Tackling ED Recidivism: Creating Individual Care Plans in the Emergency Department

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Objectives:
1. Reduce recidivism rates through the creation of individualized plans of care in the Emergency Department
2. Manage health care costs
3. Empower patients to become active participants in their own health care by providing tools and alternatives to promote healthy lifestyles
4. Provide consistent high quality patient centered care with each ED visit

Planning/research methods:
1. Develop specific criteria to select appropriate candidates for care plan implementation
2. Create an operational guideline that promotes the fair and equitable treatment of all patients
3. Identify medical personnel that would be essential in order to create a culturally sensitive, holistic, and diverse team.
4. Gain organizational support
5. Identify how the project can successfully incorporate actions to address the new health care reform measures
6. Identify technology that facilitates communication among ED staff, and links documentation, the tracking of patient outcomes, and the gathering of data.
7. Design methods and tools to involve the patient, family or support system, in their plan of care
8. Create partnerships with primary care givers, pain management specialists, and external agencies to build a community of support for the patient.

Implementation methods:
Patients identified for individual care plans included those with frequent visits to the ED defined as one of the following: 1) more than 6 visits for the same or similar complaint in the last year; or 2) more than 3 visits for the same or similar complaint in the last 6 months; or 3) more than 10 visits for various pain or condition complaints in the last year. Patients with evidence on the Illinois Prescription Monitoring Program website (https://ilpmp.org) of inappropriately obtaining opioid prescriptions and other behavior that could be well documented (i.e., patient makes no effort or is deceitful about following up with primary doctor specialist since last visit, subjective pain is significantly out of proportion to objective findings, concurrent presentation of opioid withdrawal symptoms, etc.) were also included in the cohort receiving individual care plans. Patients were categorized into one of five different demographic groups: Chronic care/special needs, narcotic dependence, social concern, behavioral related and CT watch list.

Results:
309 individual care plans were developed for patients using the identification methodology described above. Of those 309 patients, ED recidivism was reduced from 2,206 visits prior to the individual care plan to 549 visits (75% reduction) post care plan. ED readmissions were also reduced from 577 prior to the individual care plans to 113 (79% reduction). Reductions for both recidivism and readmissions were seen across all demographic groups.