Reducing Unnecessary Hospitalizations: Avoiding Patient Visits to ED and Urgent Care Centers

SNEPTN wants to assist optometry’s increased integration within the medical neighborhood. Patients often self-refer to emergency departments for problems that can be treated or managed in the optometry office at a lower cost and with better outcomes for patients and providers.

By establishing a trackable metric, we will demonstrate the high level of performance and value optometrists deliver as first line eye care providers.

Metric Definition:

- **Numerator:**
  Number of patients contacting the office for urgent care who are seen within an appropriate time (as defined by clinical guidelines).

- **Denominator:**
  Number of patients contacting the office for urgent care.

- **Exclusions:**
  Patients seeking urgent care for conditions that are outside the scope of practice.

This process can be used by the practice to document how well it serves patients seeking urgent care. Sample target: > 85%.

Impactful Questions to Consider:

**Is there a system or understanding in place between your office and your local ambulatory care office to refer urgent cases?**
By building out your connections within the medical neighborhood you provide greater opportunity to provide timely cost efficient care for in-scope issues.

**Is your practice able to see patients for urgent or same-day appointments if needed?**
When patients require and appointment for an urgent issue, are you able to see them or refer them to another ambulatory provider on the same day or as appropriate?

Performance:
By highlighting the value that optometrists add within the medical neighborhood as first-line ambulatory providers as well as a source of direct referrals, we aim to accelerate their integration into current and future healthcare delivery models.

Please use the following tools to collect data on urgent care requests, utilization, and barriers.
PDSA

**Project Title:** Reducing unnecessary ED and urgent care center utilization  
**Date:** Sept. 25\(^{th}\), 2017

**Plan:** Identify methods and track practice performance for urgent access

**Lead:**

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**Plan · Do · Study (or Check) · Act (PDSA)**

<table>
<thead>
<tr>
<th>Team:</th>
<th>Clinician, Medical Secretary, Administrative staff, Support staff</th>
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<tbody>
<tr>
<td><strong>Problem Statement:</strong></td>
<td>Patient’s utilize emergency departments or urgent care centers for conditions that can be better addressed in an optometry office.</td>
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<td><strong>Goal:</strong></td>
<td>To improve outcomes of patients with urgent eye care needs.</td>
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<td><strong>Scope:</strong></td>
<td>In scope: Patients or other providers contacting the office seeking urgent care. Out of scope: Patients seeking care for conditions that are outside of the scope of practice.</td>
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<td><strong>Timeline:</strong></td>
<td>September 25, 2017 – October 23rd, 2017</td>
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**Countermeasures (Plan):**

**Track the number of patients that contact your office for urgent care (denominator) and the number that receive timely care for in-scope diagnosis (numerator).**

**Implementation (Do):**

**Track the incidence of urgent referrals and the rate of examination**

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<thead>
<tr>
<th>What</th>
<th>When</th>
<th>Who</th>
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</thead>
<tbody>
<tr>
<td>1. Track the number of patients contacting your office for urgent care on the associated log sheet.</td>
<td>Daily</td>
<td>Admin/Scheduling</td>
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<tr>
<td>2. Triage patients and examine as appropriate.</td>
<td>Daily</td>
<td>Scheduling/Clinician</td>
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<tr>
<td>3. Log the identified barriers (real or perceived) for patients for whom you were unable to provide care.</td>
<td>Weekly</td>
<td>Scheduling</td>
</tr>
<tr>
<td>4. Identify trends from the barriers worksheet to determine further interventions.</td>
<td>Bi-Weekly</td>
<td>All</td>
</tr>
<tr>
<td>5. Submit your aggregate numerator and denominator along with the number of weeks you collected data for.</td>
<td>Monthly</td>
<td>Admin.</td>
</tr>
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**Results/Conclusion (Study):**

This PDSA is designed to track and increase the number and proportion of patients that are seen for urgent care in the office, thus avoiding an unnecessary ED or urgent care center visit. Through increased access and greater integration with the medical neighborhood, we aim to improve patient outcomes and reduce overall costs.

**Follow-up Actions (Act):**

Once your practice has identified common barriers to care you will need to employ our processes to work on overcoming them.
PDSA Instructions

1. Include title and date in the header

2. List team members. Identify owner(s).

3. **Problem Statement**: Briefly state the problem in one sentence.
   
   *e.g. Meetings consistently start late.*

4. **Scope**: Define limits on what is not being included in this analysis.
   
   *e.g. Worcester campuses*

5. **Project Time Frame**: Identify beginning and estimated ending date or due date.
   
   *e.g. Would like to work on this in the next quarter (April-June, 2010)*

6. **Goals**: Describe the results you would like to see addressing the major factors contributing to the current condition. Quantify the goal, and provide a timeframe.
   
   *e.g. Reduce average number of meetings that start late; reduce length of time meetings start late; improve productivity by evaluating the overall frequency of meetings, length of meetings, and efficiency of meetings towards accomplishing meeting agenda.*

7. **Countermeasures (Plan)**: What do you plan to do at a high level? Every countermeasure is a Lean tool. What results do you expect to see?
   
   *e.g. Standard work for nurse triage or test ordering; Visual board for discharge status; Signal for test ordering required or patient ready in waiting room.*

8. **Implementation (Do)**: Describe what actions you are planning to do. Identify steps including who is assigned and when it is due. Carry out the change or test.
   
   *e.g. Develop protocol for meeting agenda contents including format and distribution of agenda to attendees 2 days prior to meeting. Expect to see reduction of late meeting starts to 25%. Work with HR to develop protocol(Sue). Communicate protocol(Bob).*

9. **Results/Conclusion (Study)**: Collect data and begin analysis. What behaviors did you observe? What happened? What were the challenges? What did you learn? Did you meet your measurement goal listed in the countermeasures (show results)?
   
   *e.g. 50% of meetings started late with average late time being 5 minutes.*

10. **Follow-up Actions**: (Accept, Adapt, Abandon) Are we ready to make a system change (if so: who, what, when, where)? Do we need to make revisions and test again in next PDSA?
    
    *e.g. Expand communication efforts to get the message out. Hold special classes on preparing an agenda and meeting effectiveness. Try promoting meeting length being 45 minutes instead of an hour.*
We are asking that you log the number of individuals who contact your office, who would otherwise seek care within the next 24 hours at an ER or urgent care center, for whom the office provided definitive care. If patients are unable to obtain care, please indicate the barrier on the sheet.

In the final column, tally the number of patients who received an appointment/care **over** the total number of patients who contacted the office.

This is a tool to identify areas for improvement; the sheet and identified barriers will not be collected.