Care Alert Program in Chronic Recurrent ED Utilizing Patients: Expanded Study

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Our mission

Above all else, we are committed to the care and improvement of human life.
Quality Improvement

Disclaimer:

"This project was undertaken as a Quality Improvement Initiative at Grand Strand Medical Center, and as such was not formally supervised by the IRB per their policies."
Our Team:

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Back again?
Goals of our QI project?
What’s the point?

- Overcrowding ER
- Lack of outpatient resources
- Multiple complaints/dissatisfaction
- Formalized process
- Reduce boarding times
- Standardized Patient ED Care

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How did we develop the CA program?

- Developed a care alert committee – **clinician driven**
- Care alert (CA) committee reviews each file to see if criteria are met

- Abnormally high frequency of ED visits and/or
- The existence of a chronic medical issue with a high probability of recurrent ED visits
How did we implement the CA program?
Care Alert Enrollment Review/Recommendations

Reviewer:
Patient:

Background:

Criteria for Enrollment (must be at least 1):
- Abnormally high frequency of ED visits
- Existence of a chronic medical issue with a high probability of recurrent ED visits

Recommended Review for Approval and Input:

ED Treatment Recommendations
Narcotic Pain Control Recommendations
Admission Guidelines:
- In the absence of evidence for an alternative diagnosis warranting inpatient care, consider admission if:
“Jane Doe is a 58-year-old female presents with her “chronic migraine HA”
Care Alert Enrollment Review/Recommendations

Reviewer:

Patient:

Background:

Criteria for Enrollment (must be at least 1):

- Abnormally high frequency of ED visits
- Existence of a chronic medical issue with a high probability of recurrent ED visits

Recommended Review for Approval and Input:

ED Treatment Recommendations

Narcotic Pain Control Recommendations

Admission Guidelines:

- In the absence of evidence for an alternative diagnosis warranting inpatient care, consider admission if:
Case Outcome:

8 months prior to enrollment:
12 ED visits, 1 hospital admissions

8 months after enrollment:
2 ED visits, 0 hospital admission
What did we find?

- 46 cases reviewed over 16-month enrollment period
- 42.3% decrease in ED visits (Prior 37%)
- 50.4% decrease in hospital admissions (Prior 45%)
Conclusion:
To submit a patient for review by the care alert committee:

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What’s next for the Care Alert program?
References


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Questions?