Reducing Avoidable Emergency Room Visits in Otolaryngology

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**Problem/Impact Statement**

Maine has a higher utilization of Emergency Department services than the national average. MMC boarding hours are not decreasing.

**Baseline Metrics/Current State**

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Date</th>
<th>Reason 1</th>
<th>Difficulty</th>
<th>Reason 2</th>
<th>Doctor</th>
<th>Reason 3</th>
<th>Doctor</th>
</tr>
</thead>
</table>

**Goal/Objective**

Understand practice/department specific patient population ED utilization frequency and reasons. Reduce avoidable ED utilization for practice/department’s patient population.

**Scope**

Scope includes ambulatory patients utilizing ED services that could have been managed in outpatient clinics, where as patients identified as truly needing emergency services were out of scope of the project.

**Initial Provider Impressions of ED Visits from Outpatient Setting**

Visits from Outpatient Setting

<table>
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<tr>
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<th>Reason 2</th>
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<th>Reason 3</th>
<th>Doctor</th>
</tr>
</thead>
</table>

**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>Providers/quality team</td>
<td>Review existing where to go/call for care: patient education materials to manage expectations; edit/add 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>Providers</td>
<td>Identify key themes &amp; plan an intervention</td>
</tr>
<tr>
<td>End Q3</td>
<td>Providers</td>
<td>Implement intervention (PDSA cycle)</td>
</tr>
<tr>
<td>End Q4</td>
<td>Providers/quality team</td>
<td>Refine intervention (PDSA cycle) and plan FY21 if needed. Create sustainment plan.</td>
</tr>
</tbody>
</table>

**Outcomes**

Actual Emergency Room Visits Associated with Otolaryngology Providers

- Total Patient Visits 2019 among ENT Physician Providers: 490
- Total Visits Related to ENT Care: 98
- Potential Avoidable: 12 (of 98)
- Suggested Alternative to ED visit: phone call to clinic for advice or office visit
- Possible Intervention to Achieve Alternative: postoperative education, clinic handouts

**Summary**

- Overall low ED utilization for patients with otolaryngologic complaints
- Vast majority of ED visit appropriate (bleeding, airway, infection requiring urgent attention)
- Avoidable visits largely related to tympanosclerosis tubes after hours
- Solution: more detailed handout discussing long-term management after tube placement, including management of tube otorrhea, to be given prior to tube placement as well as in recovery room