An Automated ED Follow-Up Solution

Friday, August 28, 1-2 pm (EST)

Tom Scaletta MD
ED Chair/PX Medical Director
Edward Hospital
Disclosure

• Founder and President of Smart-ER

• Owner of IP rights to
  – SMARTworks® EffectiveResponse™
  – SmartControl™

• The views and opinions represented in this webinar are entirely my own and not necessarily those of Edward-Elmhurst Health
Agenda

• Post-discharge contact
  – Safety benefits
  – Satisfaction benefits
  – Provider performance metrics

• Frequent visitor control
  – Cost savings
The ‘Why?’

• Extends ED care
• “How are you?” establishes trajectory
• Fixing aftercare issues is good medicine
• Engagement correlates with compliance
• Measuring service improves service
• Timely complaint resolution is huge
• Positive feedback motivates staff
100 Million ED Discharges

• 4% are “worse”
  – 1 in 1,000 high risk identified
  – 1 in 10,000 adverse outcome averted

• 5% have aftercare issues
  – Increased medication compliance
  – Follow-up obstacles resolved

• 12% want to offer feedback
  – 5 compliments for each complaint
  – Many improvement opportunities
Misdiagnoses

• Tie to malpractice claims
  – Average payout $500,000

• “Worse” screens for downward trajectory

• Typical scenario
  – 100% Checked → 5% Return
  – Prevents 1 claim per 10K visits

Brown. *Acad EM*. 2010
Iglarsh. *CNA HealthPro*; 2008
Value = Triple Aim

- Health outcomes
  - Quality/safety surveillance
- Experience
  - Patients delighted
  - Complaints mitigated
- Cost
  - Achieve PX and MU incentives
  - Eliminate claims
  - Strengthen loyalty
EDPEC (ED-CAHPS)

- > 30 service questions
- Low $n$ due to length
- Results lag by 6 weeks
- Begins in 2016
PEOPLE WHO TOOK CARE OF YOU

Please answer the following questions about the people who took care of you during your emergency room visit.

16. During this emergency room visit, how often did nurses treat you with **courtesy and respect**?
   
   Never
   Sometimes
   Usually
   Always

17. During this emergency room visit, how often did nurses **listen carefully to you**?
18. During this emergency room visit, how often did nurses explain things in a way you could understand?
   Never
   Sometimes
   Usually
   Always

19. During this emergency room visit, did nurses spend enough time with you?
   Yes, definitely
   Yes, somewhat
   No

Questions 20-23 repeat for the doctor

‘What?’ and ‘How?’
System Structure
Data Acquisition

- EMR extract
- Daily upload automation
- HIPAA-safe cloud (FireHost)
- No HL7 interface
Link to Self-Assessment

• Both text (SMS) and email gateways
• Patient receives link to portal

Sun 8/16/2015 9:40 PM
Smart-ER <do-not-reply@smart-er.net>
Suburban Community wants to hear how you are doing today!
To tomscaletta@gmail.com

Please CLICK HERE to let the staff at Suburban Community know how you are doing today.

Thank you!

Doug Ross MD FAAEM FACEP
(800) 442-6819
Assessment Portal

Suburban Community

Follow-up Assessment

This assessment consists of 5 questions.

If your condition requires urgent medical attention, please call 911 or return to the hospital or contact your doctor, whichever is most appropriate. Clicking 'Agree/Continue' gives you an opportunity to provide feedback yet does not replace any need for urgent medical attention.

