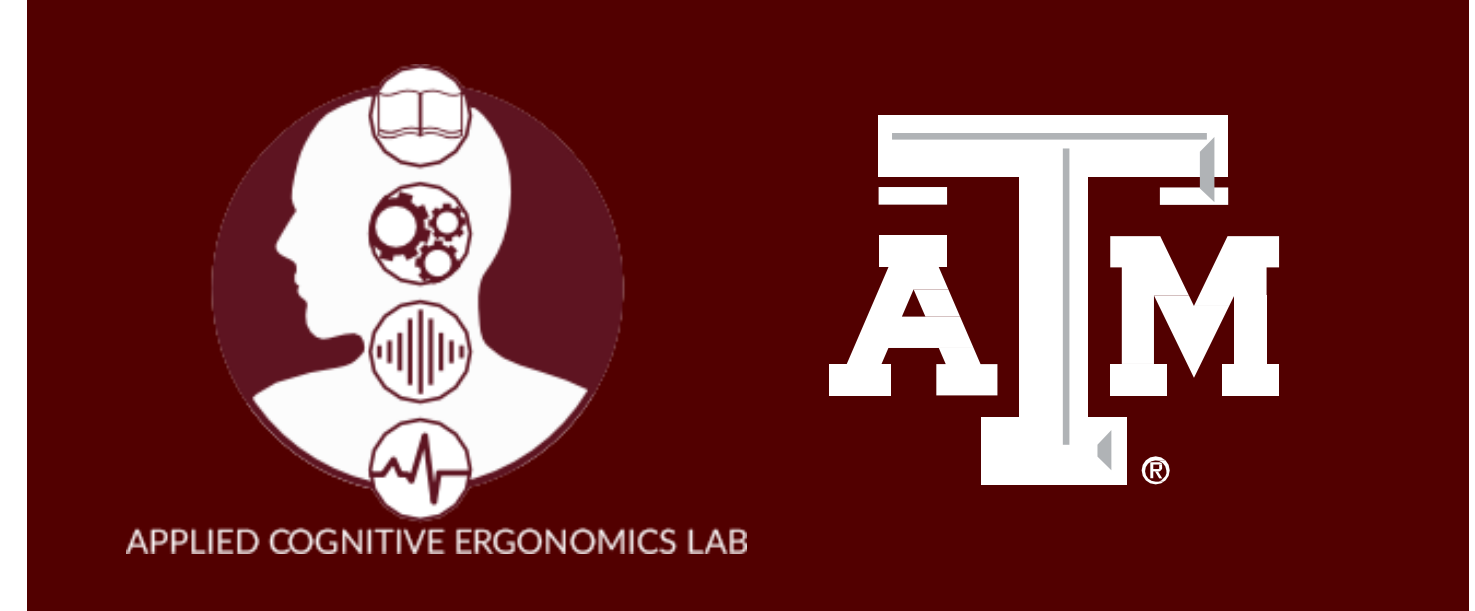


# A Systems Approach to Investigate Unnecessary Admissions and Readmissions in Emergency Departments (ED)



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## BACKGROUND

### Problem

- Unnecessary admissions and readmissions have become a recurring problem in the EDs of hospitals across the United States resulting in:
  - Operational inefficiencies and financial constraints in the ED.
  - The re-direction of valuable resources in providing medical care that was likely unnecessary or could have been provided in another healthcare setting.
- Estimated total hospital costs at \$44 billion per year for re-hospitalizations within 30 days of hospital discharge (Jencks, 2010).

