



# Avoiding Unnecessary Emergency Room Visits:

Resources for Practices

**Vanderbilt Health**

Affiliated Network



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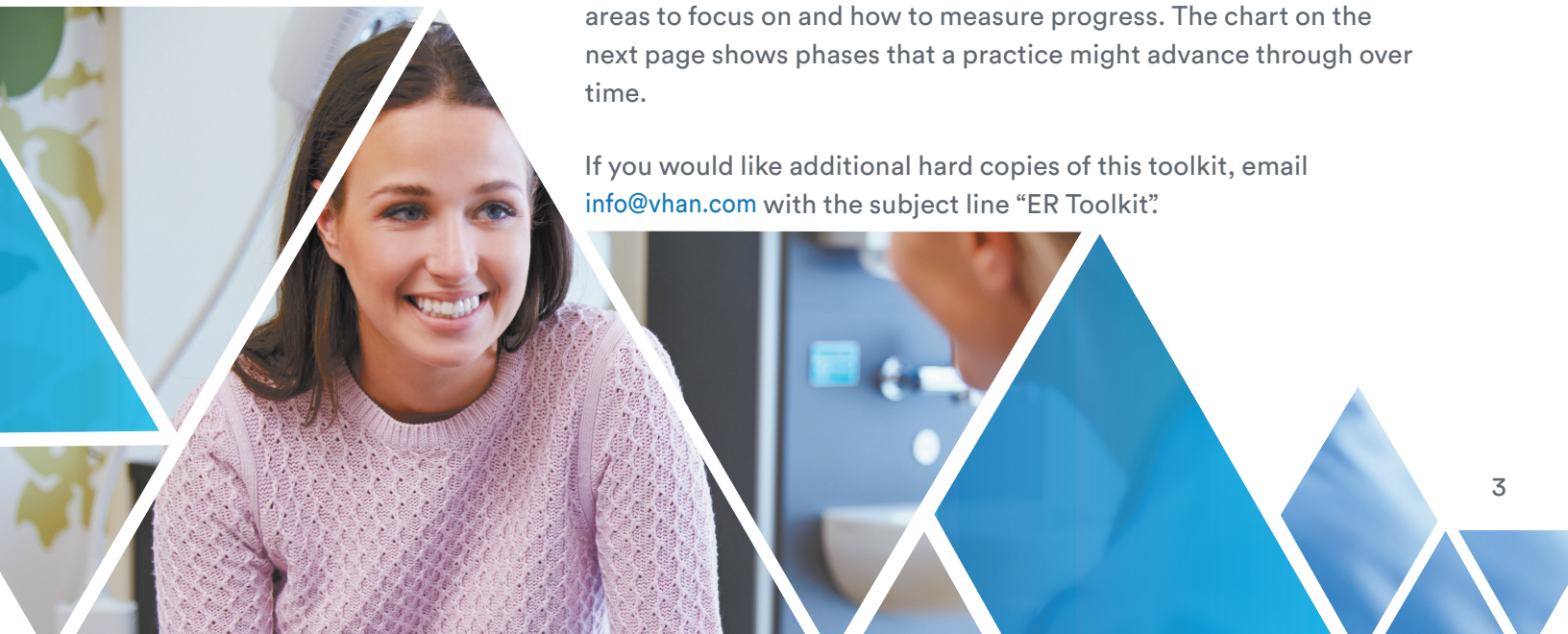
# INTRODUCTION

When patients go the ER for non-emergent, low-acuity needs, outcomes can be poor. This toolkit contains resources to help your practice inform, educate and empower your patients to:

- Seek care from your practice whenever possible for emergent needs
- Choose appropriate in-network emergent care options when your practice is not available
- Preserve communication and coordination with your practice whenever emergent care is sought

The resources in this toolkit can benefit all your patients, not just those managed by the Vanderbilt Health Affiliated Network (VHAN). Our goal is to help your practice increase access for your patients while offering secondary options for emergent care needs. To that end, we offer assessment tools to help your practice choose which areas to focus on and how to measure progress. The chart on the next page shows phases that a practice might advance through over time.

