

Strategies for Reduction of Inappropriate Emergency Department Use in the Outpatient Setting

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Overview

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Background

- In 2010, there were over 129.8 million Emergency Department visits in the United States
 - Medicaid beneficiaries and the uninsured made up 66.5 million of those visits
- Emergency Departments play a critical role in the health of communities
 - Approximately 66% of ED visits are for non-emergent and emergent conditions that could be safely treated in the primary care setting
- Community Health Centers play a critical role in aiding in the prevention of unnecessary and avoidable Emergency Department visits

Methods

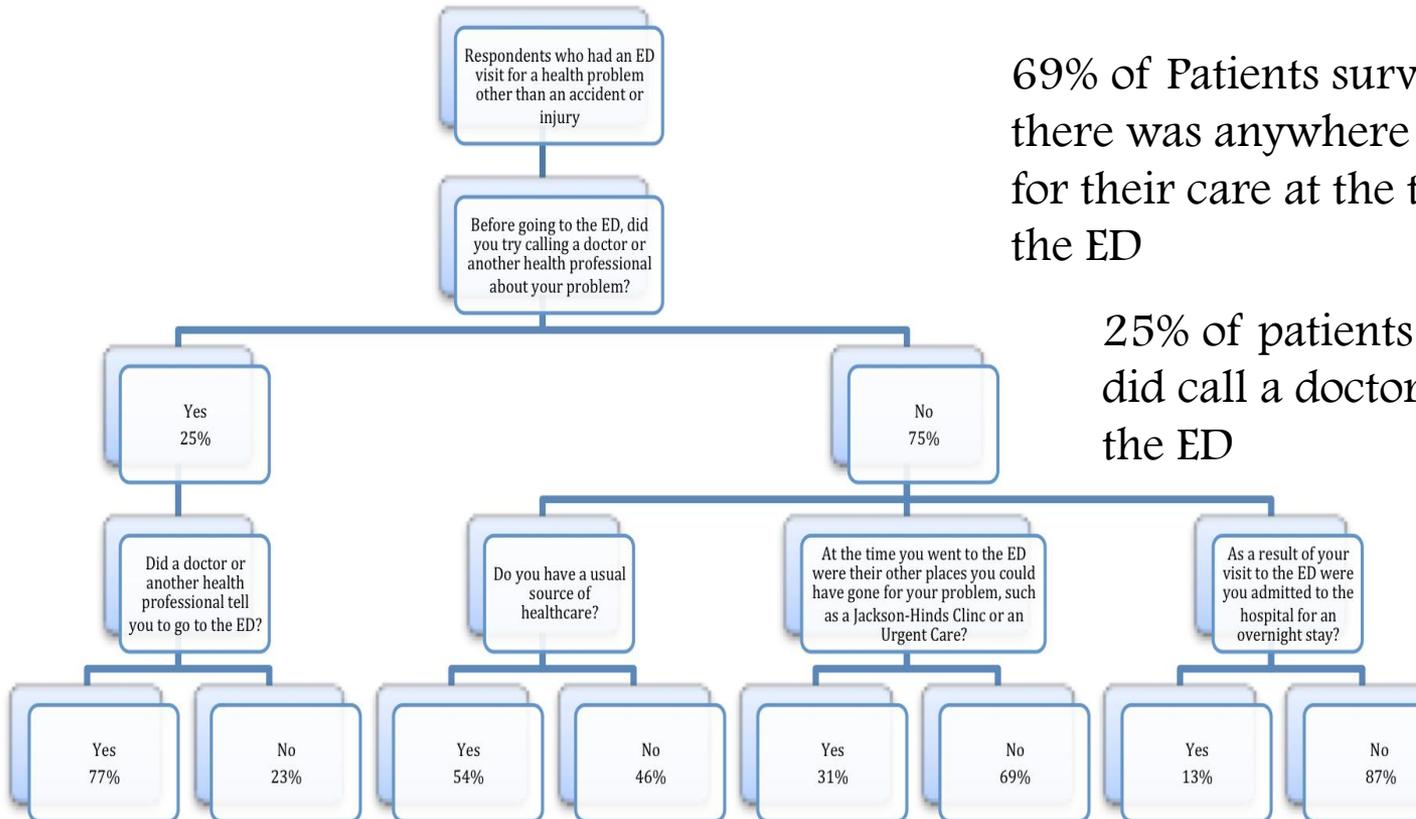
- Administration of patient surveys were done at the Jackson-Hinds Medical Mall, Utica, and James Anderson clinics over a 3-week period
 - Adult and Caregiver of Pediatric patients were asked about ED use in the past 12 months, source of healthcare, efforts to obtain afterhours care, perception of degree of difficulty in reaching a healthcare provider afterhours, and insurance status.
- Surveys were completed while patient was waiting to be seen by a provider
- A total of 101 patient surveys were completed

