Reducing Potentially Avoidable Emergency Department Visits Protocol

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A. Population

At a minimum, the population will include patients who:

- have visited the ED at least twice in the last 12 months for potentially avoidable reasons
- are visiting their PCP for a wellness visit or other scheduled appointment

Physicians can use their own discretion to also include families who:

- Are visiting their PCP soon after their first potentially avoidable ED visit
- May be at risk of being a high utilizer by their social determinants of health
B. ED Intervention

**When:** During a scheduled visit

**Who:** Patients who scheduled a visit with their PCP and have been flagged as visiting the ED 2+ times in the past 12 months

**What:** A 3-5 minute conversation including one of the sample scripts (and potentially including one of the items detailed in the appendices)

**Recommended Face-to-Face Timing**

The total time spent face-to-face with the patient discussing ED use should be around 5 minutes. This would include:

- Completing one of the sample scripts (detailed in section D)
- A reference sticker or handout with clinic hours, urgent care information, and other after-hours care

**Other Time Spent**

In addition to the face-to-face educational intervention time, there are pre and post visit processes that will contribute to the identification and follow up of patients who have visited the ED. These steps will ideally be completed by someone other than the PCP to maintain sustainability. This includes:

- Receiving patient visit information from the ED and documenting it in the patient’s medical record
- Reviewing medical records to flag patients who have visited the ED 2+ times for potentially avoidable reasons
- Preparing supporting educational materials before the appointment
- Completing the intervention tracking and evaluation sheet post-visit
C. Sample Provider Checklist for Post-ED Follow-Up Visit

| Prior to the visit | • Review discharge summary  
|                    | • If there are any outstanding questions, clarify with sending physician  
|                    | • Initiate medication reconciliation with attention to the pre-hospital regimen  
|                    | • Reminder call to patient or family/caregiver to:  
|                    |   o Stress importance of the visit and address any barriers  
|                    |   o Remind patient/family/caregiver to bring medication lists and all prescribed and over-the-counter prescriptions  
|                    |   o Provide instructions for seeking emergency and non-emergency after-hours care  
|                    | • Coordinate care with home health care nurses and case managers if appropriate  

| During the visit | • Say: Our clinic would like to be your child’s medical home or home base helping you with all of your child’s health care needs. We like to learn from our patients and families how we might improve the care we provide.  
|                  | • Ask the patient/family/caregiver to share:  
|                  |   o What would be helpful for you to get from today’s visit?  
|                  |   o How did you decide the ED was the best choice in this situation?  
|                  |   o What medications he/she is taking and on what schedule?  
|                  | • Perform medication reconciliation with attention to the pre-hospital regimen  
|                  | • Determine the need to:  
|                  |   o Adjust medications or dosages;  
|                  |   o Follow-up on test results;  
|                  |   o Do monitoring or testing;  
|                  |   o Discuss advance directives;  
|                  |   o Discuss specific future treatments  
|                  | • Instruct patient in self-management; have patient repeat back  
|                  | • Explain warning signs and how to respond; have patient repeat back  
|                  | • Provide instructions for seeking emergency and non-emergency after-hours care; have patient repeat back  

| At the | • Print reconciled, dated, medication list and provide a copy to the
<table>
<thead>
<tr>
<th>conclusion of the visit</th>
<th>patient/family/caregiver, home health care nurse, and case manager (if appropriate)</th>
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<tbody>
<tr>
<td>• Communicate revisions to the care plan to patient/family/caregiver, health care nurses, and case managers (if appropriate). Consider skilled home health care or other supportive services.</td>
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<tr>
<td>• Ensure that the next appointment is made, as appropriate</td>
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D. Sample Script

**Tips for sharing information**

1. Understand what the patient already knows, and what they would like to know, by asking.
2. Provide information in as neutral a way as possible while demonstrating that you recognize the parent wants what’s best for their child.
3. Check their understanding of what you have just said - “We covered a lot today and I want to make sure that I explained things clearly. So let’s review what we discussed. Can you please describe...”
   [Tips on Teach-Back method here]

There are some other general rules for giving information. The most important is to always ask permission first. If you do not, it could feel like a lecture and the patient may not be receptive, even if you are presenting useful information. This can be done quickly, simply by saying: “Is it OK if I tell you a little more about that?”

