Connecting Chronically Ill, Uninsured Patients Who Use the Emergency Department as a Medical Home: A Process Improvement Project

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CE Earn Up to 7.5 Hours. See page 343.

Contribution to Emergency Nursing Practice

- The purpose of this practice improvement project was to apply patient navigation principles to implement a nurse-led intervention in the emergency department that would connect uninsured patients who have chronic health problems with primary care providers.
- The main outcome of this project was the successful implementation of a program to refer uninsured, chronically ill patients to medical homes, while improving staff knowledge regarding ED overuse and local community services.
- Based on this project, implications for emergency nursing practice include the importance of patient navigators in the emergency department and the value of educating staff about community resources for patients.

Abstract

Introduction: The use of the emergency department by uninsured patients with chronic health problems may adversely affect those patients' health outcomes. Successful interventions have involved the use of patient navigators to connect the uninsured adult population with medical coverage and a medical home. The aim of this project was to use principles of patient navigation in a nurse-led process improvement intervention to connect uninsured patients to medical homes.

Method: ED nurses were trained to refer uninsured patients with chronic health problems to care coordinators when they were discharged from emergency departments. The care coordinator was provided by the Health Care District, a community-funded medical department. Patients were therefore connected to community-funded medical homes.

Results: ED nurses improved their knowledge about the overuse of the emergency department and successfully referred uninsured patients who were discharged. The referred patients successfully made contact with members of the Health Care District by phone or by attending their appointments.

Conclusion: The role of patient navigators is essential in the emergency department. They assist patients to navigate through the various health care resources available in their communities, which can help to reduce ED overuse.

Key words: Emergency department; Overuse; Interventions; Uninsured; Chronic health problems; Patient navigators

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Background

ED USE

ED overuse costs approximately $38 billion annually;[1] 79.7% of adults who visit the emergency department lack access to other medical providers.[2] In the United States, it is unlawful to refuse emergency health care services to anyone, including people without health insurance.[3] For these reasons and others, the use of emergency departments continues to rise.

In 2010, there were approximately 130 million ED visits in the US, accounting for a 34% increase since 1995.[4] Recent trends show that people use the emergency department for many reasons, including nonurgent medical needs. "Nonurgent" refers to conditions for which delayed treatment would not immediately create an adverse consequence for patient outcomes and thus can be managed in another more suitable health care setting.[5] A study conducted by Weinick, Burns and Mehrotra estimates that up to 27.1 percent of ED visits could be treated at alternative sites including urgent care centers and retail clinics.[6] Research has indicated that more than 30% of ED visits in the US are nonurgent.[5] Inappropriate use of emergency departments affects both the organization and the patient. The growing use of the emergency department for nonurgent complaints adds to health care expenditures, increases patient mortality, and results in poorer quality of care.[7]

Persons with chronic health problems are uniquely affected. They are at risk for negative health outcomes through poor continuity of care and follow-up.[8] A patient may see a different provider every time he or she visits the emergency department. There is also poor coordination of care because medical providers in the emergency department lack access to the patient's full medical records.[1] As mentioned, patients often use the emergency department because they lack access to primary care providers or medical homes.[1] Uninsured adults are more likely than people who are insured to visit the emergency department because they have nowhere else to go.[2] In a review by Uscher-Pines et al, it is suggested that there is a link between poor access to care and the use of the emergency department for nonurgent complaints.[5] A possible solution is to connect uninsured patients to primary care providers and medical homes.

PATIENT NAVIGATORS

The use of patient navigators is a proposed solution to link patients to medical resources other than the emergency department. Patient navigators are skilled coordinators who communicate with providers across the health care continuum, in various settings, to provide patients with knowledge and resources to manage their health concerns.[9] Patient navigators also connect individuals to health care resources that suit their needs. Studies have shown that patient navigation helps people to access federally qualified health centers, clinics, and medical homes, which improves access to preventive care, follow-up care, and minor acute-care services.[9]

PROJECT OVERVIEW

The Health Care District (HCD) of Palm Beach County is a public health system established for the residents of Palm Beach County to ensure that they have access to quality health coverage.[10] The HCD offers medical services to people who are ineligible for other public assistance, who are residents of the county, and who meet certain income requirements.[10] Services include preventive and specialty care, inpatient hospital care, outpatient services, primary care services, prescription drugs, and diagnostic services.[10] Since December 2014, the HCD has provided medical coverage for 28,786 residents of Palm Beach County.[11]