If you would like additional hard copies of this toolkit, email [info@vhan.com](mailto:info@vhan.com) with the subject line “ER Toolkit”.



## Interventions for reducing ER use, by level of difficulty

To determine a good starting point for reducing ER utilization in your own practice, a helpful practice assessment is available online at [is.gd/practiceassessment](https://is.gd/practiceassessment). The survey should take about 5-10 minutes to complete, and your responses will only be accessed by your Network quality improvement team.

**Vanderbilt Health**  
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Practice Assessment for ER Utilization

This assessment will assist in evaluating current practice operations that may affect ER utilization. It can be used as a baseline and to highlight opportunities for improvement. Upon completion of the survey, you will receive an email from a Network team member to discuss your results and next steps. The survey should take about 5-10 minutes to complete. You will receive an email within 2-4 business days from a Network team member to discuss your results and next steps.

**This assessment will assist in evaluating current practice operations that may affect ER utilization. It can be used as a baseline and to highlight opportunities for improvement. The assessment will take about 5-10 minutes to complete. This information can only be accessed by your Network quality improvement team.**

List the practice for which you are filling out this assessment on behalf of.

Please enter your name.  \* must provide value

Please list your role and any credentials you have.

Please enter your email address where you would like to be contacted.  \* must provide value

Does the practice hold slots in the schedule for same-day appointments?   reset

(If yes, how many per day, on average, per provider)

Does your practice offer evening hours? (After 5PM)   reset

Does your practice offer weekend hours?   reset

How does your practice handle calls during office hours? (Select all that apply.) \* must provide value

- ☐ Caller uses interactive voice response system or push button system, before speaking with someone
- ☐ Messages are collected via answering machine and given to RN/MD/APN
- ☐ Calls are answered or transferred directly to staff who use a decision tree to guide next steps

### FOUNDATIONAL

Survey patients to determine ease of access

Protocols for efficiency and work-ins

Inform patients about clinic services, hours, and other options

Update after-hours messaging

Post flyers about where to seek care for routine, urgent, and emergency issues

### INTERMEDIATE

Offer same-day and next-day appointments

Evaluate process for triaging urgent needs

Assessing the value of an answering service or nurse triage line

Call patients after an ER visit or hospitalization

Checklist for follow-up visits

### ADVANCED

Partnerships with ERs and urgent care clinics



## MEASURING ER VISITS & ADMISSIONS

To evaluate success in reducing excess ER use, your practice can track which patients have visited the ER or been hospitalized. Many practices have found that directly surveying patients is the best way to reliably gather this information.

For example, a practice could add the following questions to check-in or intake protocols:

*“Have you been to an Emergency Room as a patient in the last 3 months?”*

*“Have you been hospitalized in the last 3 months?”*

If the answer is yes, then feel free to use the patient survey on the next page.



## METRIC DEFINITION

ER Visit Rate =

**Total patients using an ER as a patient in the last 3 months**

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**Total patients with a clinic visit during the reporting period**

Hospitalization Rate =

**Total patients hospitalized in the last 3 months**

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**Total patients with a clinic visit during the reporting period**

## POTENTIAL ISSUES/QUESTIONS:

*Is this relevant for subspecialty practices?*

Yes. Both primary care and subspecialty practices can help reduce ER visits and avoidable hospitalizations. Every contact a patient has with the healthcare system is an opportunity to understand factors that influence use of emergent care.

*If a patient is admitted through the ER, should it be counted as an ER visit, hospitalization, or both?*

If a patient was admitted to the hospital through the ER, only count this as an admission. Do not count this as an ER visit.

# IMPROVING ACCESS

- PATIENT ACCESS SURVEY
- APPOINTMENT UTILIZATION ASSESSMENT
- PROTOCOLS FOR EFFICIENCY AND WORK INS
- SAME-DAY AND NEXT-DAY APPOINTMENTS



## PATIENT ACCESS SURVEY

**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 Insert Practice Name, 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 Insert Practice Name offered appointments during evening hours, I would use them				
If Insert Practice Name 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 out evening hours to determine value?
- Is there a need to offer weekend hours?
  - If yes, is there a way to test out weekend hours to determine value?
- Are your patients aware of how to contact their provider after hours?

