2020

Urology Avoidable ED Utilization Reduction

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Plan

Problem/Impact Statement

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

Scope

MaineHealth ED visits for patients that have recently seen or called an MMP Urology provider.

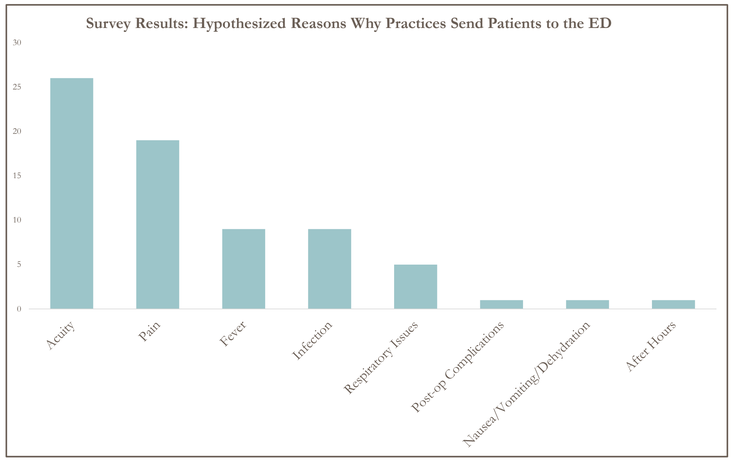
Goal/Objective

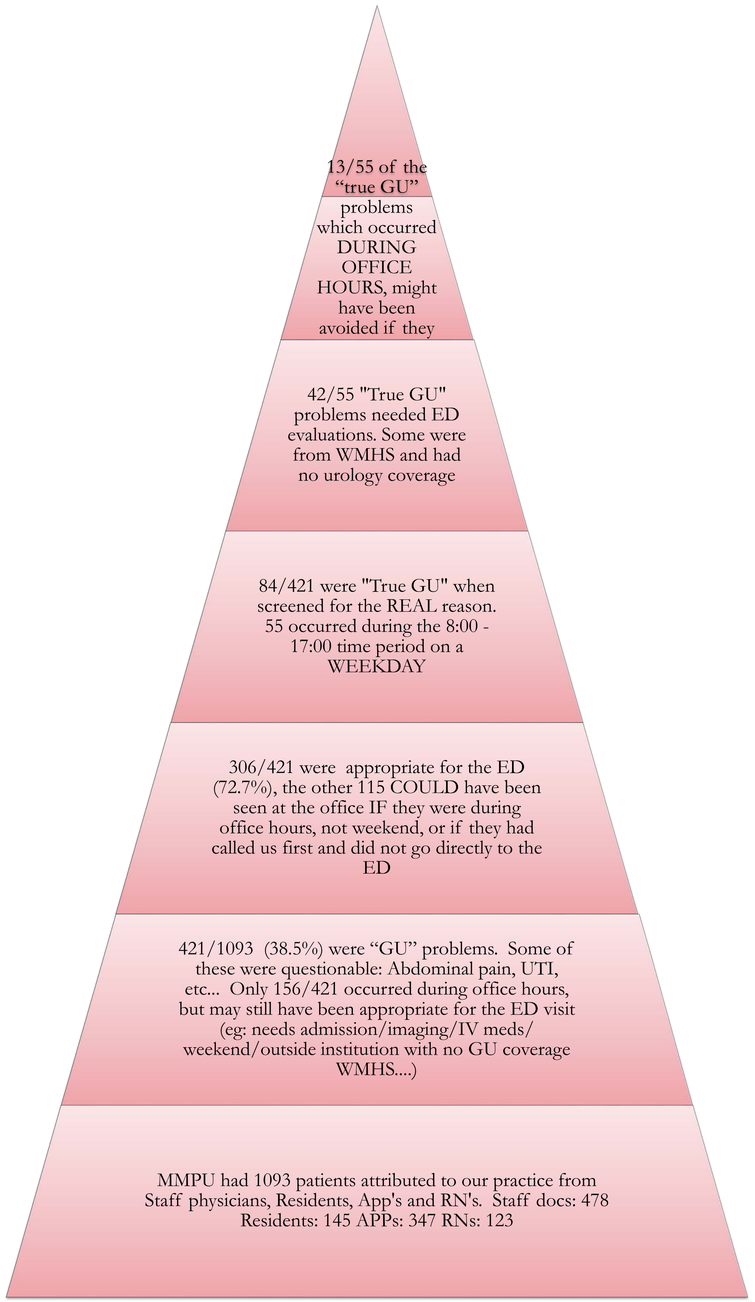
Understand practice/department specific patient population ED utilization frequency and reasons. Reduce avoidable ED utilization for practice/department's patient population.

Baseline Metrics/Current State

- MMP Urology ED utilization is not believed to be high.
- The practice has a live RN triage call center (3-4 nurses, plus an embedded RN on each care team) to assist with management of emergent issues.
- The practice has an APP on call in the office every day. This APP has a reduced scheduled caseload and is responsible for seeing add on emergent patients.
- The practice has on site sonographers who assist with imaging of patients with acute stones pain.
- Most stent removals take place in the office setting – with urologists or trained APPs available to deal with early stent removals (when appropriate) and expedited cystoscopy is sometimes possible.
- There is close communication between Triage RNs, Office APPs and hospital APPs, Residents and attending urologists.

Root Cause Analysis





Do

Countermeasures

By When & Status*	Who	Deliverable
End Q1		Review existing where to go/call for care patient education materials to manage expectations; edit/add if needed. Data collection: reasons for office referrals or patient self referrals to ED.
End Q2		Identify key themes & plan an intervention
End Q3		Implement intervention (PDSA cycle)
End Q4		Refine intervention (PDSA cycle) and plan FY21 if needed. Create sustainment plan.

Study

Outcomes

After all factors were accounted for, of the 1093 patient connected to us, only 13 Real urologic problems could have avoided ED evaluations if they had called us first as we were available, during hours on weekdays at MMPU.

Other interesting finds: 2 patients accounted for 1/4 of all the "true" urologic ED visits. One perhaps drug seeking since ALL of her stent pain issues were before or after hours, sometimes by minutes. The other is really a psychological issue of "priapism", but considered a potential emergency for us. It would be the same for someone with "Testicular pain", and needs to be taken seriously with urgent doppler US, despite the rare occurrence of true testicular torsion.

Act

Next Steps

Common themes of ED use / abuse:

- Indwelling catheters and stent problems/ pain
  - ➢ Increased education to the staff (Docs, Residents, RN's) on Stent pain and symptom expectations
- Long term care facilities knee-jerk transfers to the ED for many problems (especially catheter issues), and
  - ➢ Contacted the geriatric division of MMP to call us first for these issues