

Introduction/Background & Significance

- Often there are patients who visit the emergency department for non-urgent complaints that can be treated in the primary care setting.
- This can lead to overcrowding of the emergency department, increased costs, and delay in treatment times.
- Advising or educating patients on the use of the emergency department versus the primary care practice may lead to better use of the primary care providers, decrease non-urgent visits to the emergency departments and improve patient outcomes.

Why Should We Care?

- Affects inpatient hospital, emergency department flow, overcrowds the emergency department, increases patient safety events.
- Patients are utilizing the emergency department for non-urgent visits (Augustine, 2019)

Relevant Themes

Primary Care

- Increasing access to primary care centers can reduce emergency department utilization (Basu & Phillips, 2016).
- Increased access to primary care is correlated with increased life-expectancy and improved health status (Hong et al., 2020).
- Preventative health is available in outpatient setting including cancer screening, annual visits, and immunizations which can aid in early identification and prevention of chronic health conditions (Mayfield et al., 2020).
- Often the overutilization of ED's is due to inability to gain access to primary care services and often affecting more vulnerable populations who are socioeconomically vulnerable (Everett et al., 2016).

Health Literacy

- The Agency for Healthcare Research and Quality has long recommended the quality of healthcare systems can be significantly improved by reducing preventable ED visits (Balakrishnan et al., 2017).
- Balakrishnan (et al., 2017) concluded that there was an 11% increase in preventable ED visits in the United States and those in a high-poverty community are more at risk for preventable ED visits.
- Those with limited health literacy are more likely to utilize the ED for non-urgent complaints (2017).

Overcrowding Affecting Patient Safety

- Overcrowding of ED's has led to significant compromise in patient outcomes, more patients are utilizing the ED while ED beds are falling short (Jafari-Iraqi et al., 2020).
- Non-emergent health conditions are defined as those for which a delay of several hours may not affect the health outcomes for that patient (Adigun et al., 2019).
- Overcrowding of the ED can cause patients that are acutely ill to potentially have to wait for prolonged periods of time, potentially making their illness worse, thus causing poor patient outcomes (2020).

Methodology

Setting: privately owned and operated PCP in northern New Jersey

Design: The project was conducted by doing a retrospective chart review with implementations of a handout with examples of services in the ED vs those in the primary care practice. Prospective evaluation of patient utilization of the emergency department will be collected after handout was available to patients. Data was analyzed for a decrease in patients utilizing the ED.