### Need

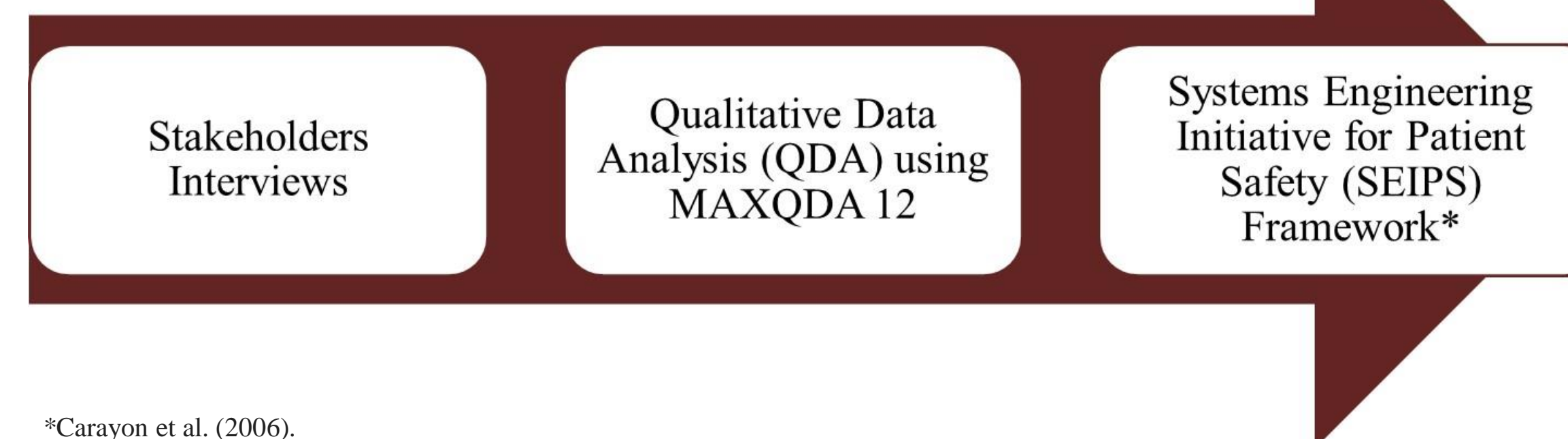
- To understand the characteristics and components of ED health systems.
- To identify the factors that contribute to repeated visits to devise mitigation strategies.

