Effect of Team-Based Communication Post an ER Visit.

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Effect of Team-based Communication Post an ER Visit

INTRODUCTION

One challenge that faces hospitals nationwide involves how to prevent unnecessary visits to the emergency room while improving patient care and population health at a lower cost (the Triple Aim).

Emergency room (ER) visits in the USA totaled 130.4 million in 2012. This was 41.9 visits per 100 persons. About 20% of children and adults had one or more emergency department (ED) visits during the year. Approximately 11% of patients were admitted from the ER to the hospital. Most (60%) were to return to the ER or were referred to physicians or clinic for follow up. However, 12.3% of the time no follow-up was planned, with another 5.1% who left or were lost to follow-up.

The cost of emergency room visits is not insignificant. Many of these ER visits are for care that could more appropriately be provided in primary care.

Following up on ER visits provides a comprehensive continuum of care as part of the Patient-Centered Medical Home (PCMH), and attempts to prevent a return to the ER for problems that can be handled within the outpatient office.

At LVPG Family Medicine at Cetronia Road, our office has taken the approach of contacting patients after every ER visit, not just hospital admissions. We started the process in August of 2015. Since then, over 1600 patients have been contacted after an ER visit.

RESEARCH GOALS:

• To determine if contacting patients of the practice within three days of an ER visit could decrease future ER visits.
• To educate patients on office availability and services available at the practice.
• To reconnect with patients that routinely were not coming to office and create a therapeutic relationship.

STEP ONE - DESIGN:

• We started the project in 8/2015 as we had a new electronic medical record which integrated inpatient and outpatient visits, allowing our practice at Cetronia to view our own panel of patients who had visited an ER within our hospital network at the time of service.
• Nurses and Medical Assistants contacted the patients after the ER visit. The goal was to make contact within 3 business days, and to determine if there was a need for a follow up visit in the office.
• The contact also included a chart review to determine if there was a need for a follow up in the office for other reasons such as chronic conditions or Health Maintenance.

DATA ANALYSIS

PATIENT PANEL SIZE ATTRIBUTED TO CETRONIA

Percent of Patients Contacted after ER Visits

Type of Contact

Percentage Contacted Within 3 Days Percentage Contacted After 3 Days

Average Days to Contact

Patient Panel Growth

Patient Panel attributed to Cetronia has significantly affected the patients and the practice at LVPG Family Medicine at Cetronia Road. Prior to August of 2015, patients seen in the ER were advised by the ER provider to follow up with their PCP. A large majority of these patients self-initiated contact with the office, with an average time of contact greater than a month (indicating not truly an ER follow up); and 39% of them were seen at an office visit (likely routine).

Starting in August of 2015, the office nurses and medical assistants were already able to easily recognize patients who had visited with Emergency Rooms within our hospital network through our new electronic medical record. There was an average of about 16 ER visits per week. They made phone calls to these patients in a timely fashion, contacting significantly more patients than prior to August 2015, and over seventy percent of the time within three days.

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The cost of emergency room visits is not insignificant.

The number of patients contacted within 3 days rose from 20% to 71% with the office procedure change made in August 2015, with an average date of contact greater than a month (indicating not truly an ER follow up); and 39% of them were seen at an office visit (likely routine).

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CONCLUSIONS:

Making an effort to contact all patients who visited the Emergency Room has significantly affected the patients and the practice at LVPG Family Medicine at Cetronia Road. Prior to August of 2015, patients seen in the ER were advised by the ER provider to follow up with their PCP. A large majority of these patients self-initiated contact with the office, with an average time of contact greater than a month (indicating not truly an ER follow up); and 39% of them were seen at an office visit (likely routine).

Starting in August of 2015, the office nurses and medical assistants were already able to easily recognize patients who had visited with Emergency Rooms within our hospital network through our new electronic medical record. There was an average of about 16 ER visits per week. They made phone calls to these patients in a timely fashion, contacting significantly more patients than prior to August 2015, and over seventy percent of the time within three days.

From August 2015 to August 2017 the Emergency Room rate of re-visits decreased by four percent as compared to February 2015 to August 2015. The patient panels have steadily increased during this timeframe. Our office quality metric scores have been the highest in the family medicine department over this past fiscal year (2016 July - 2017 March), and Cetronia has been recognized by our network for this.

CHALLENGES & SUCCESSES:

CHALLENGES - Being able to consistently capture ER visits happening outside of just our network.

SUCCESSES - Better understanding of our EMR system to find and research data.

Creating improved therapeutic relationships with patients and office teams.

Patient panel growth.

Decrease in patient ER re-visits within 30 days.

REFERENCES:


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