## APPOINTMENT UTILIZATION ASSESSMENT

**There is not a perfect template or ‘one size fits all’ option when it comes to scheduling. A good place to start is to assess current state of your practice’s appointment template and scheduling process.**

### Assess Current Scheduling Process

Your practice can use the assessment tool below to develop a baseline for enhancing patient access.

QUESTION	ANSWER
What is the average no show/cancellation rate?	
What is the average scheduled appointment length?	
Do physicals get 2 slots per patient?	
Are new patient appointments designated? If yes, what is the policy if that patient no shows or cancels?	
What is the policy for an appointment slot that remains unfilled 24 hours prior to the time? Can you work in patients?	
Does the provider block time to get caught up during the day?	
What is the protocol for overbooking/ double-booking for urgent care needs?	
Do you have a preferred walk-in or urgent care clinic to refer patients to outside of office hours?	

### Option: Time Motion Study

A time motion study can compare the length of scheduled appointments with the time actually spent. During a standard day, a staff member can measure and record how long each clinician and staff member spends with patients. If you would like templates or guidance to help conduct a time motion study, please contact [info@vhan.com](mailto:info@vhan.com).



## PROTOCOLS FOR EFFICIENCY AND WORK-INS

**Standard protocols allow for increased efficiency in workflows and shared understanding among care teams. Consider the following areas to review, update, 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?

These kinds of protocols can 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 patients who have 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

**Taking stock of your practice’s scheduling template and protocols, optimizing appointment length, and streamlining workflows can free up enough time to allow your practice to work-in some acute visits without any substantial changes to the template itself.**

In addition, blocking several slots for same-day and next-day appointments can enhance access for patients with acute care needs. Some points to consider:

- Optimal hours for same-day appointments are [late morning/early afternoon](#).
- The 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.
- If the practice offers [early evening or weekend hours](#), these slots are also best utilized for urgent visits.
- The person handling triage of calls during the day or after hours should have [access to these appointment slots](#) for scheduling.

# APPROPRIATE TRIAGE

- EVALUATE PROCESS FOR TRIAGING URGENT NEEDS
- UPDATE AFTER-HOURS MESSAGING
- ASSESSING THE VALUE OF AN ANSWERING SERVICE OR NURSE TRIAGE LINE



## EVALUATE PROCESS FOR TRIAGING URGENT NEEDS

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

Things to consider as a team:

- What is the current protocol for handling patient calls for an urgent care need?
- What is the process for deciding whether to offer a same-day or next-day appointment?
- Who is responsible for determining if an appointment is made?
- 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 telephone triage protocols for common conditions an appropriate solution for your practice?

## AFTER-HOURS MESSAGING

**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.**

### Tips:

- Tone of voice matters: Use a calm, relaxed, and inviting tone when recording the message.
- Offer reassurance: Begin by explaining that a physician or advice nurse is always available if the patient cannot wait until the office opens.
- Delay Emergency Department language: 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.

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

#### 1. If your practice has a voicemail system and a doctor or nurse on call:

Thank you for calling [Practice Name]. We are currently closed, but if you have an urgent medical need that can't wait until we open, there is a [doctor or nurse] available. Please call XXX-XXX-XXXX to reach the [doctor or nurse] on call.

If you would like to come in when our 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, but if you have an urgent medical need, please stay on the line to reach the [doctor or nurse] on call.

If your concern is less urgent and could be addressed when our clinic 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 need care today, you can find a walk-in or urgent care clinic near you at [quickcare.vhan.com](https://quickcare.vhan.com), a tool provided by the Vanderbilt Health Affiliated Network. Our practice is a member of this network.