This process improvement project was inspired by a program in Houston, Texas, to reduce ED admissions and to promote the appropriate use of primary care services.[12] The intervention used community health workers, who were trained to connect medically underserved patients to medical homes.[12] The health workers also provided education about primary care, assisted with appointment scheduling, and followed up with patients to address any challenges that would affect their attendance to their appointments.[12] Overall, the program was associated with decreased return visits by patients to emergency departments.[12] The project also suggested that hiring patient navigators was cost effective, considering the savings that accrued due to decreased ED use.[12]

This project was a 4-week process improvement intervention, conducted in the emergency department, to connect uninsured patients to a care coordinator at the HCD. The care coordinator would help such patients to obtain medical coverage and to navigate the services and facilities offered at the HCD. The care coordinator would also set up each patient's first appointment with a primary care provider.

PROTECTION OF HUMAN SUBJECTS

This project was deemed "non-human subjects" research by the Institutional Review Board (IRB); thus, IRB approval was not required. Further approval was granted by the ED manager, ED director, and director of education at the participating organization.

Method

SETTING

The project was set in an emergency department located in an urban community in West Palm Beach, Florida. The hospital is a 333-bed, short-term acute-care center with a

comprehensive breast center, a chest pain center, and designated primary stroke center by the Joint Commission.[13] Although the emergency department has 27 beds, boarding patients in the hallway is a common occurrence at this facility. The emergency department offers services to all persons regardless of age or insurance status, including people who are chronically ill and uninsured. The nurse-to-patient ratio is roughly 1:4 and 1:5 during the day and night shifts, respectively. The volume of patients seen yearly in the emergency department is considered high, according to medicare.gov, with a total of 42,847 ED visits in 2016.[14]

To facilitate the intervention, the emergency department was streamlined for easy access to items needed for referring patients. If the referral process included many steps, this could discourage nurses from participating or from continuing to refer patients after the project was complete. Desk files were located around the emergency department, which included the packets needed for referrals. These packets contained application forms for health insurance coverage through the HCD, an infographic with the address of the patients' new HCD medical home, lists of services offered there, and the date and time of their next appointments. Also included in the infographic was information about the importance of accessing a primary care provider (PCP), which nurses were asked to reinforce verbally. In addition, every desktop computer had a folder for nurses to print out the application form and infographic (in case they ran out) and a desktop shortcut to the online referral-and-appointment form. The phone number of the appointment line at the HCD was printed on stickers and placed on telephones throughout the nurses' station.

PROJECT DESIGN

ED nurses were asked to attend a 15-minute inservice training session on the referral process. The training included a discussion about ED overuse and challenges in rectifying this, community resources, and the importance of a medical home for chronically ill people. Brief training was also given on how to connect patients to the care coordinators. Nurses who could not attend the in-service training were trained independently. The initial training session included a total of 15 nurses. However, upon implementation, there were 5 nurses who actively participated in the referral process.

To meet criteria for referral by the ED nurses, patients had to be residents of Palm Beach County, uninsured, and have at least 1 chronic health problem. (Although both insured and uninsured patients used the ED inappropriately, only uninsured patients were eligible for HCD services.) When patients were discharged from the emergency department, nurses obtained their verbal consent to connect them with an HCD care coordinator. Consent was also obtained to follow up with a member of the HCD on the referral status. The nurses would then call the care coordinator by phone to set up patients' follow-up appointments with PCPs at clinics offered by the HCD. Patients were given the referral packets, which included the application for HCD medical coverage; infographics; and the date, time, and location of their clinic appointments. If a referral was made after business hours, the nurse was expected to fill out the referral form online on behalf of the patient, and the care coordinator would contact the patient the following business day.

DATA COLLECTION AND PARTICIPANTS

The referral form documented the patient's name, date of birth, and consent to refer and follow up. One week after referrals began, care coordinators were contacted to find out if they had contacted any patients referred online and whether patients had scheduled and attended follow-up appointments at the HCD. Also, ED nurses were interviewed during the implementation phase about their opinions of the program and any changes needed.

Results

A 5-question pre- and-post-test provided during the inservice training assessed the nurses' understanding of ED overuse, and their knowledge before and after training was compared. The pre-test average was 83%, and the post-test average was 100%. The nurses witnessed many patients with nonurgent complaints in the emergency department, and it is suspected that this may have contributed to their overestimation of the impact of the issue. The training discussions focused on patient navigation and the need to connect uninsured chronically ill patients to a medical home. In addition, nurses were asked about the availability of community resources. Although some nurses had heard of the HCD, many were unaware of the many clinics and their locations as well as the many services offered, including access to health insurance.