Agree/Continue
Health Status Feedback

- “How are you doing?”
  - Precedes “How are we doing?”
  - Screens for downward trajectory
  - Extends care (from hours to days)
- Map to like workflow
  - Reconciling positive cultures

Briefly explain why you are worse and then call your doctor for advice or return to the ER now.
Aftercare Feedback

• Screens for aftercare issue
  – Medication compliance
  – Follow-up obstacle
  – Home care uncertainties

• Case manager closes knowledge gaps

Record your questions and then call your doctor or the ER Case Manager for help with answers.
Provider Feedback

Provider Profile

Dr. Doug Ross
Board Certified in Pediatric Emergency Medicine

College
Harvard University
Degree
Molecular Biology
Medicine
MD - University of Chicago
Residency
Children’s Memorial
Interests
Exotic Travel

Top box score

We apologize for this experience. Please record some details for the medical director.
Provider Feedback

• Any provider type
  – Nurse
  – Physician
  – Midlevel
  – Resident
• Statically valid
• Timely feedback
General Feedback

• Open-ended question
• Gives patient a voice
  – compliments > complaints
• Staff more attentive
### Virtual Call Center List View

<table>
<thead>
<tr>
<th>Name/Age/Gender</th>
<th>Account Id</th>
<th>Complaint/Diagnosis</th>
<th>Visit Date/Time</th>
<th>Status</th>
<th>Triage Level</th>
<th>Calls Made</th>
<th>Details</th>
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<tbody>
<tr>
<td>E 53 Male</td>
<td></td>
<td>eval-v Ear lobe laceration, right, initial encounter</td>
<td>2015-08-22</td>
<td>Pending</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>eval g preg Miscarriage</td>
<td>2015-08-22</td>
<td>Pending</td>
<td>3</td>
<td>0</td>
<td></td>
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<tr>
<td>A E 25 Female</td>
<td></td>
<td>history of tissue damage Right knee sprain, initial encounter</td>
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<tr>
<td>Female</td>
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<td>EXERTION FROM WORK Costochondritis</td>
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<td>4</td>
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<tr>
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<td></td>
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<td>2015-08-22</td>
<td>Pending</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>G 52 Male</td>
<td></td>
<td>hit to head w/heavy object, vomited Scalp abrasion, initial encounter</td>
<td>2015-08-22</td>
<td>Pending</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Female</td>
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<td>DIB Asthma exacerbation</td>
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<tr>
<td>PHER</td>
<td></td>
<td>Abdominal pain Kidney stone</td>
<td>2015-08-22</td>
<td>Pending</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Callback Option

Patient Information

- Name: 
- Age: 52
- Gender: Male
- DOS: 2015-08-22 00:44
- Zip Code: 60565
- Payer: BCBS
- Language: English
- CC/DX: avial-v/Ear lobe laceration, right, initial encounter
- Revisits

Notes

Assessment

1. How are you feeling today compared to when you were seen in the ER?
   - Better
   - Same
   - Worse

Exclusion Options:
- Left Message
- No Answer
- Bad Number
- Not Home
- Can't talk now
AIM Module

Personalized response in 5 clicks

Edward Hospital

Tom Scaletta, MD, Medical Director

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>Age</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/15 06:54</td>
<td>JILL A</td>
<td>40 F</td>
<td>Email</td>
</tr>
<tr>
<td>08/15 07:53</td>
<td>ANNA M</td>
<td>30 F</td>
<td>SMS</td>
</tr>
<tr>
<td>08/15 06:10</td>
<td>BUCE</td>
<td>74 M</td>
<td>SMS</td>
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<td>08/15 02:37</td>
<td>LAMY</td>
<td>35 F</td>
<td>SMS</td>
</tr>
<tr>
<td>08/15 05:53</td>
<td>ATHON P</td>
<td>9 M</td>
<td>SMS</td>
</tr>
<tr>
<td>08/15 08:15</td>
<td>JEN JAY</td>
<td>63 M</td>
<td>Email</td>
</tr>
<tr>
<td>08/15 07:45</td>
<td>SARAH B</td>
<td>40 F</td>
<td>Email</td>
</tr>
</tbody>
</table>
Case Details

Patient ID: E
Account ID:
Triage Level: 4
TAT: 109 min
left knee injury / Knee effusion, left

Doctor: SHUFELDT, BARBARA A
Nurse: undefined
Resident: undefined
Midlevel: undefined
PCP: FRANKLIN, MALCOLM B

Response

Please rate the Nursing and Support Staff by the level of concern they showed for your wellbeing.