Results

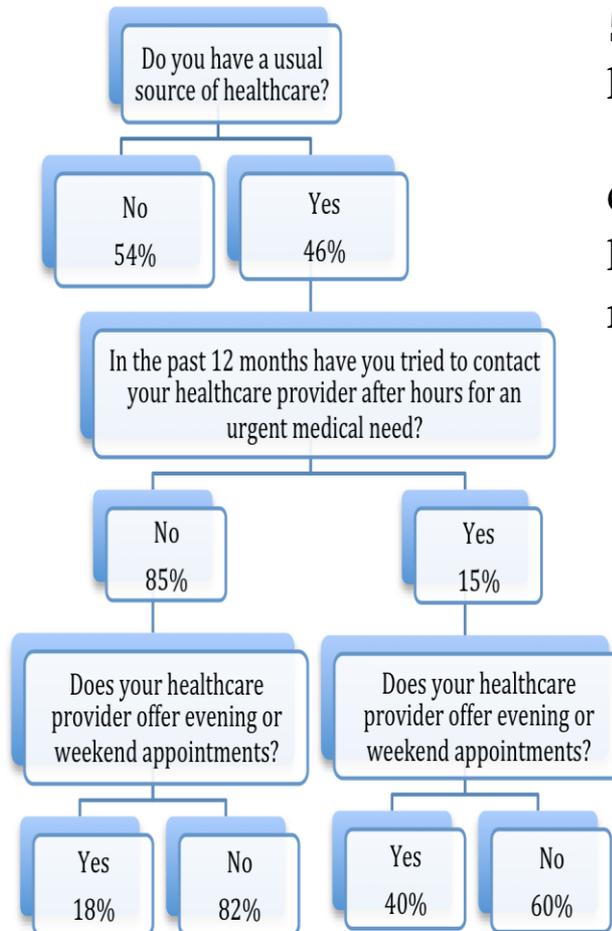
46% Report not having a usual source of healthcare

69% of Patients surveyed did not think there was anywhere else they could go for their care at the time they went to the ED

25% of patients reported they did call a doctor before going to the ED



Results



54% did not identify having a usual source of healthcare

Only 15% had tried to contact a doctor or health professional afterhours for an urgent medical need

Discussion

- 1.9 ED visits on average in the past 12 months for a complaint other than accident or illness
- Sample of reasons given for ED visit include: COPD, chest pain, Crohn's, pink eye, cellulitis, URI, stomach upset, chronic pain, retaining fluid, cold sores, hypertension, pneumonia, diabetes, pancreatitis, asthma, stroke, dehydration, eczema, and ear infection
- Only 13% of visits resulted in the need for an overnight hospital stay
- Patient awareness of service available to them

Recommendations

- Consumer Engagement and Education
 - Brochures, posters and wallet cards promoting services, important phone numbers, and hours of operation
- Expand hours care to include daily rotating clinic afterhours availability
- Ask about recent ED visits at every patient visit
 - Document all ED visits in EMR
 - Discuss with patients if their visit was an appropriate use of the ED and provide patient education
- Strengthen Collaboration with all Jackson area Emergency Departments
- Continue to work on eliminating barriers to healthcare access

Conclusion

- Jackson-Hinds has been innovative in their approach to prevent unnecessary ED visits
- Continued efforts in combating this problem are important



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