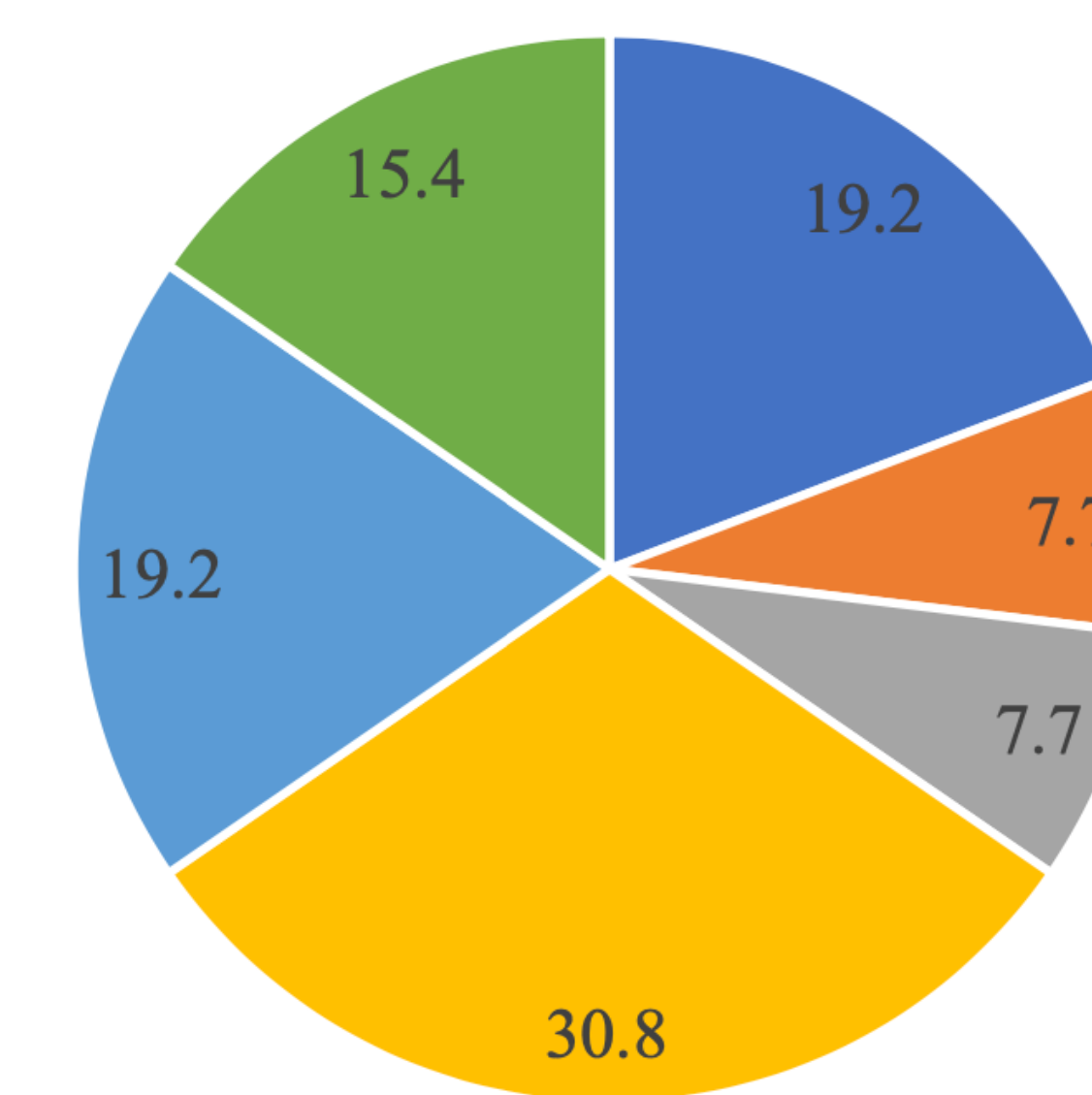
Sample: Total of 454 patient charts were reviewed. 267 retrospectively and 187 prospectively after handout intervention.

Measures, Analysis & Findings: A chi-square test and Fishers exact test were done to find statistical significance. Both tests showed there was no statistical significance that the implementation handout affected the number of ED visits. No statistical significance was found due to small sample size.

Limitations:

- Lack of evening & weekend hours
- Small sample size- only 26 patients answered "yes" to being seen in the ED since their last visit to the PCP
- Patient not disclosing their hospitalization

ED Complaints:



■ GI/GU ■ ENT ■ Respiratory ■ Cardiac ■ Orthopedics ■ Misc

Charts (total): 454

- Retrospective: 267
- Prospective: 187
- All patients were asked question

Patients that met inclusion criteria (total): 26

- Retrospective: 14
- Prospective: 12

Discussion

Data is not statistically significant due to small sample size. The practice manager works closely with the provider to ensure quick and seamless appointments to patients when necessary.

