

Use of Care Guides to Reduce Visits by High ED Utilizers

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Background/Purpose

High frequency utilizers (HFUs), patients who present ten or more times to the Emergency Department (ED) in a rolling 12-month period, contribute to ED overcrowding, misuse of resources, and reduce the efficiency of health care systems (Kumar & Klein, 2013). In the calendar year 2013, HFU accounted for 10% of our ED volume.

Learning Objective

Upon complete, participant will be able to describe methods to reduce high frequency utilizers of the emergency department.

Special Recognition

The Emergency Department Social Work and Case Management team deserves the highest recognition for their work to truly make this project a reality and success.

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Design, Setting & Sample

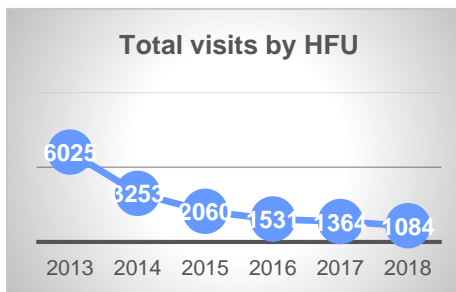
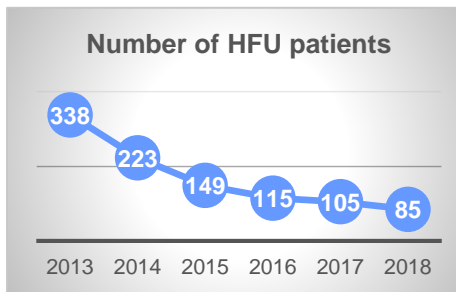
This project started in 2013 with 24/7 social work coverage and 18 hour case management coverage. In 2014 the care guide program was implemented including a daily report of HFU seen in the previous 24 hours, flags for patients with a care guide to increase visibility to the social work/case management team and increased focus of identification of barriers for patients to have appropriate outpatient follow-up. In 2017, 64.7% of HFU had a Medicaid based insurance. Also in 2017, 42% of the visits by a HFU were related to a pain complaint including chest pain, back pain and migraine. Another common complaint of the HFU population was a behavioral health need. Of the 2017 HFU, 57% were female with an average age of 28-39 years old.

Methods

If a patient was flagged as meeting the definition of a HFU, social work would ask the Attending Physician to initiate a care guide. This would allow the social worker to intervene and develop a more robust plan of care that would be visible within the entire healthcare system. The care guide would identify barriers for patient getting outpatient follow-up including transportation, insurance or pharmaceutical coverage. The care guide might also identify dental coverage or specialty coverage as a need for improved wellness for a patient. The overall intent was for the social worker to complete real-time interviews and interventions while the patient was being seen in the ED.

Results/Findings/Outcomes

This program has had outstanding success in reducing the total number of HFU managed within our system, total number of ED visits by HFU and average number of ED visits by a HFU. Based on our findings, it has been identified that connecting patients with appropriate services, practical resources and knowledge results in significantly fewer ED visits. Anecdotally, many patients have appreciated the assistance from our team including the empowerment to care for themselves better.

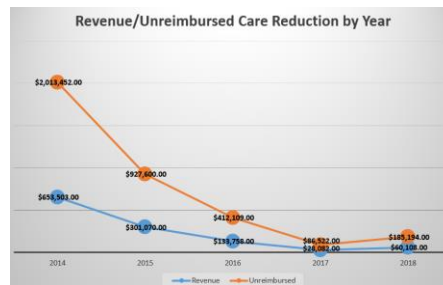


Conclusion

Developing a systematic process to manage HFU of the ED can result in fewer visits, improved continuity of care, overall cost avoidance and improved patient satisfaction.

Financial Implications

The overall cost savings of this program totaled nearly \$2.5 million dollars. Potential revenue lost over this 5 year time frame due to decreased visits was \$1.18 million. Over \$3.6 million of unreimbursed care in the emergency department was avoided over this same period of time.



Implications for Practice

Having a systematic process in the ED to support patients to appropriate resources and removing barriers to obtaining the appropriate level of care can reduce healthcare waste, improve patient outcomes and reduce overcrowding.