## RESEARCH AIMS

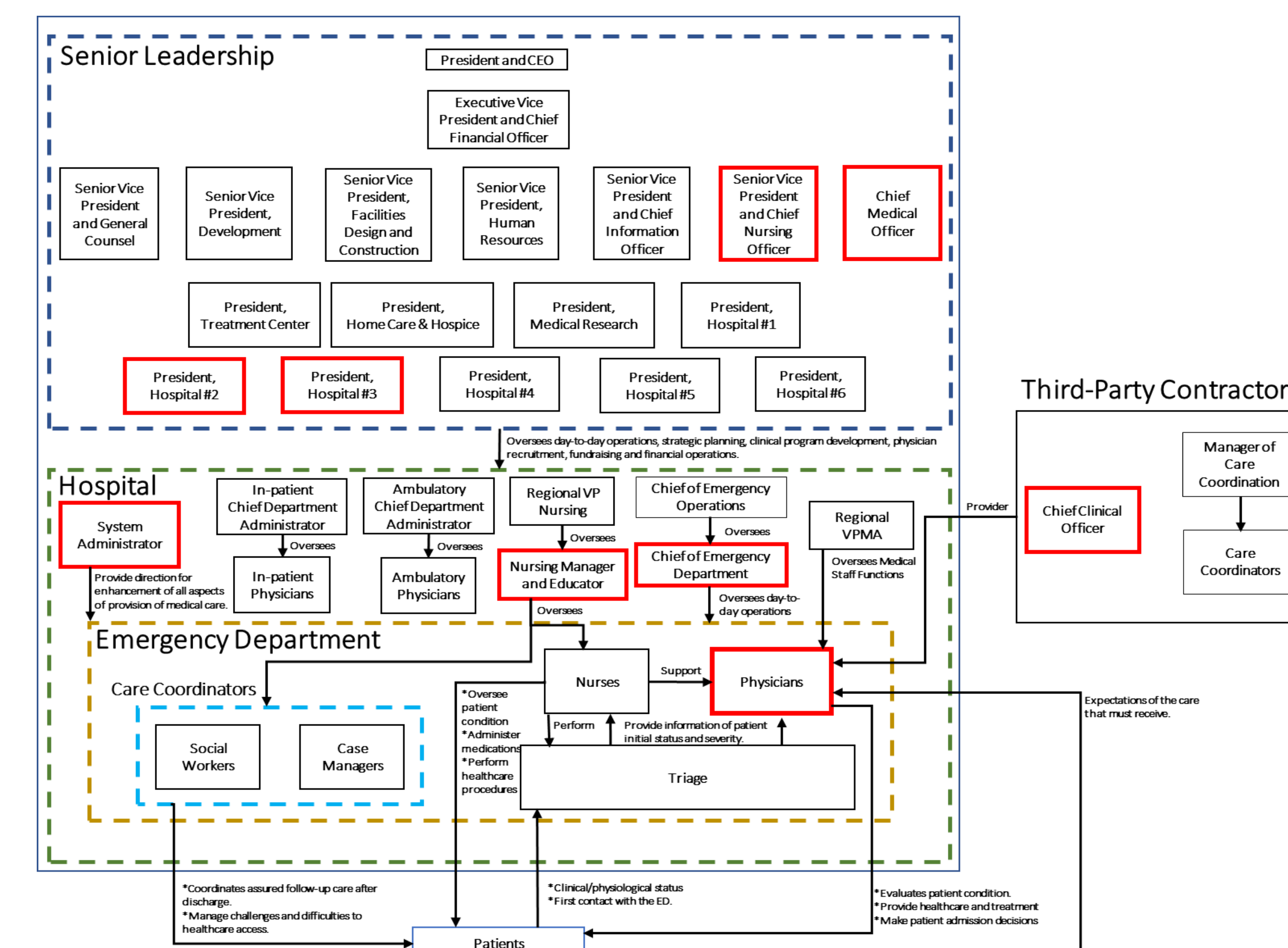
- Aim 1:** Understand stakeholder perspectives at different levels of the organization in a major health system environment
- Aim 2:** Identify relevant technology-, people-, environment-, and organization-based contributors to unnecessary admission and readmission
- Aim 3:** Connect the identified contributors to the problem with a set of potential solutions

## METHOD

- The health system that served as the setting for the data collection process is:
  - located in the northeastern region of the United States
  - composed of several specialty hospitals.
- The research team identified **twelve** stakeholders at different levels of the system hierarchy to cover depth and breadth
- Semi-structured interviews were conducted. Interviews were recorded and transcribed.



