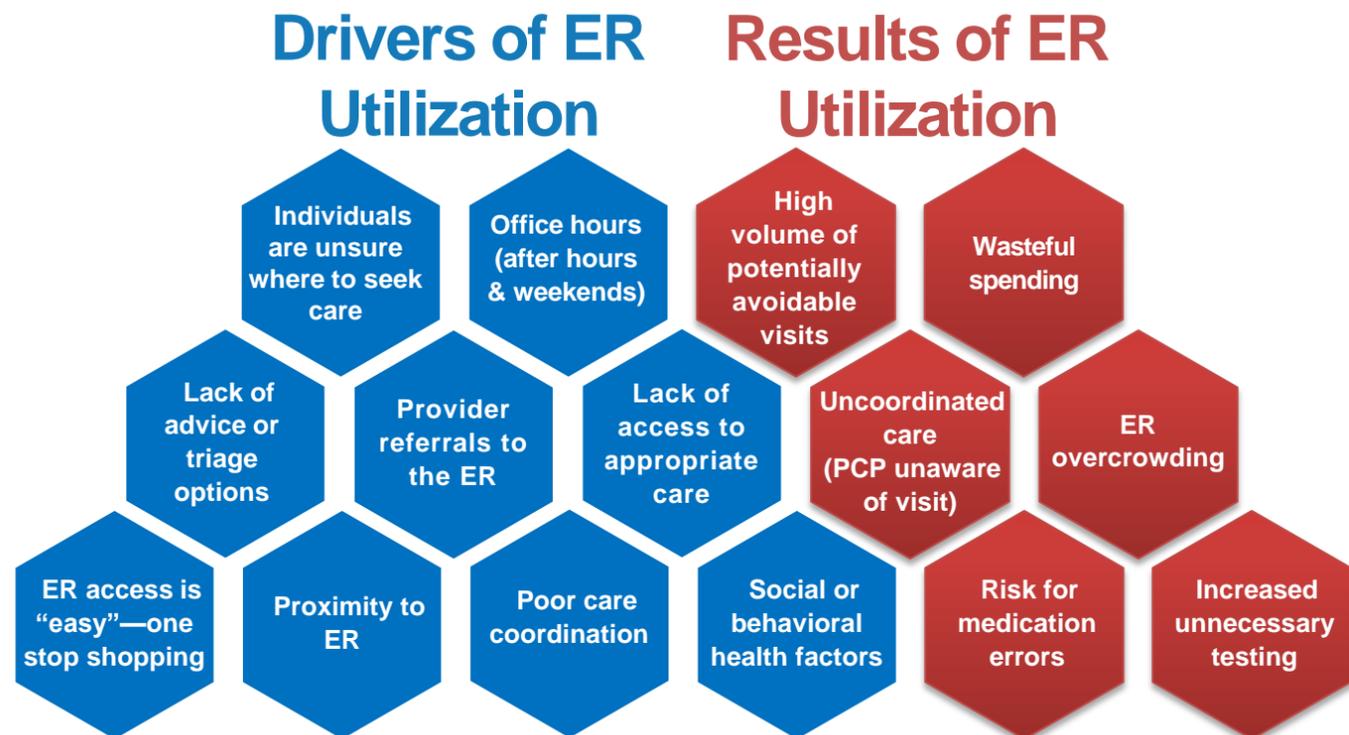
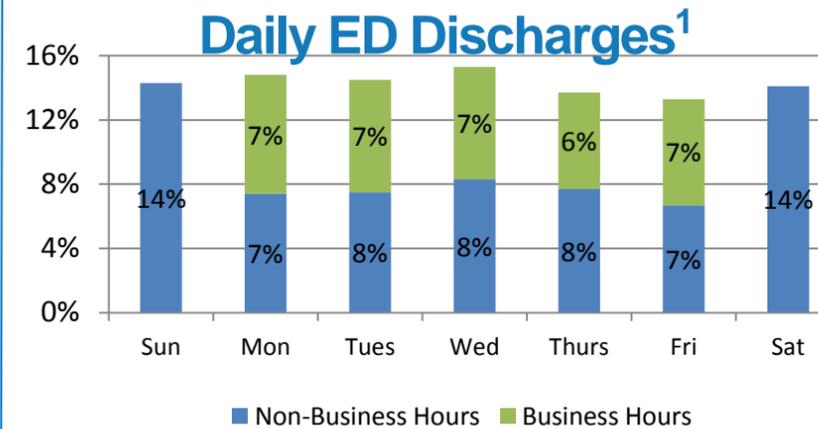


## Problem: Emergency Room Over-Utilization



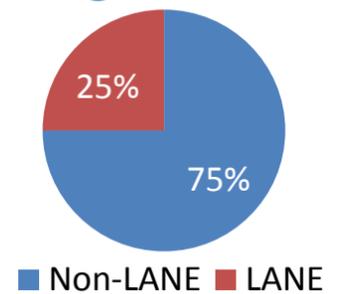
## Focus: Low-Acuity Non-Emergent (LANE) Visits



### LANE Definition

- Visits for which a delay of several hours would not increase the likelihood of an adverse outcome.
- Also referred to as *preventable, inappropriate, non-emergent, or ambulatory-case sensitive*.