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

## ASSESSING THE VALUE OF AN ANSWERING SERVICE OR NURSE TRIAGE 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 an answering service or nurse advice line.**

CONSIDERATION	SPECIFIC
<b>Availability</b>	Is the service available 24/7, 365 days a year?
<b>Cost of Service</b>	Is this service included in any health plans your practice currently collaborates with? Are there cost-effective options?
<b>Timeline</b>	What is the start-up time and preparation needed to go-live?
<b>Impact on ED utilization</b>	What are the estimated savings in unnecessary ER visits?
<b>Population Scope</b>	Is the service available to all practice patients? Is there a buy-up option for patients who aren't covered?
<b>Scope of Services</b>	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?
<b>Quality &amp; Value</b>	Are decision support tools used by staff? What are the qualifications of the staff triaging patients? Are internal resources needed? Is there a need for internal IT support?
<b>Data &amp; Measurement</b>	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 ER?</li> <li>How many patients were transferred to schedule an appointment?</li> </ul>



## **INFORM AND EDUCATE**

- **INFORM PATIENTS ABOUT CLINIC SERVICES, HOURS AND OTHER OPTIONS**
- **POST FLYERS ABOUT WHERE TO SEEK CARE**
- **IN-NETWORK QUICK CARE OPTIONS**
- **PATIENT SURVEY FOR RECENT ER USE**



## INFORM PATIENTS ABOUT CLINIC SERVICES, HOURS, AND OTHER OPTIONS

**Unnecessary ER visits are often related to a lack of awareness about where to seek care. Your practice can help educate patients about clinic services, hours, and types of issues that can be handled by your practice or a walk-in clinic rather than the ER.**

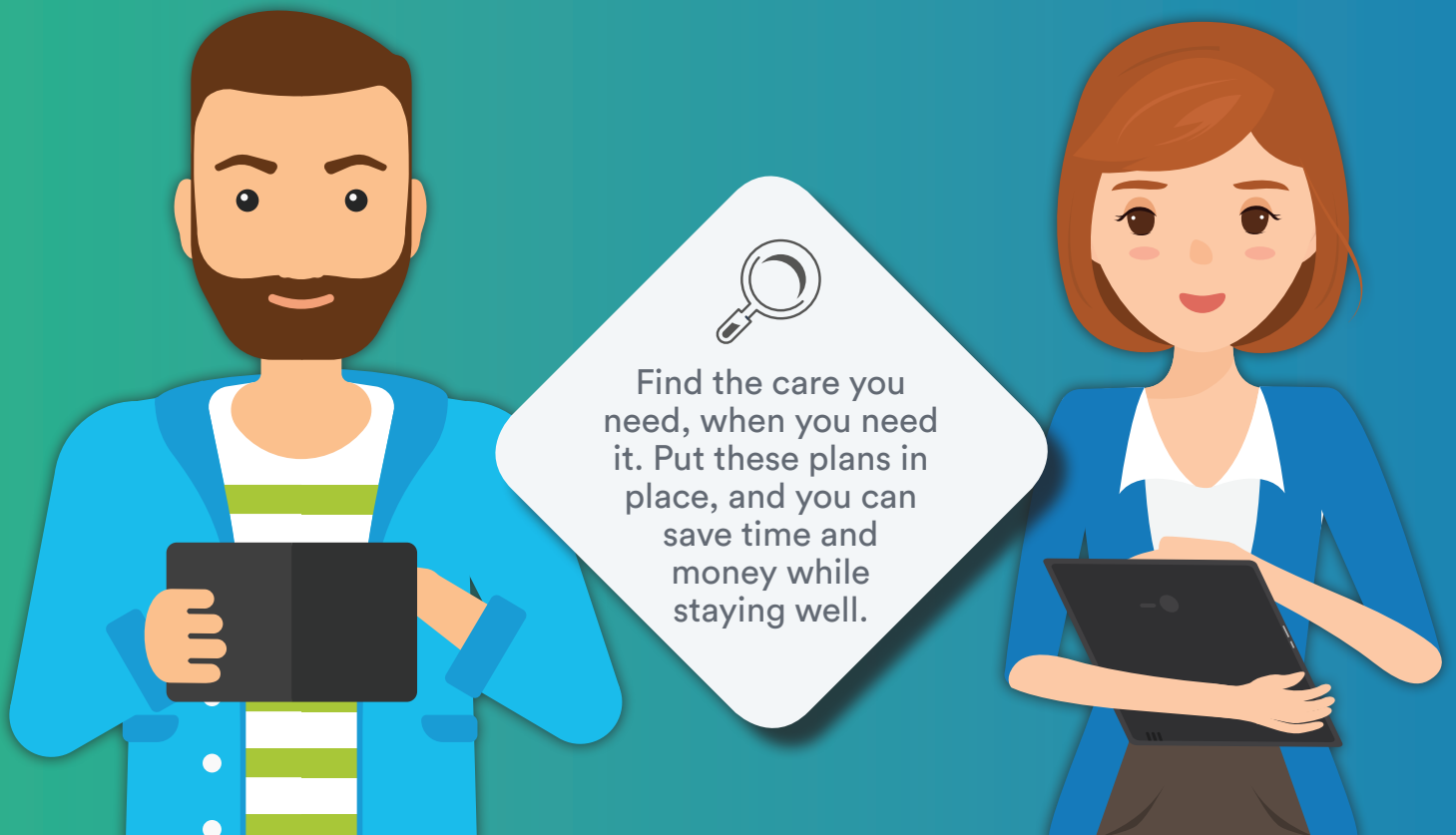
Also consider using the following techniques to inform patients about their options for after-hours care:

