PLAN – What is the system/process/aspect of care being reviewed?

Problem Effect Statement
During the past 2 years, from 1/1/08 through 12/31/10, SBCHC’s ER Visits have continued to rise. Visits reported in 2009 at 3,290; and 2010 at 3,916. This has resulted in an opportunity for improvement aimed at reducing preventable ER visits.

The South Boston Community Health Center (SBCHC) Emergency Diversion (ED) efforts are aimed at achieving multiple goals.
- Insure follow-up of patients receiving care in the ER.
- Reduce preventable ER visits.
- Increase primary care visits
- Engage patients in care at SBCHC
- Identify complex cases needing care management

Performance Target Effect Statement
Reduce preventable ER Visits by 2% over baseline year (2009), as measured by:
- # ER Visits
- # preventable ER visits
- complex cases enrolled in Care Management
- # education/outreach strategies implemented
- # and type practice redesigned care models

Methodology – What are the performance measures/indicators?
- MC staff retrieves reports from BMC and other facilities.
- Reports are reviewed to confirm patient is seen at/assigned to SBCHC.
- Reports are reviewed to determine patient’s complaint, date & time of ER visit, and disposition of patient.
- Reports are reviewed to assess if ER visit was during SBCHC hours, if ER visit was appropriate (i.e. complaint), if patient was directed to ER by SBCHC provider.

Data Source – What data will be collected? How?
SBCHC receives a roster of patients seen in BMC ED each day, and a faxed report of the completed ER visit. These reports are reviewed to determine the patient’s complaint (was visit preventable), time of ER visit (during SBCHC hours?), and the disposition of the patient (admitted?).

All SBCHC patient ER visits are tracked on our ER log which includes patients name, DOB, MRN, date/time/location of ER visit, complaint, disposition, and outreach effort.

Person responsible for data collection/analysis?
Patient outreach is conducted by SBCHC’s Managed Care staff.

Time period covered?
From January 1, 2008 to December 31, 2011.
DO – What system/process improvements were implemented?

- Established walk-in triage nurse protocols to give access to patients who would otherwise go to the ER for non-urgent issues.
- Trained all of the nurses so the triage protocols would apply to all staff and thus be more sustainable.
- Implemented an education and outreach protocol for patients who frequent the ER and coordinated with hospital discharge planners to address preventable readmissions.
- Patients seen in the ER during SBCHC hours for a preventable visit receive a letter detailing SBCHC’s services, hours, and contact telephone numbers as well as a SBCHC brochure.
- Patients due for routine health care are contacted by telephone or by mail and invited to schedule a primary care visit.
- Asthma and COPD patients are contacted by telephone and a follow-up appointment is scheduled with their PCP within one week of their ER visit.
- Pediatric patients and admitted patients are followed by the Managed care RN.
- Patients needing suture removal and/or wound care are contacted by telephone and offered an appointment at SBCHC.
- Patients seen in the ER for substance abuse issues are contacted by telephone and offered an appointment with their PCP.
- Inactive patients (no SBCHC visit in 2 years): PCP assignment verified through Nehen; welcome letter and SBCHC brochure sent to patient.
- New patients receive a welcome letter and SBCHC brochure.
- SBCHC ER visit patient survey is conducted by telephone if possible, or included in patient mailing (see ER Visit Patient Survey).
- SBCHC providers receive a “flag” via EMR system informing them of patient’s ER visit including complaint and disposition, and inviting their input on follow-up needs.
- Providers also receive the ER report in the patient’s SBCHC EMR the same day they receive the “flag”.
- MC staff generates BMC ER visit reports, verifies patient’s SBCHC provider, and documents their SBCHC MRN on visit report.
- ER visit reports from other facilities are also processed in this way.
- Patients visiting the ER during SBCHC business hours will receive a letter outlining the health center’s hours and services (See ER Visit Letter).
- All ER reports are brought to SBCHC Medical Records department to be scanned into the patient’s EMR.
Key Performance Indicators include:

- # patients receiving care in the ED
- % Reduction in preventable ED visits.
- % Increase in primary care visits
- % Improvement in Engagement of patients in care at SBCHC
- % Increase in Identification of complex cases needing care management