**Sample Conversation Starters for Encouraging Visits to Medical Home**

**rather than the ED [For Patients with Recent ED Use]**

*Could be used for follow-up calls/visits for patients with recent ED use*

- “I see that you have been in the Emergency Department recently. That must have been hard/scary for you. Would it be okay if we talked about this for a few minutes?”

*If they say yes, continue...*

- “Can you tell me a little more about this visit?”

*Let them explain why they went to the ED. This will give you more information about what happened, etc. This will...*
give you an “in” to find out why they went to the ED instead of your practice.

- “How did you decide the ED was the best choice in this situation?”

This gives the patient a chance to voice what they see as positive. It also may give you more information about what they might NOT know so you can fill in the blanks. Explain to the patient the benefits of being seen by their own provider.

- “Could I share some information about how we handle urgent or after-hours calls?”

If they say yes continue with:

- “We hope you see us as your medical home or home base for your child’s health care needs.” [explain what a medical home is if needed].
- “As your medical home, we have an after-hours plan so you can reach us outside of business hours – you can start by calling the main number, it is XXX-XXX-XXXX.”
- “What do you think about what we’ve talked about?”

E. Additional Materials

There are additional recommendations shown to reduce ED use but are not included in the primary intervention protocol. These materials include messaging strategies regarding operating hours and preventative outreach education.

Communication Materials

a. After-Hours Voicemail Script Sample

Thank you for calling [Practice Name]. We are currently closed, however, please listen closely to the following options. If you are a patient and your problem is urgent and cannot wait until regular office hours, there is an advice nurse/provider available to handle your urgent problem. Please call XXX-XXX-XXXX for the advice nurse/provider on-call.

For all other non-urgent requests please call during normal business hours. Our regular office hours are XXXX. For immediate emergencies needing medical attention call 911.

b. Website

Updating the clinic website with information regarding after-hours care and when it is appropriate to use the ED can be beneficial for patients. An appropriate webpage would include the urgent care center name, phone number, address, and hours and an after-hours phone number if applicable.
c. Hours marketing

In addition to the phone recording and website conveying operating hours and urgent care center information, other marketing materials can increase family knowledge. Examples of these materials include a refrigerator magnet, postcard, or fliers posted around the clinic.

New Patient Welcome Letter
A new patient welcome letter would supplement a provider telling the patient during their first visit about their after-hours care options and procedures. An example is below:
SAMPLE: New Patient Welcome Letter

[Practice Name]

[Address]

Your Partner in Excellent Health Care

When you choose our practice, your health care becomes our responsibility and we work as hard for your health as you do. We all share that commitment, setting high standards for ourselves and the quality of our care and we deliver on that promise through caring, convenience and qualifications. We will attempt to have your personal provider at each of your appointments. However, if he/she is not available, our providers work as a team and use our electronic medical record system to provide coordinated care.

Providing more services is a growing trend for our practice to help our patients find access to multiple services at a single site. [Practice Name] proudly offers XX as well as [in-house laboratory] for patient convenience.

Scheduling Appointments

When you call the office for an appointment, be sure to tell us the reason for your appointment so we can plan on a date and time that is most convenient for you. Appointments for physical exams and routine visits are typically available and can be scheduled as needed. We know that illnesses are unexpected and we will try to work around your schedule to bring you in for immediate care and attention.

Regular Office Hours
Telephone #: (XXX) XXX-XXXX
After Hours #: (XXX) XXX-XXXX
Fax #: (XXX) XXX-XXXX

Monday X XXAM – X XXPM
Tuesday X XXAM – X XXPM
Wednesday X XXAM – X XXPM
Thursday X XXAM – X XXPM
Friday X XXAM – X XXPM

Urgent Care Center
Telephone #: (XXX) XXX-XXXX
Name
Address
City, State, Zip
*(Open Daily X XXAM – X XXPM)

Extended Hours and After-Hours Emergencies
Health care emergencies can happen anytime. If you have an urgent problem and the office is closed, call us anyway (XXX) XXX-XXXX. We are on call 24 hours a day. If you feel that you have a life-threatening emergency, call 911 or go straight to the nearest hospital emergency room. It is your responsibility to inform the practice regarding care with any other health care facilities and providers.