2. Low: I was given a knee immobilizer and crutches and told I could leave, however, no one helped me to get my shoe on, take my purse or even offer to walk out with me or get me a wheelchair. Very disappointing.

Notes

Add Note
AIM Module

Categorize

Doctor: SHUFELDT, BARBARA
Location: PED
Room: 11
Zipcode: 60585
Financial Class: WC

Notes

...
Thank you very much for sharing information about your recent visit to Edward Hospital. Please accept my apology for your negative experience.

I have reviewed your comments about the emergency nurse and will use this feedback to seek opportunities to improve. I am sorry that we did not assist you in leaving the department.

We value your trust and will continue to strive to offer our community the very best.
Analytics

<table>
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<tr>
<th>Email Listed</th>
<th>Email Contact rate</th>
<th>SMS Listed</th>
<th>SMS Contact rate</th>
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<tbody>
<tr>
<td>2828 (51.2%)</td>
<td>502 (17.8%)</td>
<td>3599 (65.1%)</td>
<td>699 (19.4%)</td>
</tr>
</tbody>
</table>

Please rate the Nursing and Support Staff by the level of concern they showed for your wellbeing:

- 5 - Very High: 880 (63.7%)
- 4 - High: 348 (25.2%)
- 3 - Average: 134 (9.7%)
- 2 - Low: 13 (0.9%)
- 1 - Very Low: 6 (0.4%)

Disposition

<table>
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<th>Disposition</th>
<th>Total</th>
<th>%</th>
<th>TAT</th>
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<tbody>
<tr>
<td>Admitted</td>
<td>33</td>
<td>11.7</td>
<td>125 min</td>
</tr>
<tr>
<td>Discharged</td>
<td>224</td>
<td>79.4</td>
<td>94 min</td>
</tr>
<tr>
<td>Transferred</td>
<td>6</td>
<td>2.1</td>
<td>166 min</td>
</tr>
<tr>
<td>LWBS</td>
<td>0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Expired</td>
<td>0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Unclassified</td>
<td>19</td>
<td>6.7</td>
<td></td>
</tr>
</tbody>
</table>

Triage

<table>
<thead>
<tr>
<th>Triage</th>
<th>Total</th>
<th>%</th>
<th>Admit %</th>
<th>TAT</th>
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<td>1</td>
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<td>0.0</td>
<td>0.0</td>
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<td>2</td>
<td>40</td>
<td>14.2</td>
<td>27.5</td>
<td>155 min</td>
</tr>
<tr>
<td>3</td>
<td>118</td>
<td>41.8</td>
<td>17.8</td>
<td>116 min</td>
</tr>
<tr>
<td>4</td>
<td>121</td>
<td>42.9</td>
<td>0.8</td>
<td>109 min</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>0.7</td>
<td>0.0</td>
<td>15 min</td>
</tr>
</tbody>
</table>
Digital Advantage

• Asynchronous communication
  – Non-disruptive
  – Thoughtful response

• Automation
  – Pop-up messages
  – Trigger alerts

• High rate of contact
  – One-third of discharges
  – Granular performance data
Multi-Lingual

• How are you doing?
• ¿Cómo te va?
• 你好吗？
• Jak się masz?
  • בו דעתו איר תאם?
  • كيف حالك؟
Relative Costs

• In-house Callback Staff
  – 1 FTE per 20K volume
  – High turnover
  – $30/h for RN and $15/h for clerk
  – Supervision, space, equipment

• Digital System
  – Fractional cost
  – Match existing workflow
Sample Size Matters

• 30 is the Statistical “Magic Number”

• Paper Survey
  – 1.7% sample rate (Handel, Annals of EM, 2014)
  – 2,250 patients \((2,250 \times 80\% \times 1.7\% = 30)\)
  – 8 months \((2\ PPH \times 34 \ h/week)\)

