Emergency Department High Utilizer Program: A Pilot Project

Jennifer Torgerson, BSN, RN, FNP- DNP student

Regional Medical Center and Regional Family Health; Manchester, IA

Introduction

- 4.5-8% of all emergency department (ED) patients are considered frequent users1
- ED frequent users account for 21-28% of all ED visits, with utilization often considered as non-emergent and inappropriate
- Contributes to ED overcrowding, compromises quality of care for other patients, increases healthcare costs, and reduces efficiency of the healthcare system1
- Most common definition of frequent user is 4 or more ED visits in a 12-month period2
- Care coordination strategies, such as enhancing a partnership with primary care provider (PCP) and use of individualized care plans, can assist in improving health outcomes and reducing inappropriate ED utilization3,4

Purpose

- To improve care coordination of frequent users by facilitating access to PCP and expanding knowledge of appropriate healthcare utilization

Objectives:
1. Develop process to identify ED frequent users and examine current healthcare utilization and barriers to care
2. Educate frequent users about appropriate healthcare utilization
3. Educate key stakeholders about barriers to care among frequent users and current healthcare utilization
4. Implement intervention to improve care coordination of frequent user population

Methods

- Project was deemed not human subjects research
- Setting: Regional Medical Center (RMC) and Regional Family Health (RFH); Manchester, IA
- Population: Adult ED Frequent Users with ≥ 4 ED visits from April 2015-April 2016

Frequent User Assessment
- Literature Review
- Literature Review
- Survey of Frequent Users at Project Site

Education
- Literature Review
- Literature Review from key stakeholders/providers

Implementation of High Utilizer Program
- Draft Program Materials
- Implementation of program at project site

Evaluation

- Extensive chart review revealed the characteristics and emergency department utilization of frequent users
- Surveys were successful in identifying barriers to accessing care and healthcare utilization among frequent users
- Low survey response rate of 19% (n=24) was anticipated among the frequent user population
- Obtained primary care physician (n=8) input and approval for High Utilizer program material and program implementation at project site
- Key stakeholders were educated through presentations at various committees regarding barriers to care and healthcare utilization of frequent users2 Barsriers:
  - Educational material delayed due to Marketing department with other priority items
  - Leadership turnover at project site delayed implementation of program

Conclusions

- Algorithm developed for care coordination of ED frequent users with onus placed on PCP to manage care:
  - 4-8 visits: provider awareness of frequent ED visits
  - 9 or more visits: provider awareness, individualized patient care plan
- Challenges current assumptions of frequent users’ utilization of ED for narcotics and non-emergent conditions
- Leadership implications:
  - Collaboration with key stakeholders at project site, coordinating meetings, communicating key findings from project
  - Positive provider engagement: increased provider acceptance of program, encouraged feedback
- Potential impact: Coordinated care has the potential to improve quality of care through chronic disease management, disease prevention, and health promotion
- Long-term implications: appropriate healthcare utilization, improved efficiency and reduction in overcrowding in ED, reduced financial burden on healthcare system
- High Utilizer Program materials shared with Transitions of Care Committee and program is anticipated to be implemented into practice following leadership approval

References


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