First Visit and Follow-Up Visits

On your visit, check in at the registration desk so your information can be reviewed for accuracy. You can help us serve you better by notifying the registration desk of any changes in name, address, telephone number or insurance coverage since the time of your last visit. Verifying this information at each visit will help ensure the accuracy of submitting your services to your insurance(s) company in a timely manner.

We try to follow our scheduled appointments as closely as possible. However, due to unavoidable circumstances or emergencies, a provider may have to spend additional time with a patient who may have had an appointment prior to yours. This may result in a delay in seeing your provider. We appreciate your patience and understanding in such circumstances.

Prescriptions and Refills
We proudly use electronic prescribing to improve prescription safety and efficiency. Prescriptions and refills are issued during regular office hours. Call your local pharmacy for all refill requests.
Calling after ED Use
An alternative to waiting for the patient to schedule a visit in order to have a discussion to ED use is having a trained staff member conduct calls. A sensitive, personable staff member can use the script above.

Primary Care Reminder Letter
For families who do not visit their primary care clinic or reliably communicate by telephone could benefit from a primary care reminder letter. This letter would be sent after the patient’s primary care clinic learns about their recent ED visit. A sample is below:
SAMPLE: Primary Care Reminder Letter

Dear _______________________

According to our records, you recently went to the emergency department for a problem that we could have helped you with. We would like to be able to help you with these kinds of problems and be able to know you/your child as well as we can.

Please contact our office to schedule a follow-up appointment so we can be sure all your needs are met. Regular appointments help us to know each other better and be sure you are getting all the care you/your child's needs.

Please take a few minutes to review the following guidelines for care:

Emergency Care: If you have an immediate and serious injury or illness and the time needed to contact your physician/provider may mean permanent damage to your health, you should seek treatment from the nearest emergency department or call 911 for assistance.

Other Care: Please call our office if your problems are urgent and cannot wait until regular office hours. An advice nurse/provider on-call is available to answer your questions and a doctor is on call if the nurse cannot help you.

We hope this information is helpful.

Sincerely,

[Insert physician or practice name]
[Insert Address]

<table>
<thead>
<tr>
<th>Office Telephone &amp; Fax Number</th>
<th>Regular Office Hours</th>
</tr>
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<tbody>
<tr>
<td>Phone #: (XXX) XXX-XXXX</td>
<td>Monday: X:XXAM - X:XXPM</td>
</tr>
<tr>
<td>After Hours #: (XXX) XXX-XXXX</td>
<td>Tuesday: X:XXAM - X:XXPM</td>
</tr>
<tr>
<td>Fax #: (XXX) XXX-XXXX</td>
<td>Wednesday: X:XXAM - X:XXPM</td>
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<tr>
<td></td>
<td>Friday: X:XXAM - X:XXPM</td>
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</table>
Preventative Call Script: General Practice Population Education

Provider and/or Nurse at end of visit and/or Front desk at check-out could use these to encourage all patients or parents to call the office, if needs come up in between planned visits.

- “Your next regular checkup/planned appointment is __________. If you need us before then, please call. We have our regular and our after-hours line, so you can get help whenever you need it.”
- “Sometimes medication questions can come up after-hours, especially if you are feeling sick. If this happens, please don’t hesitate to call us.

Let them answer. Provide the brochure/information about calling the office first.

- “Could I share some information about how our practice handles after-hours calls?”

If they say yes, you can hand them the brochure and/or provide the after-hours information.
Appendix A: Recommended Intervention Book

The recommended book to support this intervention is, "What To Do When Your Child Gets Sick" by Ann Kuklikerus, RN and Gloria Mayer, RN. The cost of the book is around $10.00 per item, or $7.00 if you mention a WCAAP affiliation. If clinics decide to purchase the book to use during the ED intervention, there are a few outdated pages that will need to be revised or discussed before being given to parents. Clinics can consider providing this information on a single page, a bookmark, or labels/stickers to cover the inaccurate information on the pages.