- Update practice website or social media 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
- Give flyers or magnets to current patients at their appointments or send them out with annual physical reminders
- Add a footer to all patient documents with office and after-hours information

## POST FLYERS ABOUT WHERE TO SEEK CARE FOR ROUTINE, URGENT AND EMERGENCY ISSUES

To download and print the informational flyers on the next page about where to seek care for healthcare issues ranging from routine to emergency, please email [marketing@vhan.com](mailto:marketing@vhan.com).

## Take Charge of Your Health

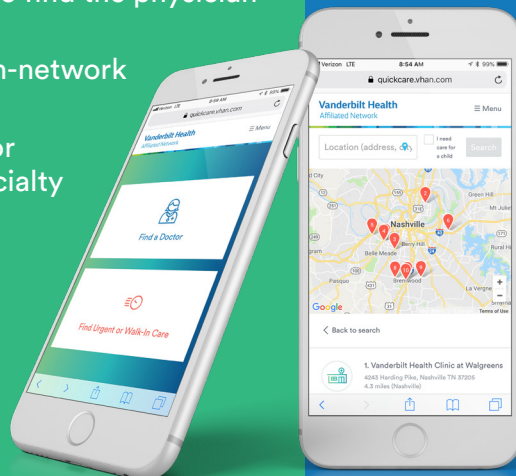


### Plan A: Find a Primary Care Provider (PCP)

A PCP is your first call when you get sick or need a screening or test. Your PCP is someone you can trust who knows your needs and works with you to meet your health goals.

Use **VHAN.com/findaprovider** to find the physician right for you.

- Search our complete list of in-network primary care providers
- Choose “internal medicine” or “family medicine” as the specialty to find a PCP
- To find care for a child, choose “Pediatric Primary Care”



### Plan B: Make Smart Choices for Quick Care

Have an urgent need that can't wait? If you can't see your current PCP or you haven't found one yet, visit **QuickCare.VHAN.com** to search more than 110 walk-in and urgent care clinics across Tennessee and southern Kentucky.

Visit **Quickcare.vhan.com** on your phone when you or your child need care now.

- Search by location for the nearest walk-in and urgent care clinics
- Click to call any clinic for more information and access directions
- Choose from more than 110 options across Tennessee and surrounding states

## Where Should You Go for Care?



### PRIMARY CARE \$

Call or see your primary care physician 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 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 only if your doctor is not available.