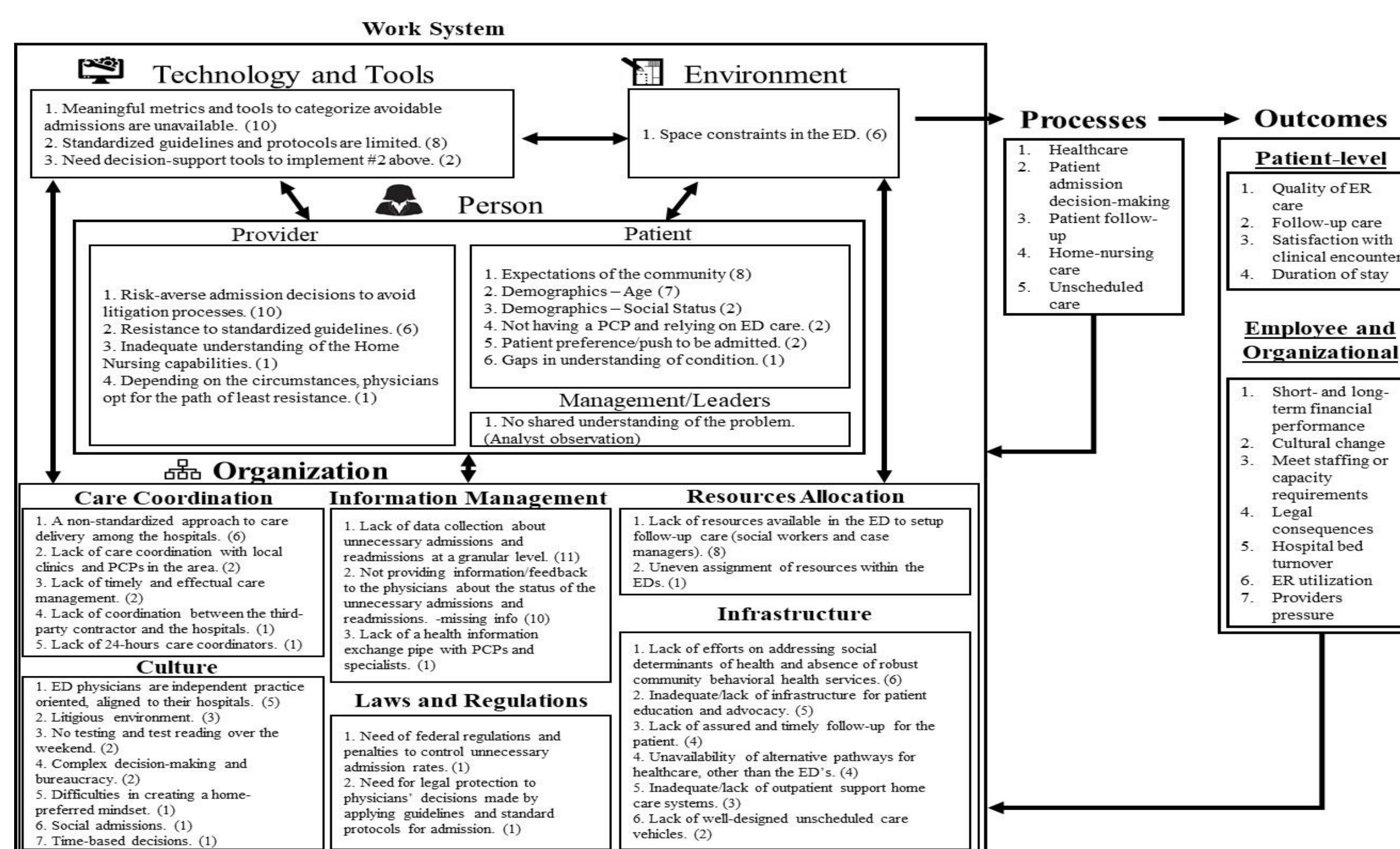
\*Carayon et al. (2006).



- Corbin and Strauss approach was used for Qualitative Data Analysis (QDA).
- Analysis based on understanding inductive and deductive results from the inquiry using three stages:
  - Initial coding
  - Focused coding
  - Modeling relationships
- MAXQDA-12 software was used for coding.
- Single coder with formative feedback from another experienced coder.

