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TACKLING EMERGENCY DEPARTMENT RECIDIVISM, UNNECESSARY HOSPITAL ADMISSIONS AND RE-ADMISSIONS

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Purpose: Proactive care planning is an integrated and innovative interdisciplinary -designed care management approach that leads to reduced healthcare costs and readmission rates, while maximizing hospital reimbursement. Developing individual care plans (ICP) in an emergency department (ED) produces solid partnerships with patients, health care providers, post-acute providers, and external agencies, and builds a community of support for the patient.

Relevance: ED over-utilization causes overcrowding, strains resources, increases costs and waits times. The ICP program achieves successful quality outcomes, manages ED recidivism and unnecessary admissions. It exemplifies how leadership driven by the front-line staff is the most optimal approach to problem solving. This has been cited as a best practice across an 11-hospital system. Inclusive of the patient, engage and partner to improve the patient experience, optimize market performance, and manage healthcare costs.

Strategy & Implementation: Since 2011, patients are enrolled in the ICP program based on specific selection criteria. Operational guidelines promote the fair and equitable treatment of all patients, and identify essential medical personnel to create a culturally sensitive, holistic, and diverse team. Patients are categorized into one of seven different demographic groups. Pediatric and adult patients are eligible to partake. The individualized care plan is dynamic rather than static, always evolving as the needs of the patient dictate. The importance of shared information by leveraging EMR (electronic medical record) technology to provide consistent care and messaging from visit to visit is key to the ICP. Engaging senior leadership and corporate level teams to make further improvements resulted in system integration. This program is easily replicable in other emergency departments, inpatient and outpatient settings.

Evaluation: The results are remarkable and are evident of a significant shift in patient care and improved outcomes. Since the program's inception, 850 (ICPs) have been created. To date, results have shown a projected cost savings of over 4 million dollars with a reduction in recidivism of about 63% and readmissions by 54%.

Implications: This patient centric designed program exemplifies how changing the paradigm of moving from fee-for-volume to fee-for-value demands that patients not only receive quality care, but also care in the right setting. The program has demonstrated exceptional outcomes each year and an increase in popularity beyond this organization.

Biography

Dawn Moeller has 30 years of experience in the field of Emergency Medicine. She currently serves at Advocate Good Shepherd Hospital as Clinical Manager for Emergency and Trauma Services. She has recently published an article in the Journal of Emergency Nursing on eliminating blood culture contaminations by engaging her front line staff. She has presented nationally on topics such as reducing emergency department recidivism and readmissions, and on how emergency department operational efficiency promotes a positive patient experience.

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