• Digital Survey
  – 25% sample rate
  – 150 patient \((150 \times 80\% \times 25\% = 30)\)
  – 2 weeks \((2\ PPH \times 34 \ h/week)\)
## Power of Statistical Validity

<table>
<thead>
<tr>
<th></th>
<th>9/14</th>
<th>10/14</th>
<th>11/14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients seen</strong></td>
<td>233</td>
<td>249</td>
<td>156</td>
</tr>
<tr>
<td><strong>Contacted</strong></td>
<td>40 (17.2%)</td>
<td>42 (16.9%)</td>
<td>24 (15.4%)</td>
</tr>
<tr>
<td><strong>Top Box</strong></td>
<td>65.0%</td>
<td>64.3%</td>
<td>70.8%</td>
</tr>
<tr>
<td><strong>Hours worked</strong></td>
<td>68</td>
<td>68</td>
<td>46</td>
</tr>
<tr>
<td><strong>Pt/hour</strong></td>
<td>3.4</td>
<td>3.7</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>WLU/hour</strong></td>
<td>3.0</td>
<td>3.2</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Admit rate</strong></td>
<td>11.6%</td>
<td>6%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TAT Admits</strong></td>
<td>105</td>
<td>107</td>
<td>183</td>
</tr>
<tr>
<td><strong>TAT DCs</strong></td>
<td>78</td>
<td>69</td>
<td>109</td>
</tr>
<tr>
<td><strong>TAT TRs</strong></td>
<td>241</td>
<td>112</td>
<td>179</td>
</tr>
</tbody>
</table>

Note: The highlighted numbers indicate significant changes or notable values.
toe injury / Substance abuse

Response

Would you like to add anything else about your experience? Yes: I came in after falling while I was in a fog from Ambien. It was the best experience I've ever had w/ your ER. Not a care in the world. I remember something about the dr. yelling. That's about it. I have no idea how long we waited. A wonderful way to visit Edward. I highly recommend it.
Example: “Worse”

- 25 F in rear end auto collision diagnosed with whiplash and reports worse back pain the next day

- Charge nurse intervention:
  - Neurological symptoms excluded
  - Patient pleased with the attention
  - Unnecessary return ED visit avoided

- Rate: 1-2 per day
Example: Follow-up Barrier

- 47 M with L1 herniated disc and numbness referred to spine surgeon and refused since “out of network”

- Case manager intervention:
  - Medicaid managed care/limited referral options
  - Office reminded about on-call obligation
  - Next-day visit scheduled

- Rate: 3-4 per day
Example: Averted Claim

- 25 M with diagnosis of “lumbar strain” developed fever and weakness

- Charge nurse intervention:
  - Patient instructed to return
  - Epidural abscess diagnosed on MR
  - Patient has same day surgery and regains full strength

- Rate: 2 per year
Would you like to add anything else about your experience?

Yes: Everyone I encountered at Edwards was respectful, performing their duties well with a pleasant demeanor. The valet, triage, recorder volunteer, custodian, nurse, and doctor all did what was needed to produce a favorable outcome.

Yes: Excellent staff everyone was very attentive and compassionate toward my condition. As my injuries were result of domestic violence.

Yes: The staff went above and beyond, they took care of my other two children and helped calm a very frazzled mommy. I’m so grateful!
As we near the end of nurses week, I wanted to share the past few weeks of positive comments about our nurses that have come in from patients.

We try to re-contact every discharged patient by text or email to check on their wellbeing and see if they were satisfied. The feedback (sort of) makes you kind of feel sorry for the other area ERs.

On behalf of each and every one of us emergency physicians, thanks for all you do each and every day.

Enjoy!