### Percentage LANE Visits<sup>1</sup>



On average, an ER visit costs **7 TIMES** more than receiving care for the same reason in a doctors office or clinic.<sup>2</sup>

1. MidSouth PTN Sampled Data  
2. Cost Driver Spot Analysis: Avoidable Emergency Department Use. Center for Improving Value in Health Care.

## Opportunity: Decrease Inappropriate ER Utilization Through Coordinated Efforts

### Action: Develop and implement a toolkit, measure progress



Improved access: right place @ right time

- Survey patient needs to determine if 'ease of access' is satisfactory
- Assess 'slot utilization'
- Align appointment time with need
- Create protocols so staff understand medical concerns that can be 'worked in'
- Ensure same-day and next-day appointment availability



Appropriate Triage

- Evaluate and refine processes for 'triaging' patients who call for a same day appointment
- Evaluate nursing triage protocols
- Update after hours voicemail messaging
- Consider an after-hours call service and/or nurse advice line
- Ensure a physician or nurse is on-call for urgent patient needs



Inform & Educate

- Educate patients on where to seek care during scheduled appointments
  - Ask patients what ER they use or are most likely to use
  - Do patients consider your practice their primary care provider?
  - Let patients know about same-day and next-day appointment availability
- Post patient-facing fliers to remind patients when to use their PCP or Urgent Care.



Collaboration with local institutions

- Reach out to ERs most frequented by patients to set up a meeting with both physicians and administrators
- Discuss processes and protocols to standardize across institutions:
  - Real-time notification of patient arrival in ED?
  - Streamlined process to make appointment in clinic?
  - Shared determination with ED physician on admit decisions?
- Consider partnerships with urgent care clinics



Post-ER Follow-up: Care & Learn

- Call patients after an ER visit to:
  - Understand reason for ER visit
  - Schedule a follow-up appointment in clinic
  - Assess the appropriateness of the ER visit and educate on alternatives if needed
  - Understand any barriers in receiving care in the most appropriate setting (if applicable)



Improved access:  
The right place at the right time

- Survey patient needs to determine if 'ease of access' is satisfactory
- Assess 'slot utilization'
- Align appointment time with need
- Create protocols so staff understand medical concerns that can be 'worked in'
- Ensure same-day and next-day appointment availability

## PATIENT SURVEY TEMPLATE

*Instructions: Please answer the following questions about your overall experience with **Insert Practice Name** during the past year.*

	Strongly Disagree	Disagree	Agree	Strongly Agree
It is easy to schedule an appointment in a timely manner				
When I call <b>Insert Practice Name</b> , my needs are met in a timely manner				
When I have an urgent medical issue, I am offered a same-day or next-day appointment				
When scheduling a routine follow-up appointment, I am offered an appointment that meets my needs				
I know how to get in touch with someone from my doctor's office after normal business hours				
If <b>Insert Practice Name</b> offered appointments during evening hours, I would use them				
If <b>Insert Practice Name</b> offered appointments during weekend hours, I would use them				

### Things to consider as a team:

- Are your patients satisfied with the current “ease of access” to your practice providers?
- Is there a need to offer evening hours?
  - If yes, is there a way to ‘test’ evening hours to determine value?
- Is there a need to offer weekend hours?
  - If yes, is there a way to ‘test’ weekend hours to determine value?
- Are your patients aware of how to contact their provider after hours?

Please see References on Page 27

## APPOINTMENT UTILIZATION ASSESSMENT

There is not a perfect template or ‘one size fits all’ option when it comes to scheduling. Ideally, you want to increase capacity while making sure the practice isn’t slowed down, leading to longer patient waiting times or overtime. A good place to start is to assess current state of your practice.

### Step 1: Current State of Scheduling Template/Process

QUESTION	ANSWER
1. What is the average no show/ cancellation rate?	
2. What is the average appointment time scheduled? (Ex: 15min, 30min)	
3. Do ‘physicals’ get 2 slots per patient?	
4. Are ‘new patient’ appointments designated in the current template? a. If yes, what is the policy if that patient no shows/cancels?	
5. What is the policy for an appointment slot that remains unfilled 24 hours prior to the time? (Can staff ‘work in’ patients?)	
6. Does the provider ‘block time’ to get caught up during the day?	
7. What is the protocol for overbooking/double-booking for urgent care needs?	

