Frequent Users of the Emergency Department: A Policy Proposal

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INTRODUCTION
Research has extensively documented that a small number of Emergency Department (ED) patients make disproportionate use of emergency services (Okin et al., 2000). The term “Frequent Users” is used to describe patients who utilize ED services more than four times per year (Byrne et al., 2003). Frequent Users are often times patients with chronic medical, mental health, alcohol and drug problems, as well as other psychosocial issues (Fulde & Duffy, 2006). Homeless people also appear to have significantly higher ED rates than the general population (Pope et al., 2000). Immanuel St. Joseph’s-Mayo Health System (ISJ) ED appears to have many patients that may be categorized as a frequent user—in fact 442 patients in 2008 met this criteria. These 442 patients (2% of the total number of patients seen) accounted for approximately 11.8% of the total number of visits in 2008.

RESEARCH QUESTION
How can ISJ effectively identify frequent users of the ED? What programs/strategies can be implemented to assist these patients in receiving more effective care?

LITERATURE REVIEW
Increased utilization of US hospital emergency departments has received considerable attention from both the health care and policymaking communities in recent years (Pepe et al., 2007). Many patients choose to visit the emergency department for treatment that could be given in the community (Pope et al., 2000). As a profession we struggle to define urgent versus non-urgent and necessary versus unnecessary visits, however, most would agree that the use of the ED as the sole source of medical care is neither efficient nor the ideal way to provide comprehensive medical care (Spillane et al., 1997). For healthcare providers to better understand this population we must frame how we work with these patients to ensure that they are receiving the most effective care rather than just focusing on if their visit is an “emergency.” Studies vary considerably when discussing the frequency of visits required for a patient to be deemed a frequent user. These numbers range anywhere from two visits per year to more than four visits per year. Most studies agree that more than four visits per year should categorize a patient as a frequent user and that these patients would benefit from case management services (Hunt et al., 2006). To effectively work with this population hospitals first have to be able to quickly identify patients that may fall into this subgroup. The criteria listed in the Findings section of this paper is a comprehensive summary of criteria suggested by multiple authors to use in determining if a patient is a frequent user of the ED.

The literature review suggests that the most effective way of managing this particular population of patients is through multidisciplinary case management (Hunt et al., 2006). Multidisciplinary teams that target high-risk patient subgroups have been introduced in many hospitals to address the swamping of emergency services (Fulde & Duffy, 2006). The main focus of care plans and case management is to make sure that these patients get the best care possible. Care plans should consist of patient’s medical history and suggestions for physician in the ED to follow (Author unknown, 2006). Care plans do not mean that patients will not be treated in the emergency department; they are a recommendation from the case managers and primary doctor encouraging patients to seek care at the appropriate site in the future (Bristow & Herrick, 2002).

The Dyad Case Management approach appears to be an effective way of meeting frequent user’s needs in the ED setting. The model consists of a social worker and a nurse case manager working with the patient to decrease utilization of the ED for nonemergent visits, promote the use of community resources, and improve discharge planning. A multidisciplinary team approach including the patient’s primary care provider, the ED staff, and other community health care providers is utilized in order to provide a holistic approach to care. This approach could be easily implemented in a rural hospital with some start up costs to the facility. However, this approach may decrease costs for the hospital over time (Bristow & Herrick, 2002).

The use of individualized care plans and case management in several studies did not significantly reduce ED utilization by frequent users. However, they did increase patient satisfaction, decreases ED length of stay, decrease hospitalizations, and increases primary care visits (Spillane et al., 1997). Those patients with ten or more visits per year were the most difficult patients to effectively implement case management services and reduce their number of visits to the ED. Many studies suggest that this is due to this population was the most recalcitrant to change (Spillane et al., 1997).

IMPLICATIONS FOR SOCIAL WORK PRACTICE
“Frequent Users” of Emergency Department services have been an on-going issue for many hospitals. Studies indicate that unless health care systems address the psychosocial aspects of these patients, it will be very difficult to appropriately manage their medical problems. Health systems must embrace a broader human service model rather than the traditional medical model to meet the needs of their patients (Okin et al., 2000).

1. Hospital Emergency Departments have access to populations who need services the most (e.g. homeless, those with mental health issues, etc) and appears to be a logical place to begin working with patients to ensure all their needs, not just their medical needs, are being met.
2. By refocusing from a medical model to a human services model, hospitals will better be able to meet the needs of their patients, which over time can significantly lower hospital expenses.