Maine has a higher utilization of Emergency Department services than the national average. Avoidable ED visits helps with cost containment, leads to improved patient outcomes, and assists with continuity of care.

**Problem/Impact Statement**

The study MMP Orthopedics Department of Arthroplasty undertook in FY 20 involved evaluating postoperative ED visits for our primary total hip and knee arthroplasty patients.

**Goal/Objective**

The goal of our study sought to identify “avoidable” ED visits for our postoperative total hip and knee arthroplasty and work towards reducing / redirecting these patients in a safe / effective manner.

**Baseline Metrics/Current State**

- After reviewing Q1 data we identified an opportunity to improve consistency of messaging to patients with providers, RN’s, and in patient education materials.
- Two examples included:
  - “Where to Go For Care”
  - Aquecel / dressing images to educate patients regarding when they need to reach out to the office for dressing changes instead of going to the ER.
- The group also identified an opportunity to improve intervention during weekdays since the majority of ER visits occurred Monday thru Friday.

**Root Cause Analysis**

- After reviewing Q1 data we identified an opportunity to improve consistency of messaging to patients with providers, RN’s, and in patient education materials.
  - Two examples included:
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    - Aquecel / dressing images to educate patients regarding when they need to reach out to the office for dressing changes instead of going to the ER.
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**Countermeasures**

<table>
<thead>
<tr>
<th>By When &amp; Status</th>
<th>Who</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Q1</td>
<td>A. Rana, M. Becker, P. Guay, N. Colacchio, G. Babikian</td>
<td>Review existing where to go/call for care patient education materials to manage expectations; ed/rev if needed. Data collection (pending MMP wide reporting); reasons for office referrals or patient self referrals to ED.</td>
</tr>
<tr>
<td>End Q2</td>
<td></td>
<td>Review data, identify key themes &amp; plan an intervention</td>
</tr>
<tr>
<td>End Q3</td>
<td></td>
<td>Implement intervention (PDSA cycle)</td>
</tr>
<tr>
<td>End Q4</td>
<td></td>
<td>Refine intervention (PDSA cycle) and plan FY21 if needed. Create sustainment plan.</td>
</tr>
</tbody>
</table>

**Outcomes**

- We saw reductions of ER visits for both THR and TKR from Q1 to Q4
  - THR ER admissions were reduced from 3.5% to 2.3%
  - TKR ER admissions were reduced from 5.1% to 3.6%
- A reduction in weekday ER visits for TKR replacements patients was seen from 72% to 66%.
- Positive trend downward with wound/bandage concerns and constipation-related visits. Decrease coincides with “Where to go for care “ patient education project and dressing images.

**Next Steps**

- The group will continue to evaluate ED visit data on a monthly basis. Patients that visit the ER will have their charts review by ortho RNs to evaluate reason, intervention and possible learning points.
- The group will also explore the opportunity to improve accounting ER visits at non-Maine Health facilities (via Health Info Net)