## Step 2: Time Motion Study

Another important step in assessing the current state of your practice is to compare the length of scheduled appointments with the time actually spent. During a standard day, have one staff member be dedicated to measuring and recording how long each clinician and staff member spends with patients. A simple template to document observations and a stopwatch or cell phone is all that is needed. It is important to measure how long a provider is actually in the room with the patient. Most providers overestimate the time spent in a room.

Example Template:

Task	Person	Start (Timestamp)	Stop (Timestamp)	Total Time
<i>Example: Patient vitals taken</i>	Nurse			5 min
<i>Example: Patient roomed</i>	Nurse			2 min
<i>Example: Nurse assessment</i>	Nurse			15 min
<i>Example: Physician assessment</i>	Physician			20 min
<i>Example: Patient check-out, payment, and follow-up appointment scheduled</i>	Receptionist			8 min

At the end of the day, calculate an average for the time spent by providers during various appointment types.

Example Template:

Appointment type	Ave Nurse Time (minutes)	Ave Physician Time (minutes)	Ave Total Time (minutes)
<i>Physical</i>	10	15	25
<i>Flu-like symptoms</i>	10	10	20
<i>Routine follow-up post- procedure</i>	5	5	10
Average appointment time	8 min	10 min	18.3 min

Do the observed times match the time blocked during appointment scheduling? Where can changes be made to optimize scheduling?

Please see References on Page 27

## **PROTOCOLS FOR EFFICIENCY**

In addition to optimizing the patient scheduling template and process, standard protocols allow for increased efficiency in workflows and shared understanding among care teams. Consider the following areas to review, updated, or create protocols:

- Treatment protocols for common conditions
  - Example: When a patient arrives for an acute visit for a UTI, can the staff that collects the sample also run the urine point of care test so that the results are ready for the provider?
- Standing Orders
  - Example: Are standing orders in place for immunizations?
- Scheduling protocols
  - Are there medical concerns that are always acceptable to 'work in' during a normal day?
  - Under what conditions are staff allowed to 'work in' patients without asking permission?

The opportunity to streamline work and optimize efficiency helps ensure that adding walk-ins or same day appointments for urgent care needs will not slow the care team down or affect the timeliness of care for those patients who had regularly scheduled appointments. Engaging providers to work through these protocols makes it easier for staff to understand what is acceptable and encourages team-based care.

## **SAME DAY AND NEXT-DAY APPOINTMENTS**

The process of taking stock of the current state of your practices' scheduling template and protocols, assessing patient experience and remaining needs for access to care, optimizing patient appointment times, and streamlining workflows will allow your practice to schedule same day appointments often without any substantial changes to the template itself.

Optimal hours for same day appointments are late morning/early afternoon. Average appointment time for primary care is 15 minutes, and many providers can offer 2-4 same day slots in their template to see patients for urgent concerns.

Please see References on Page 27



### Appropriate Triage

- Evaluate and refine processes for 'triaging' patients who call for a same day appointment
- Evaluate nursing triage protocols
- Update after hours voicemail messaging
- Consider an after-hours call service and/or nurse advice line
- Ensure a physician or nurse is on-call for urgent patient needs

## **EVALUATE CURRENT PROCESS FOR TRIAGING PATIENTS VIA TELEPHONE**

When patients or family members call the practice during business hours with an urgent care need, what is the current protocol?

### **Things to consider as a team:**

- What is the current protocol for when a patient calls with an urgent care need?
  - Who is responsible for determining if an appointment is made?
  - Is the patient instructed by the receptionist or a nurse?
- Is there an escalation process for which a patient would be transferred to a nurse?
- Is there an escalation process for which a patient would be transferred to a physician?
- Are there clear guidelines for when to tell a patient to go to the Emergency Room and what can be cared for by the practice?
- Are triage protocols for the phone an appropriate solution for your practice?

## EXAMPLE PROTOCOL FOR PHONE TRIAGE: PEDIATRIC COUGH

### Assessment Questions

Note to Triager - Respiratory Distress: Always rule out respiratory distress (also known as working hard to breathe or shortness of breath). Listen for grunting, stridor, wheezing, tachypnea in these calls.

How to assess: Listen to the child's breathing early in your assessment. Reason: What you hear is often more valid than the caller's answers to your triage questions.