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>2009</th>
<th>2010</th>
<th>*1st Qrt 2011</th>
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<tbody>
<tr>
<td>Known ER visits</td>
<td>3,290</td>
<td>3,916</td>
<td>981</td>
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<tr>
<td>Patients sent to ER by SBCHC provider</td>
<td>199</td>
<td>246</td>
<td>59</td>
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<tr>
<td>Inappropriate ER Visits (time of day/complaint)</td>
<td>436</td>
<td>322</td>
<td>86</td>
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<tr>
<td>Follow-up appointments</td>
<td>1,643</td>
<td>2,171</td>
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<tr>
<td>Patients with 3 or more visits</td>
<td>247/1298 =19%</td>
<td>310</td>
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<tr>
<td>Patients assigned but not seen at SBCHC or Inactive</td>
<td>165</td>
<td>144</td>
<td>274</td>
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<tr>
<td>Patients with new medical home. Balance of patients did not respond to outreach efforts.</td>
<td>38</td>
<td>24</td>
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<tr>
<td>Identification of complex cases needing care management</td>
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*1st quarter 2011, January through March, higher rates due to winter season variation

Comments:

- All of the health center’s walk-in patients during the year were seen by the nurse triage. Of those patients, the majority were given same day appointments, initially with the NP who was staffing the triage nurse position, and then with staff providers after a thorough work-up using the newly developed triage protocols.
- SBCHC’s appointment capacity was approximately 10% less than it had been the previous year.
- Based on data from emergency department visits to the health center’s largest referral hospital, Boston Medical Center, inappropriate visits as a percent of total visits dropped 2.0% (from 12% to 10% of total visits) when comparing the first six months to the second six months of the grant.
- South Boston CHC showed a decrease in the percentage of ED visits that were ambulatory sensitive (-1.6%), a decrease in the percentage of ED visits that were low acuity (-1.5%), a decrease in the percentage of weekday work hour ED visits that were non-emergent (-2.4%) and a decrease in the percentage of members who had three or more ED visits (-6.4%). The health center showed a decline in those members with an ED visit who also had a primary care visit, which was not surprising given their provider shortage during the year.
ACT – What is next? Actions/recommendations?

- Expand processes to further decrease ER visits; telephone survey for patients with recent ER visits; improved access to care; increased utilization of nursing staff.
- Continue the use of triage protocols by SBCHC nursing staff in assessing patients in person or on the telephone.
- Over the past year, the health center strengthened its already close relationship with its primary hospital partner, Boston Medical Center. The health center receives daily lists of all health center patients seen in their ED. In addition, the hospital designated one specific discharge coordinator who was in charge of communicating with the health center’s managed care nurse about each and every one of the discharged patients to ensure continuity.
- SBCHC worked to establish a similar relationship with other partner hospitals and is now getting similar reports from these institutions. These visits are logged, tracked and sent to the providers via the electronic medical record (EMR) for follow-up.

Contact Information

SBCHC Contact:
Cheryl MacKoul, R.N.
617-464-7458

NHP Contact:
Helen Hendricks, R.N., M.S., CPHQ
Director of Quality Management and Improvement
617-979-5868
SBCHC ER VISIT PATIENT SURVEY

My name is _______, and I’m calling/writing on behalf of the SBCHC. I’d like to ask you a few questions regarding your recent visit to the ________________ Emergency Room.

1. Were you able to speak with a Health Center stall member before going to the emergency room?

2. If you were told there were no available appointments, were you offered the option of speaking with a nurse?

3. If you did speak with a nurse, did he/she offer advice on managing your illness and offer to schedule an appointment for you that day or the following day?

4. How can the South Boston Community Health Center make it easier for you to receive care for illness/injury here without having to go the emergency room?

Please return this to the South Boston Community Health Center Managed Care office, by mail or in person. Thank you for helping us work toward being a better health center.

Sincerely,

Cheryl MacKoul, RN
Care Coordinator
SBCHC
617-464-7458
Dear EASTER,

We were recently informed that you visited a hospital Emergency Room.

We are sorry to hear of your difficulty and hope that you are feeling better. If you need help in any way, please call us at 617-269-7500.

Please be aware of our office hours. Monday – Wednesday, 8:30am – 8:00pm, Thursday – Friday 8:30am – 5:00pm and most Saturdays 9:00am – 1:00pm, generally including lab and X-Ray services. Please be sure to call us first if you have a pressing medical need during these hours. We can generally arrange a same day appointment with a shorter wait, better access to your medical history, and at a lower cost (for most patients) than a hospital ER. If you are trying to contact us after hours, our answering service (617) 269-7500 will page the on call physician, and he or she will return your call as soon as possible.

If your condition is an emergency, such as severe chest pain, severe injury, unconsciousness, or uncontrollable bleeding, call 911 or go to the nearest emergency medical facility. Please notify our office within 48 hours or as soon as possible after receiving emergency care.

If you have any questions or concerns regarding this letter, please call me at (617) 464-7458. I am generally available Monday through Thursday, 8am to 4pm.

Sincerely,

Cheryl MacKoul. RN
Care Coordinator