- Bladder infections
- Congestion
- Cuts requiring stitches
- Dehydration
- Ear aches
- Headache
- Mild Fever
- Minor burns
- 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 primary care physician about:

- High fevers
- Persistent vomiting



## 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 only if 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





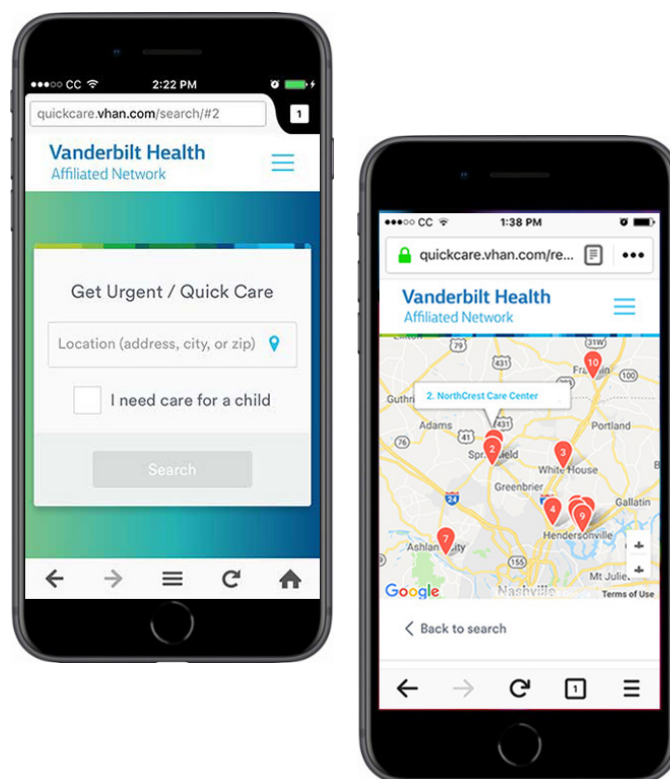
## IN-NETWORK QUICK CARE OPTIONS

The network maintains a web app containing more than 110 walk-in, urgent care, and pediatric after-hours clinics at [quickcare.vhan.com](http://quickcare.vhan.com). It is the most comprehensive resource in the region for locating same-day care for non-life-threatening medical needs and includes clinics operated by Vanderbilt, The Little Clinic, Walgreens, American Family Care, Fast Pace, and other providers. We also include network practices who accept walk-in appointments.

This tool can benefit all of your patients, not just those covered under a network health plan, as the clinics featured accept a wide range of health plans.

### Ways you can offer this resource to your patients include:

- Providing handouts  
(email [marketing@vhan.com](mailto:marketing@vhan.com) to request)
- Including a link on your website
- Mentioning the tool in your after-hours messaging
- Including the tool in your protocols
- Choosing a clinic featured in the tool to form a relationship with (see below)



## **PATIENT SURVEY FOR RECENT ER USE**

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 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 3 months). If they say yes, then ask if they would be willing to complete a short survey. You could also call patients who have visited the ER and record their answers to the 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.

## PATIENT SURVEY FOR RECENT ER USE FORM

**Feel free to modify the survey as you wish.**

To better meet your needs, we would like to learn about your recent 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 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?

# LOCAL COLLABORATIONS

## ■ PARTNERSHIPS WITH ERS AND URGENT CARE CLINICS

### □ CASE STUDY



## PARTNERSHIPS WITH ERS AND URGENT CARE CLINICS

**Partnerships with local ERs and urgent care 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 local ERs and high-quality urgent care clinics convenient to your patients:

- **Reach out to establish relationships at multiple levels:**
  - Administrator-to-administrator for notification and information sharing
  - Clinician-to-clinician for shared standards and decision-making
  - Quality leader-to-quality leader for development of care plans and pathways
- **Timely sharing of patient information**
  - Protocols for timely notification of practice about patient visits to ER/urgent care
    - Notify practice when patients are seen at the ER/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
- **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 urgent care clinic after hours
    - Clinic refers patients to practice if patient does not have primary care provider or specialty provider in your area
- **Communications to patients**
  - Flyers for guidance on where to seek medical care (available from the network)
  - Update after-hours messaging for practice
  - Add scripting to patient calls for care coordination/appointment scheduling efforts
  - Add links to [quickcare.vhan.com](https://quickcare.vhan.com) to websites
  - Add practice information to visit summaries at urgent care to promote follow-up
- **Opportunities for collaboration around quality of care**
  - Review urgent care protocols, processes, care pathways, and quality/outcomes data
  - Sharing of care plan and/or information sheets for patients established at both facilities
  - Establish guidelines for testing/treatment, care management, and transition to PCP
  - Develop processes for review of information by clinicians in both facilities



