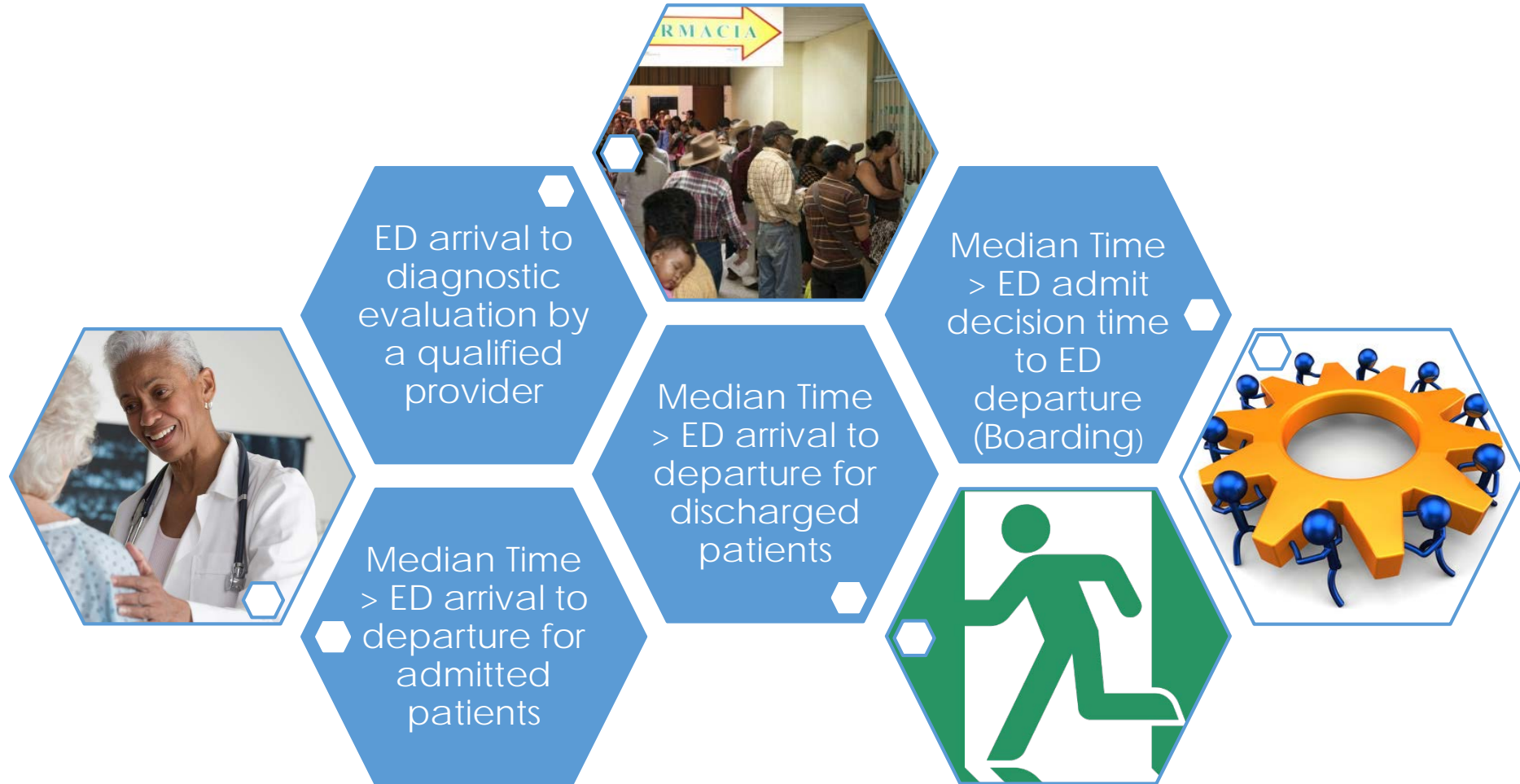
Impact factors

- 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



# Emergency Room Metrics



# Clinical Outcomes of Non-emergent Cases

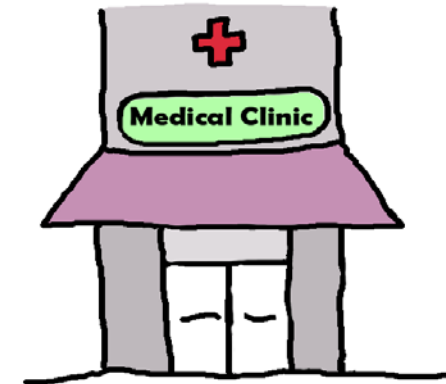
Delay of treatment  
Fragmented  
treatment