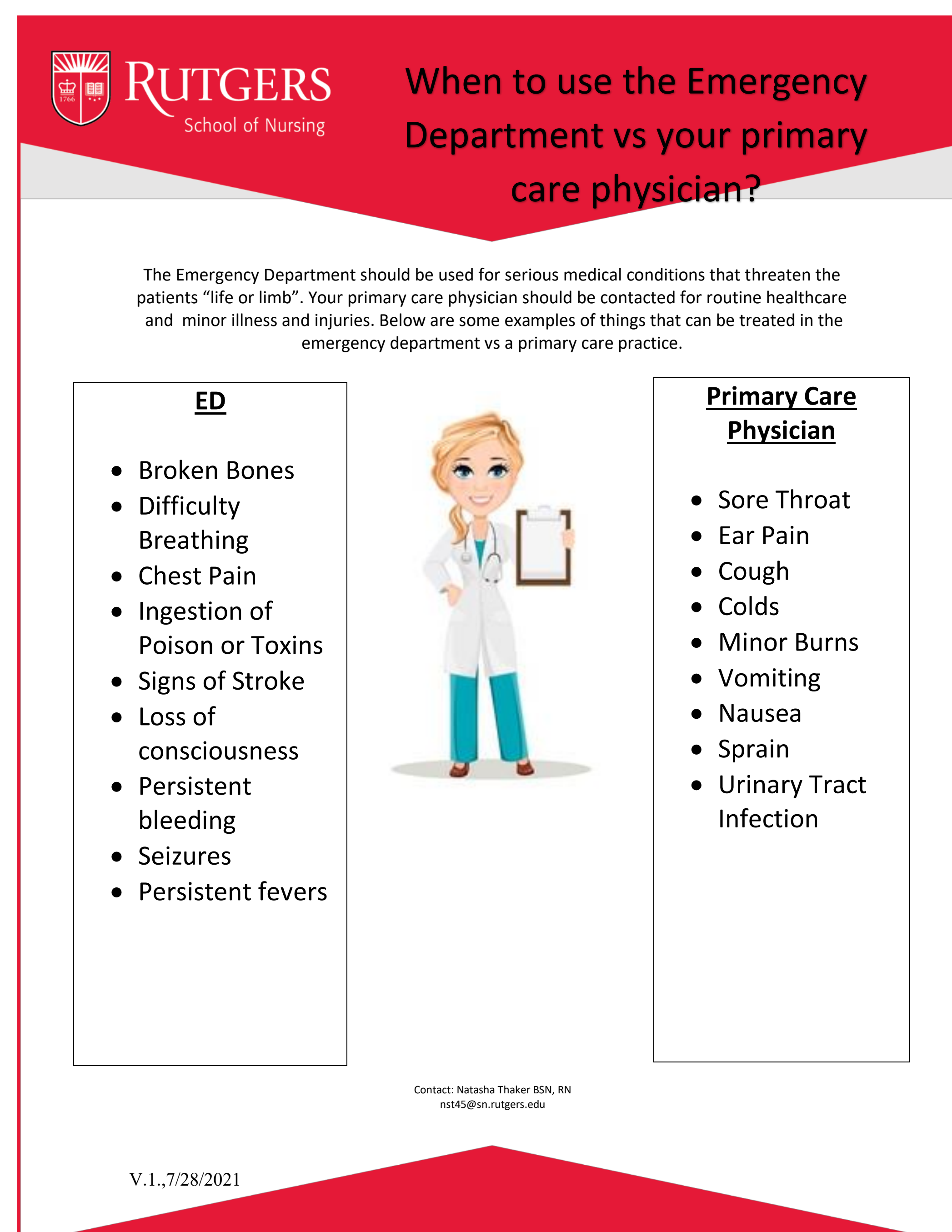
- Evaluation of patient using REALM scoring criteria. Gauge their education based on literacy level. Code counseling with z71.89 code for billing.
- Standardize process to improve patient outcomes. Be accessible to patients for over the phone consultations/tele-health.
- Promote patients to come to the primary care practice to maintain their health, motivate patients to oversee their health outcomes.

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When to use the Emergency Department vs your primary care physician?

The Emergency Department should be used for serious medical conditions that threaten the patients' "life or limb". Your primary care physician should be contacted for routine healthcare and minor illness and injuries. Below are some examples of things that can be treated in the emergency department vs a primary care practice.

ED	Primary Care Physician
<ul style="list-style-type: none"> • Broken Bones • Difficulty Breathing • Chest Pain • Ingestion of Poison or Toxins • Signs of Stroke • Loss of consciousness • Persistent bleeding • Seizures • Persistent fevers 	<ul style="list-style-type: none"> • Sore Throat • Ear Pain • Cough • Colds • Minor Burns • Vomiting • Nausea • Sprain • Urinary Tract Infection

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