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.

RESULTS

SEIPS Framework

- 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.

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).