The diagram consists of two blue arrows pointing in opposite directions, connected by a central white space. The left arrow points left and contains the text 'Delay of treatment' and 'Fragmented treatment'. The right arrow points right and contains the text 'Negative Patient Health Outcomes' and 'Higher Return Rates'. The two arrows meet at a central point where they appear to be joined or overlapping.

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



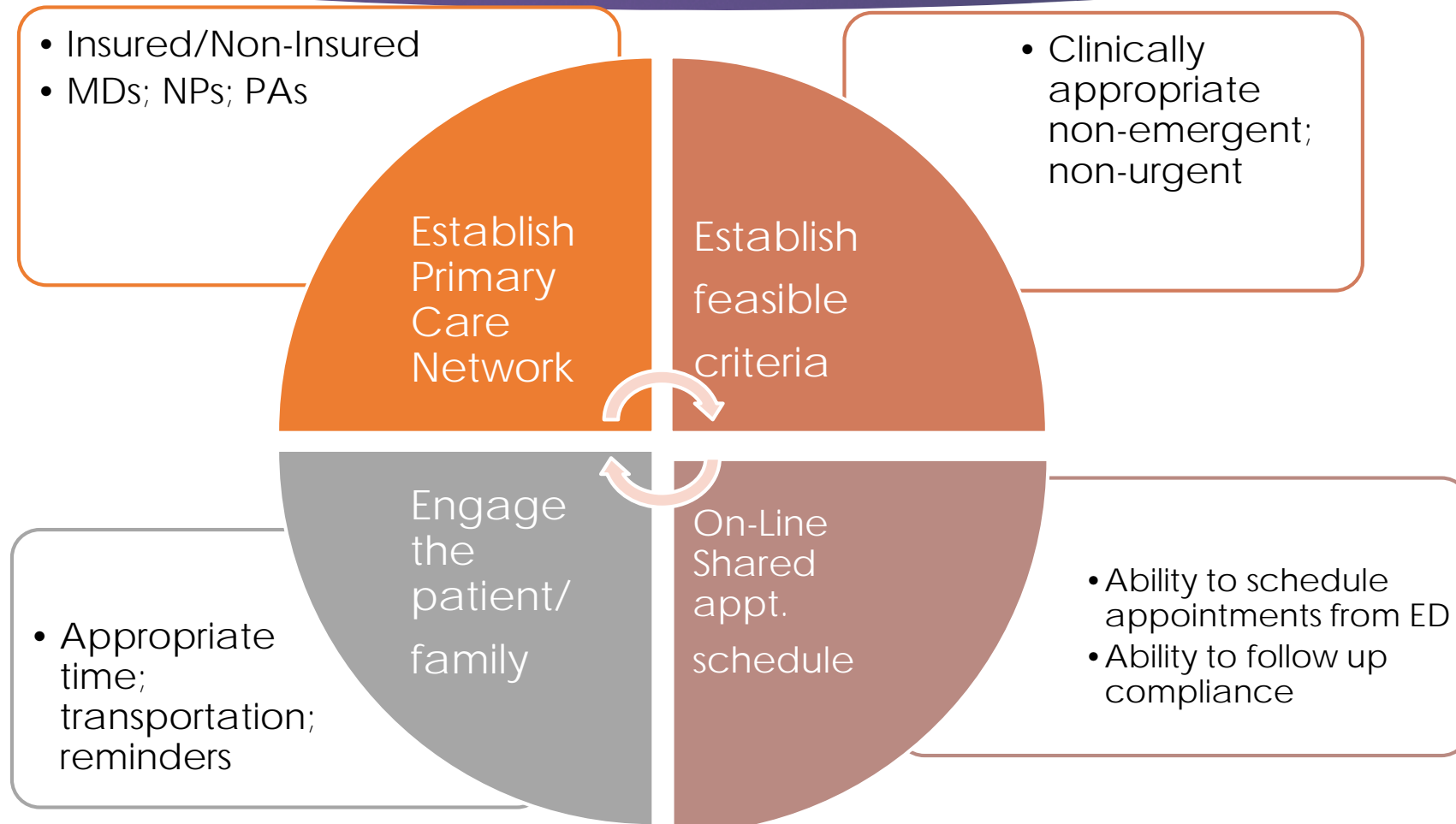
Expedite  
lab and  
diagnostic  
testing