1. ONSET: "When did the cough start?"
2. SEVERITY: "How bad is the cough today?"
3. COUGHING SPELLS: "Does he go into coughing spells where he can't stop?" If so, ask: "How long do they last?"
4. CROUP: "Is it a barky, croupy cough?"
5. RESPIRATORY STATUS: "Describe your child's breathing when he's not coughing. What does it sound like?" (assess for wheezing, stridor, grunting, weak cry, unable to speak, rapid rate)
6. CHILD'S APPEARANCE: "How sick is your child acting?" "What is he doing right now?" If asleep, ask: "How was he acting before he went to sleep?"
7. FEVER: "Does your child have a fever?" If so, ask: "What is it, how was it measured, and when did it start?"
8. CAUSE: "What do you think is causing the cough?" Age 6 months to 4 years, ask: "Could he have choked on something?"

### Triage Assessment Questions

1. Call EMS if:
  - a. Difficult breathing AND SEVERE shortness of breath and shortness of breath present when not coughing
  - b. Slow, shallow weak breathing
  - c. Passes out or stopped breathing
  - d. Bluish lips, tongue or face AND persists when not coughing
  - e. Age < 1 year AND very weak (doesn't move or make eye contact)
  - f. Sound like a life threatening emergency to triager
2. Go to ER now if:
  - a. Coughed up a large amount of blood
  - b. Ribs are pulling in with each breath (retractions) when not coughing
  - c. Stridor (harsh sound with breathing in) is present
  - d. Lips or face have turned bluish but only during coughing fits
  - e. Age < 12 weeks AND fever 100.4 or higher
  - f. Difficulty breathing, not severe, still present when not coughing
  - g. Age < 3 years AND continuous coughing AND sudden onset today AND no fever or cold symptoms
  - h. Rapid breathing (Breaths/min > 60 if < 2 mo; > 50 if 2-12 mo; > 40 if 1-5 years; > 30 if 6-12 years; > 20 if > 12 years old)

Please see References on Page 27

- i. Age , 6 months AND wheezing is present but no severe trouble breathing
  - j. SEVERE chest pain present now
  - k. Drooling/spitting out saliva AND can't swallow fluids
  - l. Shaking chills and cough present for > 30 minutes
  - m. Fever > 104 axillary (or 105 by any route)
  - n. Fever and weak immune system
  - o. Child sounds very sick or weak to the traiger
3. See physician within 4 hours if:
    - a. Age < 1 month AND lots of coughing
    - b. MODERATE chest pain and can't take a deep breath
    - c. Age < 1 year AND continuous coughing keeps from feeding and sleeping AND no improvement from cough treatment guidelines
  4. Call primary care provider now if:
    - a. High-risk child (underlying lung, heart or neuromuscular disease)
  5. See primary care provider within 24 Hours
    - a. Age < 3 months
    - b. Age > 6 months and mild wheezing but no trouble breathing
    - c. Blood tinged sputum has been coughed up more than once
    - d. Age > 1 year AND continuous coughing keeps from feeding and sleeping AND no improvement from cough treatment guidelines
    - e. Earache is also present
    - f. Age > 5 years AND sinus pain is also present
    - g. Fever present > 3 days
  6. See primary care provider when office is open (within 3 days)
    - a. Age 3 to 6 months AND fever with cough
    - b. Fever returns after gone for over 24 hours and symptoms are worse
    - c. New fever develops after having a coughing for 3 days and symptoms get worse
    - d. Coughing has cause chest pain that is present even when not coughing
    - e. Pollen-related cough not relieved by antihistamines
    - f. Cough only occurs with exercise
    - g. Vomiting from hard coughing 3 or more times
    - h. Coughing has kept child home from school for 3 or more days
    - i. Nasal discharge for > 14 days
    - j. Whooping cough present in the community, cough lasts for > 2 weeks
    - k. Cough present for > 3 weeks

Provide home care recommendations and refer to other guidelines as applicable

**Modified pathway from** Schmitt, Barton D. *Telephone Triage Protocols - Pediatric After-Hours Version – Standard*. 2015.