During the 4-week intervention, the nurses submitted referrals for a total of 13 patients who met the referral criteria. Of these 13 patients, 4 had pending appointment dates at the completion of this project, and 3 had successfully attended their appointments. About half of the patients referred had connected with a patient navigator at the HCD to facilitate their application for health coverage and access

to a PCP. The results suggested that implementing a patient navigator system can effectively connect patients to a medical home. The program by Enard and Ganelin suggested that connecting uninsured patients to a medical home did in fact decrease ED overuse.[12] However, tracking ED use of patients successfully connected to the services at the HCD was beyond the scope of this process improvement intervention.

Discussion

This project revealed several opportunities, which may reflect challenges in health care at a broader level. Nurses were unaware of the resources available to patients within their communities. Similarly, many patients who were residents of Palm Beach County were unaware of the HCD and how it can assist with medical coverage and access to a medical home. Some nurses thought that patients might not be able to follow up because of the distance between patients' homes and the PCP clinic. Nurses were informed that several clinics exist in various cities throughout Palm Beach County, allowing patients to follow up at the clinic closest to their homes. Moreover, Internet research had to be conducted to locate services such as the HCD, which was not well advertised as a community resource. Given these knowledge deficits within the health care community, patients cannot be expected to know that these services exist for their benefit.

LIMITATIONS

Challenges faced throughout the implementation of this project include departmental changes; small numbers of active participants, resulting in a small sample size; and time constraints. Organizational changes played a role in the outcome of this project. Shortly after the start of the project, an ED policy change was enforced, requiring the nurses to discharge or transfer patients within 30 minutes of receiving a medical provider's order. Because of this change, most referrals occurred within the first 2 weeks after the project had begun. By week 3, it was evident that the number of referrals had dropped substantially, likely because of this policy change. Many nurses were concerned about meeting the deadlines implemented by the department head. Although the referral process took only 5 to 10 minutes to conduct, the pressure in the department was palpable. Further educational efforts and reinforcements were implemented to encourage nurses to continue to refer patients.

Although 15 of the ED nursing staff members were trained on how to refer patients, there were 5 nurses who actively participated in the referral process. Some factors that caused this discrepancy include the use of agency and per-diem nurses in the emergency department whose work schedules often fluctuate, nurses taking time off, and nurses who are on hospital subcommittees and could not add any more tasks to their daily requirements. The 5 nurses successfully submitted referrals for 13 patients during a 4-week period. This is a rather small sample size; however, according to Hacksaw, a benefit to small sample sizes is that implementation and analysis can be conducted quickly.[15] Also, when testing new ideas, a small sample can give a general preliminary understanding of the data collected, without the need for extensive funding or allocation of resources.[15]

Initially, the program was received cautiously by nurses, which led to an agreement of 4 weeks to implement the project. This scrutiny can be expected when making changes in a pressured environment, especially as nurses were anxious that referrals might take a long time to conduct. However, by streamlining the emergency department for efficiency, the program was adopted quickly after its implementation. Because of time and funding constraints, as well as departmental policy changes, the findings of this project can inspire larger process improvement interventions.

Working in an emergency department is fast paced and unpredictable. Nurses must assess patients; draw blood; administer medication; provide comfort care; educate patients and staff; communicate with family, physicians, radiology, and lab technicians; transport their patients; and document these interventions in a timely manner. Although it would be unreasonable to require ED nurses to act fully as patient navigators, this project involved applying the concept of patient navigation for patient referrals.

Changes implemented in an emergency department should be succinct and easy to adopt. Seow mentions that emergency departments are expected to thrive during times of chaos, and, for change to occur, others must be convinced that the change will be beneficial.[16] Although the program was structured to be convenient for nurses to refer patients in a challenging environment, members of the registration staff and certain medical providers were eager to be involved too. These individuals thought this was a needed intervention at their facilities. Their referrals were not included in the data collection, as they were not properly trained in how to refer patients. It is recommended that more institutions use patient navigators. If this is not financially viable, a team approach to apply the concept of patient navigation should be considered. This project demonstrated the potential of such an approach.