Page 6: Incorrect car seat information
The AAP recommends that all infants ride rear-facing starting with their first ride home from the hospital. All infants and toddlers should ride in a rear-facing seats, as long as possible, until they reach the highest weight or height allowed by their car safety seat manufacturer.

Page 21: Incorrect cough medications and decongestants recommendations
Over-the-counter cold medicine is not recommended for kids 4 and under. For kids 4 to 6-years-old only give them if your doctor tells you to. After age 6 the directions on the package can be followed (but be very careful with dosing).

Page 36: Shot schedule
You will likely be in more often than this schedule for well visits and to keep you up to date on your shots.

Page 97: Food recommendations have changed
You may give allergenic foods at an earlier age, ask your doctor when

Page 114: Chickenpox
If you think your child has chickenpox call the office

Page 151: Car seat recommendations above
Appendix B: Office Contact Sticker

In addition to, or in lieu of, a magnet or flier with the office contact information, a sticker can be given to parents with post-visit materials. Some offices have this information in a stamp form that would be an adequate alternative.

Clinic Name
Call us 24 hours a day, 7 days a week:
(XXX) XXX-XXXX
Clinic Hours:
Urgent Care Hours:

For conditions requiring rapid or advanced treatments in a hospital setting, go to the ER or call 911.

Appendix C: Preventative Interventions

Clinics that provide the intervention book may also want to include one or more of the items below:

- Prescribing Tylenol
- Discussing saline drops or NoseFrida
- Providing a thermometer and demonstrating use
Appendix D: Poison Center Information

Offices can print and provide stickers on the inside of the optional Intervention book with the Washington Poison Control Center information or print and provide Washington Poison Center brochures.

Poisonings are not just about kids.
The Washington Poison Center provides information about poisonous and toxic substances to callers from all over Washington State.

You can call 24 hours a day with poison questions about children, adults, or seniors.

Most poisonings happen in the home. However, when health care providers need information about poisoning treatments, they also call the Poison Center.

Services are available for non-English speakers and those with hearing difficulty.

The Poison Center phone number is on Mr. Yuk stickers—put them on poisons in your home.

Poison First Aid
This free and useful information does not take the place of expert advice. Always call the Poison Center first!

Inhalated Poisons
Get to fresh air right away and beyond smoke. Open doors and windows wide.

Poison on the Skin
Take off clothing. Rinse skin with running water. Wash off with soap and water.

Poison in the Eye
Rinse eyes with running water for 20 mins. Do not force the eyelids open.

Swallowed Poisons
Do not make the person vomit. Drink or eat unless told by a poison expert.

WWW.WAPC.ORG
MR.YUK.WA
1-800-222-1222

Poison Help & Information:
1-800-222-1222
Language Line available in over 240 languages
TV relay: 7-1-1

The Washington Poison Center is certified by the American Association of Poison Control Centers (AAPCC) and is a Joint Commission accredited poison center.

What happens when I call the Poison Center?
Did you or your child touch, taste, or breathe something that might be harmful? Was that product, medicine, insect or plant make them or you sick?

Call 1-800-222-1222
Your call is always free—call as many times as you need.

What happened?
Tell the poison expert what happened. If you are not sure, that is okay.

• What was taken?
• Have the container handy so you can read the label?
• How long ago did it happen?
• How much was taken?
• How is the person feeling?

What should you do?
The poison expert will tell you what to do. Most poisonings can be taken care of over the phone. If you need to go to the emergency room, we will tell you. If you can drive or if you need to call 911. If needed, we will call the emergency room to let them know you are on your way and suggest treatment for you.

How can I prevent poisonings?
• Use child-resistant containers—remember, they are not childproof.
• Keep poisons out of reach and in original labeled packages.
• Read the label each time before you take or give medicine—or before you have good-looking plants; if needed.
• Teach children to ask an adult before eating or drinking anything.
• Cook and store food as stated on packages.
• When children are near, write the container or the child with you to answer the door or phone.
• Check for medicines before children play in the yard.
• Be aware of the high-poisoning times—before meals and during times of change—such as a move, party, vacation, illness or when family problems occur.
• Buy a medicine lock box to store medications.
• Don't guess. Call the Poison Center.