## Care Connect Pilot: Old Harding Pediatric Associates & The Little Clinic

THE CHALLENGE

Emergency room utilization is a common problem. Patients often visit the emergency room when there is not a true emergency. This is sub-optimal for patients, providers and health plans. Reasons for unnecessary visits include not having a primary care provider, being outside of practice hours, convenience and no clear designation or awareness of care options.

In the spirit of clinical integration, primary care providers are initiating partnerships with retail-based clinics or other emergency room alternatives to address this issue. This case study describes the VHAN Care Connect program pilot, which connects primary care providers with retail-based clinics to reduce high costs associated with emergency room overutilization. The pilot simultaneously aims to reduce gaps in care, reinforce best practice protocols, reduce duplication of services and connect unattributed patients with a primary care medical home for follow up.

**“The pilot simultaneously aims to reduce gaps in care, reinforce best practice protocols, reduce duplication of services and connect unattributed patients with a primary care medical home for follow up.”**

THE SOLUTION

The VHAN Care Connect pilot program began in 2015 with a partnership between Dr. Chris Patton of Old Harding Pediatrics Associates (OHPA), a VHAN pediatric practice, and The Little Clinic (TLC), a retail-based clinic with locations inside Kroger stores. Dr. Chris Patton of OHPA spearheaded this program with his practice care team and clinical leaders at TLC. This relationship is mutually beneficial and centered around working to ensure the best possible care is delivered to patients throughout the network at the right time and place, acknowledging the multitude of variables present in true patient-centered care delivery.

Sharing information and resources allows OHPA and TLC to deliver care to their patients that is more coordinated, convenient and cost effective. Through this partnership, Dr. Patton and his team reduced their patient panel's ER visits by 52% in the first year of the pilot program. This trend has been sustained for more than 3 years.

THE APPROACH

The Care Connect pilot creates a mutual referral process. When pediatric patients unattributed to a primary care provider or medical home visit TLC, they are referred to OHPA for follow-up care. When patients or parents of OHPA need after-hours care or desire a more convenient option, they can be referred to TLC.

Many patients choose to see a primary care provider for their main care and a retail-based clinic for supplemental visits, so trust and communication between these providers is crucial to providing true patient-centered care.

THE SOLUTION

In order to keep lines of communication open, Dr. Patton and TLC have monthly conference calls covering treatment goals, best practices, and process improvement opportunities.

Both teams collaborate to provide clinically integrated care and share resources needed to ensure gaps in care are diminished. For example, TLC staffs a dietician who is available to OHPA patients. In other cases, when a nurse practitioner from TLC needs a second opinion for a patient without a medical home, he or she is able to speak to Dr. Patton, the designated provider at OHPA.

## The Future

Because OHPA and TLC are members of the Vanderbilt Health Affiliated Network, this model can expand to other practices and clinics. In fact, it has already expanded to four TLC locations, with plans to add more as partnerships are formed with additional practices. With pediatrics as the immediate focus, other specialties may be considered in the future.

**If your practice is interested in learning more about bridging care gaps for patients through community partnerships, please reach out to your Network contact.**

**Old Harding Pediatrics Associates and The Little Clinic share the goal of a true patient-centered approach to healthcare. Together, they are able to have a larger impact on the community.**

**52%**

Amount by which  
ER visits decreased  
in the first year of the  
pilot program

On average,  
an ER visit costs

**7 TIMES MORE**  
than care for the same  
need in a doctor's office  
or clinic

**59.7**

Number of potentially  
impactable ER visits per  
1000 in 2017 (VHAN)

**25.3**

Number of potentially  
impactable ER visits per  
1000 in 2017 (Dr. Patton)

# POST-ER FOLLOW UP

- CALL PATIENTS AFTER ER VISIT OR HOSPITALIZATION
- CHECKLIST FOR FOLLOW UP VISITS





## CALL PATIENTS AFTER ER VISIT OR HOSPITALIZATION

### 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 (or hospitalization). This should take about 10-15 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 you received 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 would like to go over any changes to your medicines.