Please see References on Page 27

## EXAMPLE PROTOCOL FOR PHONE TRIAGE: ADULT HIGH BLOOD GLUCOSE

### Assessment Questions

1. BLOOD SUGAR: "What is your blood sugar level?" \_\_\_\_\_
2. ONSET: "When did you check your blood sugar?" \_\_\_\_\_
3. USUAL RANGE: "What is your sugar level usually?" (e.g., usual fasting morning value, usual evening value) \_\_\_\_\_
4. URINE KETONES: "Do you test your urine?" If yes, ask: "What does the test show now?"  
\_\_\_\_\_
5. TYPE 1 or 2: "Do you know what type of diabetes you have?" (e.g., Type 1, Type 2, Gestational; doesn't know) \_\_\_\_\_
6. INSULIN: "Do you take insulin?" If yes, ask: "Have you missed any shots recently?" \_\_\_\_\_
7. DIABETES PILLS: "Do you take any pills for your diabetes?" If yes, ask: "Have you missed taking any pills recently?" \_\_\_\_\_
8. OTHER SYMPTOMS: "Do you have any symptoms?" (e.g., fever, frequent urination, difficulty breathing, dizziness, weakness, vomiting) \_\_\_\_\_
9. PREGNANCY: "Is there any chance you are pregnant?" "When was your last menstrual period?"

### Triage Assessment Questions

1. Call EMS if:
  - a. Unconscious or difficult to awaken
  - b. Acting confused (disoriented, slurred speech)
  - c. Very weak (can't stand, etc)
  - d. Sounds like a life-threatening emergency to the triager
2. Go to ER if:
  - a. Vomiting and signs of dehydration (dry mouth, lightheaded)
  - b. Blood glucose > 240 AND urine ketones moderate-large (if home testing)
  - c. Blood glucose > 240 AND vomiting AND unable to check urine ketones
  - d. New onset diabetes suspected (frequent urination, weak, weight loss) AND vomiting or rapid breathing
  - e. Vomiting last > 4 hours
  - f. Patient sounds very sick/weak to the triager
3. See physician within 4 hours if:
  - a. Fever > 100.5
4. Call primary care provider now if:
  - a. Blood glucose > 400
  - b. Blood glucose > 300 two or more times in a row
  - c. Urine ketones moderate-large
  - d. Caller has URGENT medication or pump question and triager is unable to answer the question

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5. See primary care provider within 24 hours
  - a. Symptoms of high blood sugar (frequent urination, weakness, weight loss) AND unable to test blood glucose
  - b. New onset diabetes suspected (frequent urination, weakness, weight loss)
6. Call primary care provider within 24 hours if:
  - a. Call has NON-URGENT medication question

For each condition, give the appropriate home management advice.

**Modified pathway from** Thompson, David A. *After Hours Telephone Triage Protocols- Standard Adult*. Schmitt-Thompson Clinical Content. 2015.

## AFTER HOURS MESSAGE

### **Overview:**

When patients or family members call the practice after hours, the message that they hear can influence whether or not they go to an Emergency Room to address their health concern. An effective after hours message is an important element of the practice's approach to reducing excess Emergency Room use.

### **Tips:**

- The tone of voice matters. Use a calm, relaxed, and inviting tone when recording the message.
- Start out by explaining that a physician or advice nurse is always available if the patient cannot wait until the office opens.
- If the message must instruct patients to call 911 or go to the nearest Emergency Department, consider putting this at the end of the message, instead of the beginning.
- Know your patient population. The message may need to be recorded in Spanish or another language.

Below are three examples of good after hours messages. Tailor your practice's message to the resources you have in place.

1) *If your practice has a voice mail system and a doctor or nurse on call:*

*Thank you for calling [Practice Name]. We are currently closed. If you are calling about an urgent medical problem that cannot wait until regular office hours, there is a [doctor or nurse] available. Please call XXX-XXX-XXXX to reach the [doctor or nurse] on call.*

*If your concern is less urgent and could be addressed when the office opens, please leave a message after the tone, or call back during normal office hours. Our office is open from XX:XX to XX:XX, and we will do our very best to address your needs.*

*If you are calling about a life-threatening emergency, please call 911 or go to the nearest Emergency Room.*

2) *If your practice has an answering service:*

*Thank you for calling [Practice Name]. We are currently closed. If you are calling about an urgent medical problem, please stay on the line to reach the [doctor or nurse] on call.*

*If your concern is less urgent and could be addressed by your regular doctor or nurse when the office opens, please call back during normal office hours. Our office is open from XX:XX to XX:XX.*

*If you are calling about a life-threatening emergency, please call 911 or go to the nearest Emergency Department.*

3) *If your practice does not have someone on call after hours:*

*Thank you for calling [Practice Name]. We are currently closed. If you are calling about a medical problem that is not an emergency, please call back during normal office hours, and we will do our very best to address your needs. Our office is open from XX:XX to XX:XX. If you are calling about a life-threatening emergency, please call 911 or go to the nearest Emergency Room.*

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## ASSESSING THE VALUE OF AN ANSWERING SERVICE AND/OR NURSE ADVICE LINE



Consider using a medical answering service for continuous 24/7 coverage 365 days a year. Answering services can provide attentive receptionist services, schedule patient appointments, manage messages, and forward calls as appropriate. Many practices find peace of mind in knowing that they are always reachable by patients when needed while serving as a safety net for patient calls during normal business hours.