Medical  
management  
Inter-  
disciplinary  
collaboration



# Alternative Routes Through ED: Primary Medical Clinic



# Alternative Routes Through ED: Outpatient/Specialists

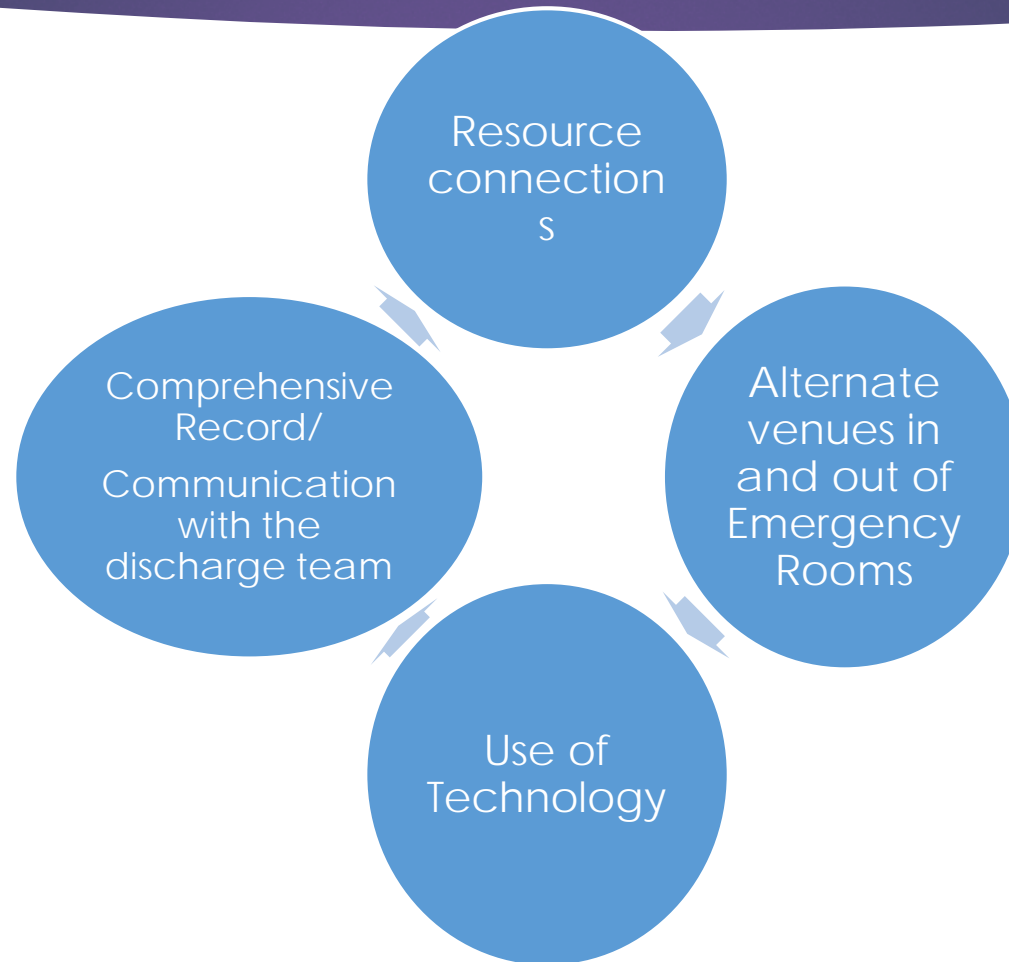
## Navigate patients to right care

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

## Outpatient Centers

- Radiology
- Laboratory

# Care after Discharge for Critically ill Patients



# Resource Connections



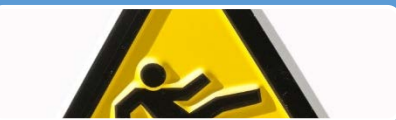
Leverage technology as post-discharge care tool



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



## Learning Assessment: Question 2

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

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