- They were awesome
- I have always gone to Rush Copley because the closer my home but I think next time I need to go to the hospital I will go to Edwards
- Edwards has a great team of professionals in there ER. They worked in sync with each other and included me at with what they were doing, and what I could expect going forward. A wonderful experience.
- My Nurse Was Amazing!!!
- My nurse Kelly was awesome. She had just come on and came right in to treat me. Fantastic representative of your hospital
- So sweet and caring
- Although it did take almost minutes before a nurse came in. A tech leaving stopped in and asked if I had been seen, started taking my vitals and immediately got a nurse.
- They were attentive, friendly and affective.
- The ultra sound tech was the best comforting me about my babies condition
- Outstanding nursing care
- Very responsive, professions , and efficient
- Both Nurses where kind and helpful
- The best!!!!!
- They treated me very well and took my concern seriously.
Digital Link/Reception

• Email address (50%)
  – 94% are delivered
  – Half are opened
  – 1% unsubscribe

• Cellphone (70%)/Text (SMS)
  – 78% are delivered
  – 0.5% opt-out
Wellbeing Alert Frequency

“Worse”

Both

Aftercare Issue
Meaningful Use

• Half completing self-assessment clicked to MyChart
• 12.5% of ED discharges
• 53% new users
  – Higher rate than any other source
## Super Utilizers

<table>
<thead>
<tr>
<th>Visits</th>
<th>Name/Age/Gender</th>
<th>Financial Class/PCP</th>
<th>Account Id</th>
<th>Arrival Date/Time</th>
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</thead>
<tbody>
<tr>
<td>52</td>
<td>ROBERT W / 43 M</td>
<td>COMM / Tom Scaletta</td>
<td></td>
<td>02/17/2015 08:45PM</td>
</tr>
<tr>
<td>38</td>
<td>ROBERT R / 31 M</td>
<td>CARE / Tom Scaletta</td>
<td></td>
<td>02/13/2015 12:12AM</td>
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<tr>
<td>32</td>
<td>SHEREE A / 29 F</td>
<td>CARE / Tom Scaletta</td>
<td></td>
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</tr>
<tr>
<td>31</td>
<td>RAYA S / 57 F</td>
<td>BCBS</td>
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<td>12/01/2014 11:53AM</td>
</tr>
<tr>
<td>26</td>
<td>ARON M / 57 F</td>
<td>BCBS</td>
<td></td>
<td>08/22/2014 01:14PM</td>
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<tr>
<td>26</td>
<td>ANNIE L / 52 F</td>
<td>MA</td>
<td></td>
<td>01/06/2015 08:08PM</td>
</tr>
<tr>
<td>25</td>
<td>ARON M / 62 F</td>
<td>CARE</td>
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</tr>
<tr>
<td>24</td>
<td>JACLYN C / 35 F</td>
<td>COMM</td>
<td></td>
<td>01/12/2015</td>
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### Visit History

<table>
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<tr>
<th>Date</th>
<th>Description</th>
<th>Diagnosis</th>
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<tbody>
<tr>
<td>02/23/2015</td>
<td>Wound Check</td>
<td>Cellulitis</td>
</tr>
<tr>
<td>02/18/2015</td>
<td>eval p</td>
<td>Anxiety</td>
</tr>
<tr>
<td>02/17/2015</td>
<td></td>
<td>Laceration</td>
</tr>
<tr>
<td>02/10/2015</td>
<td>URI-cough</td>
<td>Acute bronchitis</td>
</tr>
<tr>
<td>02/08/2015</td>
<td>Panic attack</td>
<td>Anxiety</td>
</tr>
<tr>
<td>01/27/2015</td>
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<td>Cough</td>
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<tr>
<td>01/21/2015</td>
<td>back pain, groin, leg tingling</td>
<td>Groin strain</td>
</tr>
<tr>
<td>01/09/2015</td>
<td></td>
<td>Bronchitis</td>
</tr>
<tr>
<td>01/05/2015</td>
<td>fall</td>
<td>Lumbar strain</td>
</tr>
</tbody>
</table>

### Super Utilizers

- **Patient Name:**
  - VICTORY W / 43 M
  - ROBERT R / 31 M
  - DREA K / 29 F
  - VANDA S / 57 F
  - ARON M / 57 F
  - ALLIY E / 32 F
  - ARON / 62 F
  - CHERYL C / 35 F
## SmartControl™

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
</tr>
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<tbody>
<tr>
<td>Narcotic Dependence</td>
<td>Personality Disorder</td>
</tr>
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</table>

### Problems

- Addictive personality and usually presents with multiple somatic complaints.
- Readily accepts plan when no test or prescription necessary.
- Has never seen primary care physician.
- Patient is homeless and lives in shelters.