Implications for Emergency Nursing

When patients are admitted to hospitals, case management is usually involved to assist those patients who are uninsured. Case management helps patients to access resources in the community and facilitates medical insurance coverage. At this facility, once patients are discharged from the emergency department, they can be sent home without proper follow-up care, especially if they lack a PCP. Some patients never interact with case management in the emergency department before discharge. Patient navigators can assist those individuals without medical insurance coverage with the means to apply for health coverage, connect individuals who are uninsured with a medical home to ensure that they are receiving proper follow-up care, as well as providing individuals with resources needed to prevent ED overuse. Having a dedicated patient navigator in the emergency department can also benefit those patients who may need a different approach to obtaining access to medical homes. For example, special populations, including the homeless or mentally ill, should receive tailored intervention to obtain medical assistance upon discharge from the emergency department. Patient navigators can also assist in educating patients, keeping up to date with resources available in the community, and following up with patients after discharge.

Conclusion

During the 4-week intervention, nurses successfully connected patients who were uninsured and chronically ill to a care coordinator, who assisted them in accessing medical homes. During the project, nurses obtained the resources to continue connecting individuals with care coordinators at the HCD; they were encouraged to sustain this cost-effective intervention after the project ended. It would be beneficial for the emergency department to establish a position dedicated to the role of a patient navigator. However, if hiring a designated patient navigator is not financially viable, ED staff should use a team approach to connect individuals to primary care services or federally qualified health centers and ensure that appointments are set before patients are discharged home.

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REFERENCES

1. NEHI. *A Matter of Urgency: Reducing Emergency Department Overuse*. A NEHI Research Brief; March 2010. Retrieved from http://www.nehi.net/writable/publication_files/file/nehi_ed_overuse_issue_brief_032610finaledits.pdf.
2. Gindi RM, Cohen RA, Kirzinger WK. *Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates from the National Health Interview Survey*; January–June 2011; 2012. Retrieved from https://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf.
3. EMTALA and on-call responsibility for emergency department patients. *Ann Emerg Med*. 2013;62(4):441-442.
4. Voelker R. US Emergency department stats raise more concerns for crowding. *JAMA*. 2013;310(3):252.
5. Uscher-Pines L, Pines J, Kellermann A, Gillen E, Mehrotra A. Deciding to visit the emergency department for non-urgent conditions: a systematic review of the literature. *Am J Manag Care*. 2013;19(1):47-59.
6. Weinick RM, Burns RM, Mehrotra A. *How Many Emergency Department Visits Could Be Managed at Urgent Care Centers and Retail Clinics?* Bethesda, MD: US National Library of Medicine; 2012. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3412873/.
7. Hoot N, Aronsky D. Systematic review of emergency department crowding: causes, effects, and solutions. *Ann Emerg Med*. 2008;52(2):126-136.
8. Petterson S, Rabin D, Phillips R, Bazemore A, Dodoo M. Having a usual source of care reduces ED visits. *Am Fam Physician*. 2009;79(2):94.
9. Natale-Pereira A, Enard K, Nevarez L, Jones L. The role of patient navigators in eliminating health disparities. *Cancer*. 2011;117(suppl 15):3541-3550.
10. *Serving the Health Needs of the Community for More Than 25 Years*. 2014. Retrieved October 5, 2016 from http://www.hcdpbc.org/index.aspx?page=2.
11. *Community Benefits Report 2013-2014*; 2015. Retrieved from http://www.hcdpbc.org/Modules/ShowDocument2.aspx?documentid=403.
12. Enard KR, Ganelin DM. Reducing preventable emergency department utilization and costs by using community health workers as patient navigators. *J Healthc Manag*. 2013;58(6):412.
13. Tenet Florida Physician Services August 2018. Good Samaritan Medical Center. Retrieved from https://www.tenetfloridaphysicianservices.com/about-us/tenet-hospitals/?hospital=166.
14. Department of Health and Human Services. *Timely and Effective Care: Emergency Department Care–Details*. Centers for Medicare & Medicaid Services; August 2018. Retrieved from https://www.medicare.gov/hospitalcompare/details.html?msrCd=prnt2grp5&ID=100287,100288,10065F&stsltd=FL.
15. Hackshaw A. Small studies: strengths and limitations. *Eur Respir J*. 2008;32(5):1141-1143. https://doi.org/10.1183/09031936.00136408.
16. Seow E. Managing change in the emergency department: a personal view. *Emerg Med J*. 2004;21:71-74.