

Care Alert Program in Chronic Recurrent ED Utilizing Patients

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Background

- CA program was initially implemented in San Antonio, Texas in 2012 and saw improved patient satisfaction scores and provider experiences while addressing the needs of this specific patient population
- The program is designed with the premise that patients who repeatedly visit the Emergency Department likely lack outpatient resources [1][4]
- High utilizers often present with multiple complaints, requests for inappropriate medication, drug diversion, hospital/physician shopping all of which can lead to threatening and violent behavior when demands are not met, putting staff and patients at risk[1].
- The Care Alert (CA) program was designed to address patient populations which are high utilizers of Emergency Department (ED) resources
- CA program is designed to address the needs of this patient population by designing an individualized care plan that is approved through the multidisciplinary committee.
- When the care plan is accepted, patients and Primary Care Providers are notified by a formal letter outlining the approved care plan

Objective

Reduce ED visits in patients enrolled in CA program

Reduce unnecessary hospital admissions in patients enrolled in CA

Methods

Retrospective study at ED with approximately 110,000 annual visits

Identification criteria for program:

- abnormally high frequency of ED visits
- and/or the existence of a chronic medical issue with a high probability of recurrent ED visits

CA committee:

ED medical director, AD assistant medical director, Hospitalist medical director, Lead Case Manager, ED Charge Nurse, Hospital CMO, multiple EM residents

After approval by the committee, a certified letter documenting the patient's CA plan was sent to the patient as well as their PCP. Each CA plan was then uploaded into the hospital's EMR where it was accessible by the ED provider each time the patient visited the ED

Each patient included in the study was reviewed for a period of sixteen months; eight months prior to the initiation of their CA plan and eight months after. This time period was evaluated for each patient's number of ED visits and number of hospital admissions both before and after their CA

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Results

We reviewed 14 cases that met criteria for the CA program over a period of 16 months. The average amount of ED visits for these cases before and after enrollment into the CA program was 23.1 and 15.9, respectively, with a p-value of 0.02 (Figure 1). This reflected a 0.37% decrease in ED visits.

The average hospital admissions for these cases before and after enrollment into the CA program was 3.2 and 1.7 respectively, with a p-value of 0.04 (Figure 2). This reflected a 0.45% decrease in hospital admission.

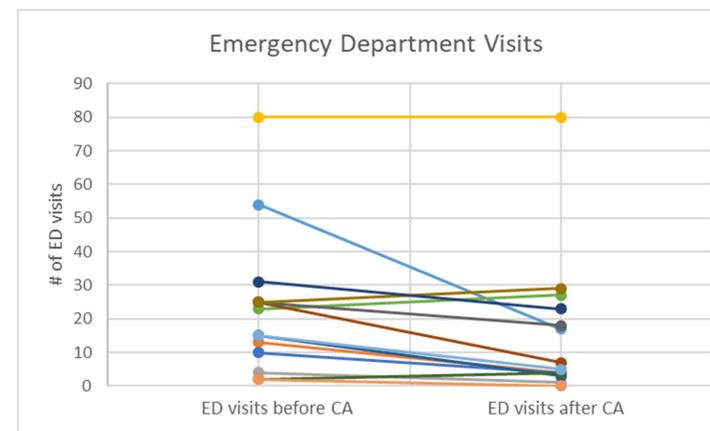


Figure 1: Number of visits to the emergency department before and after initiation of Care Alert plan.

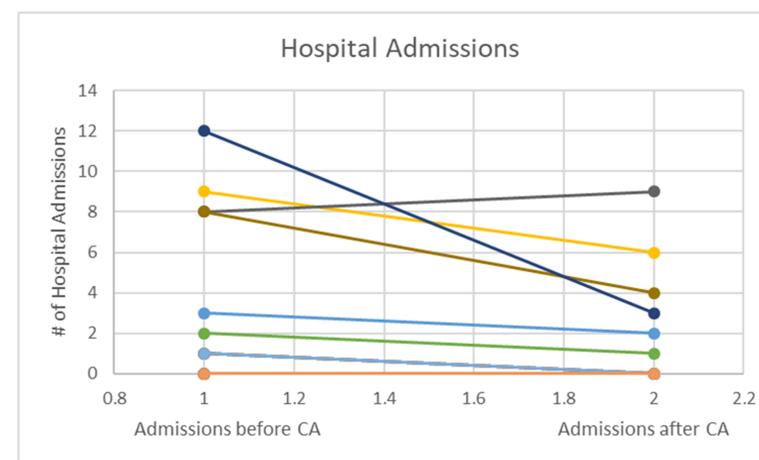


Figure 2: Number of admissions to the hospital before and after initiation of Care Alert plan.

Discussion

- Overuse of Emergency Departments not only effects the patients but also effects ED staff [4].
- The dwindling number of EDs are becoming overcrowded and dealing with patient demand [5]. Most ED's struggle due to an overwhelming number of patients and overcrowding can lead to delays in patient care [6].
- As a help to these issues, this program was developed to alleviate some of the pressure off of the ED resources.

Conclusion

- In this retrospective study of ED patients enrolled in the CA program at a single facility ED, the average number of ED visits and average number of hospital admissions were significantly decreased after CA enrollment over a 16 month period
- This data suggests that the CA program successfully met its intended goal of decreasing patient ED visits and admissions to the hospital.

References

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