### Solutions

- Avoid narcotic Rx
- Avoid unnecessary testing. Avoid narcotic Rx
- Dr. Smith has agreed to accept patient in his practice. His nurse practitioner, Mary Jones can be reached at 630-555-5555.
- Identify psychiatrist and obtain ROI to share information

### Care Network

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<th>Medical/PCP</th>
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<th></th>
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<tr>
<td>Medical/Specialist</td>
<td>Tom Scaletta</td>
<td><a href="mailto:tscaletta@edward.org">tscaletta@edward.org</a></td>
<td>5678901234</td>
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<tr>
<td>Mentor/Guide</td>
<td>Psychiatry</td>
<td>David Lott</td>
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<td>Support 1</td>
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<td>Kary Thomas</td>
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<tr>
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### Newly Listed Super User

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<th>First 6 Months</th>
<th>Second 6 Months</th>
<th>Name/Age/Gender</th>
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You are listed as a Care Network member for a frequent ED user that signed into the ED yesterday. Please take a moment to click into the portal and review the current care plan and please let me know if it requires any modification. Also, please re-engage with this patient to emphasize the need for care plan compliance.

Click [HERE](mailto:tomصلالتta@gmail.com) to link to portal.

Chris Nicholas, RN
ED Case Manager
(630) 527-5821
cnicholus@edward.org

Notice to individuals receiving alcohol, drug abuse and or mental health information: The confidentiality of medical and substance abuse patient information disclosed to you is protected by federal laws and regulations, including HIPAA and state mental health and disabilities confidentiality laws. Generally, you may not further disclose the identity of the patient, or any information identifying the patient as an alcohol or drug abuser, or recipient of mental health services, unless: (a) the patient consents in writing; (b) the disclosure is allowed by a court order; or (c) the disclosure is made to medical personnel in an emergency care situation or to qualified personnel for research, audit, or
Four Categories

- Convenience
- Substance dependent
- Medically fragile
- Psychiatrically fragile
Multidisciplinary ED Care Coordination Program

- Direct cost reduction
  - $942 per frequent user (3-11 visits)
  - $4,299 per super user (>11 visits)
  - Cut visits to less than one-third
  - ED Volume x $70 ($3.5M in a 50K ED)

1. Set Expectations
2. Design Care Plan
3. Alert all involved

Murphy/Neven J Emerg Med 2014
Seven Steps to Success

- Identify frequent users
- Hire ED case managers
- Flag patients with Care Plans
- Identify committed providers
- Arrange social support
- Automate workflows
- Measure success
Summary

• Safety
  – Charge RN advise patients when “worse”
  – Case managers resolve an aftercare issues

• Satisfaction
  – Patients have a voice and staff know it
  – ED leaders aware of compliments, complaints

• Savings
  – Reduce unnecessary visits
  – MU and PX incentives
Related Articles

• A Better Way to Elicit Patient Feedback
• Can you afford not to invest in digital patient engagement?
• Timely patient satisfaction surveys: No longer an option
• Best Practices for improving care with patient follow-up
• Post-Discharge Follow-Up Isn't Just for Hospitalizations: The Value of Contacting ED Patients
• Discharge Texting: The Evolution of ED Callbacks
• Happy Meals for Everyone?
• Frequent ED users – Transitioning from volume to value
• ED Care Coordination with a Regional Hospital IT System
An Automated ED Follow-Up Solution

Friday, August 28, 1-2 pm (EST)

Tom Scaletta MD
ED Chair/PX Medical Director
Edward Hospital