How do I use Mr. Yuk stickers?
The national toll-free Poison Center phone number; 1-800-222-1222, is on Mr. Yuk stickers. Put them on poisons to keep the number handy in an emergency. Teach kids to "star away" if they see Mr. Yuk.

Call the Washington Poison Center for free and confidential expert poison information 24 hours a day, 7 days a week.

1-800-222-1222
Appendix E: Grandview ER Magnet Example

Avoid the ER

Emergency Rooms are for conditions that require rapid or advanced treatments only available in a hospital setting. Patients are treated based on severity of need, not on the order when they arrived. The waiting room can expose you to additional illnesses. Avoid long waits and possible exposure by considering other options.

Call us for...

- Fevers
- Colds, coughs, or congestion
- Nausea, vomiting, or diarrhea
- Constipation
- Rash
- Mild, or moderate pain
- Checkups, and shots
- Help for long-term illness, or chronic conditions
- Painful urination
- Ear pain
- Minor trauma such as a common sprain or shallow cut
- Other new onset or concerning symptoms

Go to the ER or Call 911 for...

- Chest pain
- Severe or heavy bleeding
- Difficulty breathing
- Serious accidents
- Sudden confusion
- Sudden weakness
- Inability to use arm or legs
- Burns
- Seizures
- Worst headache of your life

Call us 24 hours a day, 7 days a week

For non-urgent questions and appointments, call between 8AM and 5PM.
REMEMBER you can call your doctor's office 24 hours a day, 7 days a week. They are your Medical Home.
If your child has a fever but is still playing and eating, your child can be treated at home. But if your child looks sick and doesn’t want to play or eat, your child should see the doctor no matter what the thermometer reads. If you aren’t sure, call your doctor. Say what your child's temperature is and where you took it – under the tongue, in the armpit, etc.

**Ages Birth - 2 Months**

**TEMPERATURE OVER 100.5°F:** Call the doctor NOW. Don’t give any medicine. Fever in babies can be a sign of a bad infection.

**Ages 3 Months and Older**

**TEMPERATURE OF 100.5° - 104°F:** Call the doctor if the fever doesn’t go away in 2 days or if your baby is less than 6 months old.

**WITH A TEMPERATURE OF 104°F OR HIGHER:** Your child may have an infection and need antibiotics. Call the doctor.

**With All Fevers**

For children under 6 months, treat the fever with Tylenol (also known as acetaminophen).

Children 6 months or over may use Tylenol (also known as acetaminophen) or Advil or Motrin (also known as ibuprofen). Make sure your child gets lots of rest and drinks plenty of liquids.

**Emergency Room or Call 911 When Your Child**

Go to the Emergency Room or call 911 when a child could die or risk their health without help NOW!

- is unusually hard to wake up
- has a red rash under the skin that doesn’t fade when it’s pressed
- has a stiff neck and headache, or the soft spot on a baby’s head is swollen
- has a convolution/seizure (unusual staring or movements)
Doctor's Office vs. Emergency Room

Which should you choose?

**Doctor's Office**

REMEMBER you can call your doctor's office 24 hours a day, 7 days a week. They are your Medical Home.

Call for help, advice, and an appointment.

For common illnesses, when your child looks or acts sick:

- fever
- sore throats, coughs
- flu

For problems that need care now:

- infections
- asthma
- vomiting

And as always, for:

- checkups and shots
- help with long-term illnesses or conditions

**Poison Control**

Washington Poison Center (Open 24 hours)
1-800-222-1222

Call for immediate, free, confidential, and expert treatment advice in case of exposure to poisonous, hazardous or toxic substances.

If there are life threatening concerns, dial 911.

**Emergency Room or Call 911**

Go to the Emergency Room or call 911 when a child could die or risk their health without help NOW!

- when bleeding won't stop
- when breathing is very hard
- after a convulsion/seizure
- after a serious accident

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