## RESULTS

### SEIPS Framework



## CONCLUSION

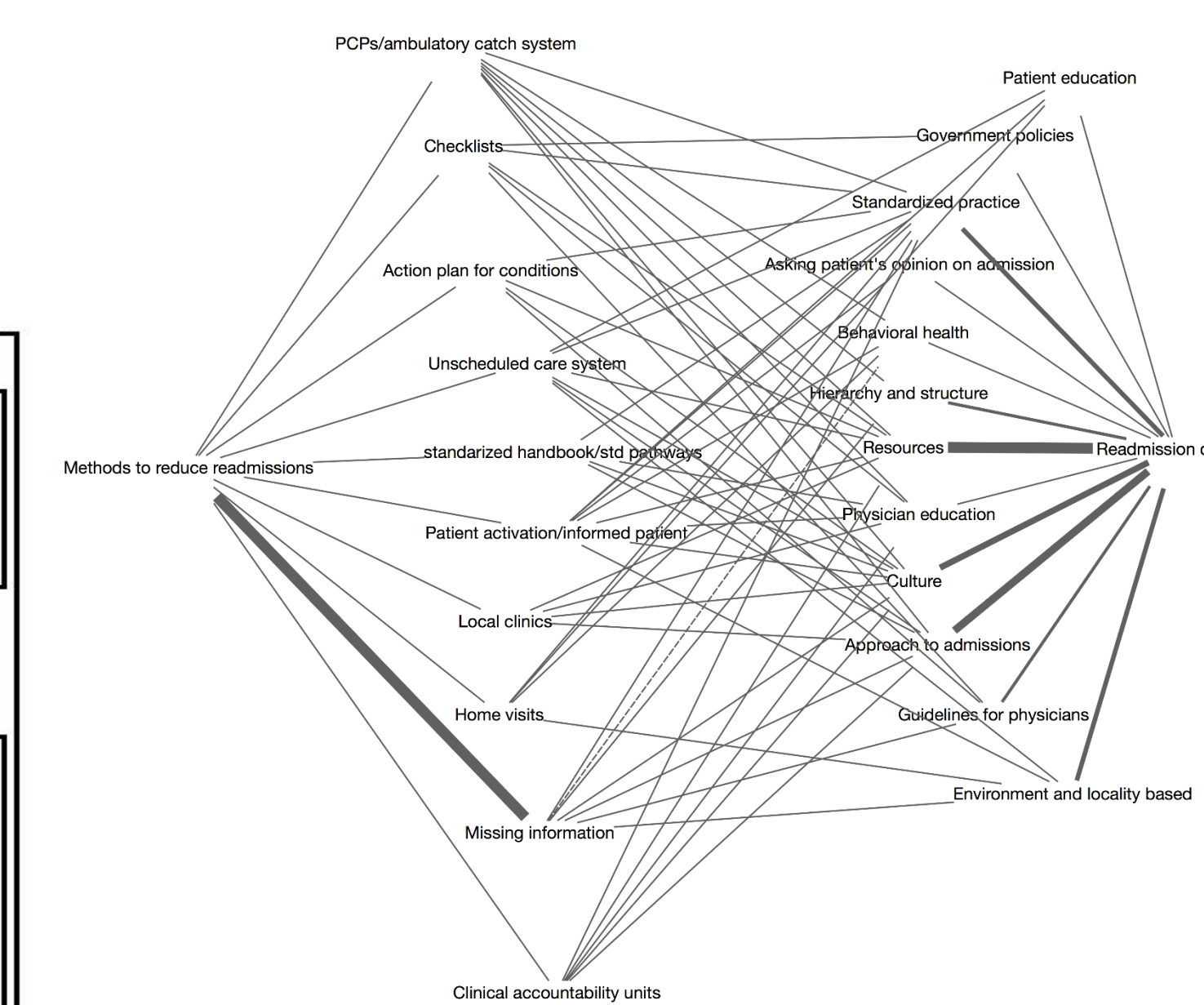
- Need to define the concept of unnecessary readmissions and its target population.
- Interventions must be established:



- Discharge Planning
- Patient Education
- Filling patient medication prior to discharge
- Transition coaches
- Providing continuity of care
- Standardize discharge procedures
- Timely follow-up
- Care coordination with PCPs
- Telemedicine
- Home visits programs

## FUTURE WORK

- Collect data from other relevant stakeholders, such as care coordinators (e.g. social workers and nurse case managers).



- Most frequent sources** were the lack of care coordination resources and risk-averse decision-making to avoid litigation processes.
- Most frequent mitigation approaches** were the implementation of care coordination programs with PCPs and the creation of new urgent care centers as alternatives to the ED.