A nurse advice line is an option to consider as a means for guiding patients in making informed decisions on when and how to seek care. For example, this service may provide instructions ranging from self-care at home or calling 911 in the event of a true emergency. Triage call lines are often staffed by trained nurses guided by vetted standard protocols.

If your practice is considering hiring a triage service....

Consideration	Specific
Availability	Is the service available 24/7, 365 days a year?
Cost of Service	Is this service included in any health plans your practice currently collaborates with?
	Are there cost-effective options?
Timeline	What is the start-up time and preparation needed to go-live?
Impact on ED utilization	What are the estimated savings in unnecessary ED visits?
Population Scope	Is the service available to all practice patients?
	Is there a buy-up option for patients who aren't covered?
Scope of Services	Does this service cover both adult and pediatric concerns?
	Is the service willing to share protocols for level of care needed?
	Does the service provide a direct call to the practice when appropriate?
Quality & Value	Are decision support tools used by staff?
	What are the qualifications of the staff triaging patients?
Internal resources needed	Is there a need for internal IT support?
Data & Measurement	Can the service provide reports on utilization?
	Can the service measure and report on recommendations made?
	<ul style="list-style-type: none"> <li>• How many patients were referred to the ED?</li> <li>• How many patients were transferred to schedule an appointment?</li> </ul>



## Inform & Educate

- Provide information on office hours, services, website and after-hours call number
- Educate patients on where to seek care during scheduled appointments
  - Ask patients what ER they use or are most likely to use
  - Do patients consider your practice their primary care provider?
  - Let patients know about same-day and next-day appointment availability
- Post patient-facing fliers to remind patients when to use the ER

## EDUCATE PATIENTS

Often times, unnecessary ER visits are related to a lack of awareness by patients about where to seek care. Use regularly scheduled appointments as opportunities to educate patients. Use fliers and other forms of communication to let patients know about ways to determine the appropriate place to seek care including availability of same-day and next-day appointments.

Offer patient's ways to inform them on their options after-hours:

- Update website with after-hours guidelines and calling information
- Give new patients a new patient packet with information about the practice and what to do after-hours
- Send flyers or magnets to current patients at their appointments or with annual physical reminders
- Add a footer to all patient documents with office and after-hours information

QUESTION	ANSWER
1. Do you feel comfortable making the decision on whether to seek care at an ER or calling our practice first?	
2. What ER are you most likely to use?	
3. Do you consider our practice your 'primary care provider' or the main source of your medical care?	
4. Do you know about our same-day and next-day appointment availability?	

## PATIENT SURVEY FOR RECENT EMERGENCY ROOM USE

### Instructions to practice:

- This survey is designed to help your practice understand more about patients' use of Emergency Rooms. Learning more about why patients use the ER for non-emergencies can help your practice educate patients on appropriate ER use, and/or offer alternatives to the ER.
  - We recommend that you ask patients at clinic check-in or during vital sign assessment if they have used an ER recently (e.g., since their last clinic visit, or in the last 6 months). If they say yes, then ask if they would be willing to complete a short survey.
  - You can discuss answers with individual patients, collect the information to use in aggregate, or both. It is not necessary to survey all patients. Surveying 30-40 patients may be enough to see patterns.
  - Feel free to modify the survey as you wish.
- 

To help our clinic provide the best care possible, we would like to learn about your recent visit to the ER. Many visits to the ER are for true emergencies. However, sometimes people go to the ER for problems that could be taken care of in a clinic. Please tell us about your last visit to the ER. If you have been to the ER more than once recently, please think of the time that was the least serious.

1. What medical problem or symptoms were you having?
2. Which ER did you visit?
3. What day of the week did you go?
4. What time of day?
5. How did you get there? (called 911/ambulance, drove yourself, got a ride, etc)
6. What did the doctors in the ER tell you was the cause of the problem?
7. Did the ER recommend any specific follow-up with our clinic or another doctor?
8. Did you or a family member try to call your doctor before you went to the ER?  
Circle:            Yes    or    No
  - a. If yes, who did you talk with (nurse, doctor, receptionist, etc)?
  - b. If no, why not?
9. Why did you decide on the ER?
10. Did you consider going to an urgent care, retail clinic, or walk-in clinic instead of the ER?  
Why or why not?
11. Is there anything our practice can do to better help you with urgent needs in the future?