4. **Were you started on any new medicines?**
  - If yes: Have you been able to fill your prescriptions?
5. **Were you asked to stop or change any of your old medicines?**
6. **What questions do you have about your medicines?**

### Appointments & Follow-up Services

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

7. **When is your follow-up appointment? [Assist patient with scheduling if not already done]**
8. **Tell me about any equipment or services you have as a result of your visit.**
9. **Are there barriers to getting services, medical equipment, or to your next appointment?**

**For patients who went to the ER, these questions can be used to discuss appropriateness and alternatives:**

	YES	NO	UNSURE	NOTES
<b>Did you try to call your doctor before you went to the ER?</b>				
If yes, did anyone answer?				
If yes, who did you talk to (nurse, doctor, etc)?				
<b>Did you consider urgent care, retail clinics, or walk-in options prior to going to the ER?</b>				
If yes, what made you decide on the ER?				
<b>Did anyone tell you to go to the ER?</b>				
If yes, who?				
If yes, why (condition, to see a specialist)?				
<b>Did you know we offer sick/same day appointments for urgent needs?</b>				

## 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 your doctor's office can offer same-day or next-day appointments.
- Urgent care clinics or walk-in clinics are another option. They are often located in grocery stores or pharmacies. Note these locations have hours beyond the typical 8a-5p and are open on the weekends.

### 10. 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 healthcare and ideally one that is close to you, where you can receive care quickly, and a place that financially makes sense for you."

### 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:

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

### 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.

## CHECKLIST FOR FOLLOW-UP VISITS

This checklist is intended to serve as a guide for conducting follow-up for patients recently discharged from the ER or hospital. While it is most relevant for primary care clinics, it can also be used by medical specialty and surgical clinics, particularly when the ER visit or hospitalization was related to a procedure or condition followed by that practice. Your practice might consider dividing tasks from the checklist between the clinical and administrative staff. For example:

- Frontline staff call to confirm appointments
- Nurse/MA initiates the medication reconciliation process prior to the visit
- Physician arranges for home health services during the visit

### Prior to the visit:

- ☐ Review discharge summary and/or ADT feed information, if available
- ☐ Initiate medication reconciliation
- ☐ Reminder call to patient or family/caregiver:
  - Emphasize importance of the visit and address any barriers (e.g., transportation)
  - Remind to bring medication lists and all prescribed and over-the-counter medicines
  - Give guidance for emergency and non-emergency care if needed before appointment
  - Coordinate care with home healthcare nurses and case managers (if appropriate)

### During the visit, ask the patient/family/caregiver to explain:

- ☐ His/her goals for visit
- ☐ What factors contributed to the ER visit or hospitalization?
- ☐ Perform medication reconciliation:
  - What medication(s) is the patient taking? On what schedule? Were any medications added, stopped, or changed? Any side effects, need for monitoring, or other concerns?

### Determine the need to:

- ☐ Adjust medications or dosages
- ☐ Follow-up on test results
- ☐ Perform additional monitoring or testing
- ☐ Discuss specific future treatments

### Teach-Back:

- ☐ Instruct patient in self-management; ask patient to repeat back
- ☐ Explain warning signs and how to respond; ask patient to repeat back
- ☐ Give guidance for emergency and non-emergency after-hours care; ask patient to repeat

### At the conclusion of the visit:

- ☐ Print reconciled, dated medication list and provide a copy to the patient/family/caregiver, home healthcare nurse, and case manager (if appropriate)
- ☐ Communicate revisions to the care plan to patient and care team
  - Consider skilled home healthcare and other supportive services
- ☐ Ensure that the next appointment is made, as appropriate
  - Consider scheduling recurring visits for frequent users of the ER
- ☐ Provide after-hours care instructions and telephone number



## NOTES

[illegible]

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