Please see References on Page 27

# WHERE SHOULD YOU GO?

## HOW TO CHOOSE BETWEEN:



### PRIMARY CARE

\$

Call or see your doctor for your regular medical problems or most urgent needs

- Check-ups or physicals
  - Common illnesses
  - Flu shots and other vaccines
  - Health advice
  - Medication refills or changes
  - Referral to a specialist
  - Routine tests
  - Your regular medical problems
- ...and most things on the urgent care list!



### URGENT CARE

\$\$

Go to the Urgent Care for common things that need to be treated soon, but your doctor is not available.

- Allergic reaction
- Animal or insect bite
- Back pain
- Bad cold or flu
- Cuts requiring stitches
- Ear aches
- Eye infection or irritation
- Mild fever
- Minor burns
- Nausea, vomiting and diarrhea
- Skin conditions
- Sore throat
- Sprains or strains
- Suspected broken bone, not shifted out of place
- Urinary tract infection



### EMERGENCY ROOM

\$\$\$\$

Go to the Emergency Room for serious life or limb threatening conditions.

- Broken bone, shifted out of place
- Coughing or vomiting blood
- Chest pain
- Difficulty speaking
- Head or eye injury
- Poisoning or overdose
- Severe abdominal pain
- Severe burns
- Signs of stroke such as numbness or weakness of limbs
- Shortness of breath
- Sudden loss of consciousness
- Uncontrolled bleeding



# WHERE SHOULD YOU TAKE YOUR CHILD?



## PRIMARY CARE \$

Call or see your pediatrician for regular medical problems or most urgent needs.

- Check-ups or physicals
- Common illness
- Flu shots and other vaccines
- Health advice
- Medication refills or changes
- Referral to a specialist
- Routine tests
- Your child's regular medical problems
- ... and most things on the urgent care list!



## URGENT CARE \$\$

Go to the Urgent Care for common things that need to be treated soon, but your doctor is not available.

- Bladder infections
- Congestion
- Cuts requiring stitches
- Dehydration
- Ear aches
- Headache
- Mild Fever
- Minor burns
- Poor feeding
- Rash
- Sore throat
- Sports Injuries
- Stiff Neck
- Vomiting or diarrhea



## EMERGENCY ROOM \$\$\$\$

Go to the Emergency Room for serious life or limb threatening conditions.

- Broken bone, shifted out of place
- Difficulty breathing or speaking
- Head or eye injury
- Lethargic or hard to wake
- Loss of consciousness
- Poisoning or overdose
- Severe abdominal pain
- Severe asthma or allergic reaction
- Severe burns or laceration
- Traumatic injury
- Turning blue or pale

Call your pediatrician about:

- High fevers
- Persistent vomiting



## Local Collaborations

- Reach out to ERs most frequented by patients to set up a meeting with both physicians and administrators
- Discuss processes and protocols to standardize across institutions:
  - Real-time notification of patient arrival in ER?
  - Streamlined process to make appointment in clinic?
  - Shared determination with ER physician on admit decisions?
- Consider partnerships with urgent care clinics

## **Partnerships with urgent care clinics**

Partnerships with urgent care clinics or retail clinics can lead to greater access to care for patients while minimizing additional burden to your practice's providers. Collaboration through open communication, streamlined processes, and standardized protocols can provide peace of mind that this relationship is providing quality care to your patients.

Consider the following collaborative opportunities with high-quality urgent care clinics convenient to your patients:

- Establish relationships with clinic leaders, clinicians, and operational team to discuss the following:
  - Administrator to administrator collaboration
  - Clinician to clinician collaboration
  - Quality leader to quality leader collaboration
  
- Timely sharing of patient information
  - Protocols for timely notification of patient visits at urgent care back to practice
    - Notify practice when patients are seen at the urgent care facility
    - Sharing of consult notes, test results, medication(s), etc. in standardized format
    - Sharing of care plan and/or defined information sheets for patients
  - Protocols for sharing information between facilities in a timely and HIPAA compliant manner
  
- Two-way referral relationship
  - Processes for patients who are uninsured or federally supported (ex: Women, Infants, and Children (WIC)) during normal practice business hours
    - Practice refers patients to clinic after hours
    - Clinic refers patients to practice if patient does not have primary care provider or specialty provider in your area
  - Create education materials for referral sharing
  
- Consider piloting collaboration through target populations such as
  - High ER utilizers
  - Chronically ill, complex patients

Please see References on Page 27

## High-cost patients (identifiable through claims data)

- Develop shared educational and informational materials
  - Flyers for guidance on where to seek medical care
  - Update after hours messaging for practice
  - Add scripting to patient calls for care coordination/appointment scheduling efforts
  - Add information to websites
  - Add practice information to visit summaries at urgent care to promote follow-up
  
- Opportunities for collaboration around quality of care
  - Initial review of current state of clinic
    - Review clinic protocols, processes, care pathways
    - Review quality/outcomes data
  - Sharing of best practices and protocols to standardize care
  - Sharing of care plan and/or defined information sheets for patients established at both facilities
  - Establish guidelines for testing/treatment, care management, and transition back to PCP
  - Develop processes for routine review of information by clinicians and administrators in both facilities
    - Case review/Chart review
    - Measure and review utilization trends over time
      - Are patients accessing urgent care instead of ER after hours?
      - Are patients accessing urgent care instead of practice during business hours?
    - Measure and review quality trends over time
      - Are standardized protocols being adhered to?
      - Are patients satisfied with care received?
      - Is information being shared in a timely manner to promote care continuity?
    - Discuss process improvement opportunities to continually improve
      - Are referral patterns changing over time?
      - Do adjustments need to be made to information sharing processes?



Post-ER Follow-up:  
Care & Learn

- Call patients after an ER visit to:
  - Understand reason for ER visit
  - Schedule a follow-up appointment in clinic
  - Assess the appropriateness of the ER visit and educate on alternatives if needed
  - Understand any barriers in receiving care in the most appropriate setting (if applicable)

## POST- ER PHONE CALL SCRIPT

### Introduction

Hello Mr./Mrs. \_\_\_\_\_, this is \_\_\_\_\_, I am a nurse from \_\_\_\_\_. As part of our continued effort to make sure you receive the best care possible, I am calling to follow-up with you after your recent Emergency Room visit. This should take about 5-10 minutes--is this a good time to talk?

- If yes, proceed
- If no- can you give me a time that would be better and I will call you back?

### Discharge Instructions

I want to make sure the discharge instructions we gave you were clear and understandable...

1. Can you please tell me in your own words what your diagnosis was?
2. Can you please tell me in your own words how you are caring for yourself at home?
3. What questions do you have about your discharge instructions?

### Medications

I want to make sure you have a clear understanding of the medicines you were given.

4. What medicines were you given in the ER as prescriptions to fill?
5. Would you like to talk through your daily plan for taking your medicines?
6. What questions do you have about your medicines?
7. Have you been able to fill your prescriptions?

### Appointments & Follow Up Services

Making sure you stay well and have the right follow up after your ER visit is important.

8. When is your follow up appointment?
9. Tell me about any equipment or services you have as a result of your visit:
10. Are there barriers to getting services, medical equipment, or to your next appointment?

Please see References on Page 27

**LEARN SECTION/ASSESSMENT OF ALTERNATIVES**

	Yes	No	Unsure	Notes
11. Did you try to call your doctor before you went to the ER?				
<i>If yes, did anyone answer?</i>				
<i>If yes, who did you talk to (nurse, doctor, etc)?</i>				
12. Did you consider urgent care, retail clinics, or walk-in options prior to going to the ER?				
<i>If yes, what made you decide on the ER?</i>				
13. Did anyone tell you to go to the ER?				
<i>If yes, by whom?</i>				
<i>If yes, why (condition, specialist consultant)?</i>				
14. Did you know we offer sick/same day appointments for urgent needs?				

**Alternatives: Assessment of Knowledge and Education Provided**

**Education Points:**

- Your primary doctor should be your first call for anything that isn't life threatening. Often times may offer same-day or next-day appointments.
- Urgent care clinics or walk-in clinics are easy to access and will get you in and out. Often times located in grocery stores or pharmacies--Note that these locations have hours beyond the typical 8a-5p and are open on the weekends.

15. Do you feel confident in your ability to determine where to seek care in the future?

Example language:

"There are some clear signs that a person should consider a trip to the emergency room. But sometimes you may be unsure of where you should go if you are having certain symptoms. We want you to be able to find the right place for your health care and ideally one that is close to you, where you can receive care quickly, and a place that financially makes sense for you."

Please see References on Page 27

PEDIATRIC PATIENTS: Our Pediatricians recommend you call them first before going to the emergency room. Many times they can give you advice over the phone and save a trip the emergency room. Most of those pediatric practices offer same day service and are open extended hours on some evenings and weekends.

**Document Follow Up Resulting from Call**

Follow up as result of call

	Yes
<b>Patient referred into Case Management Program</b>	
Medication related activities	
Appointment related activities	
Referral to other program/resources	
Mailed patient education materials	
Messaged/escalated to MD/NP/DO/PA	
Comments:	

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Closing:

- Thank you for taking time to talk with me.
  - Do you need anything else from us right now?
- We wish you all the best in your recovery.

Please see References on Page 27

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