# **Emergency Department Frequent Visitors Program:**

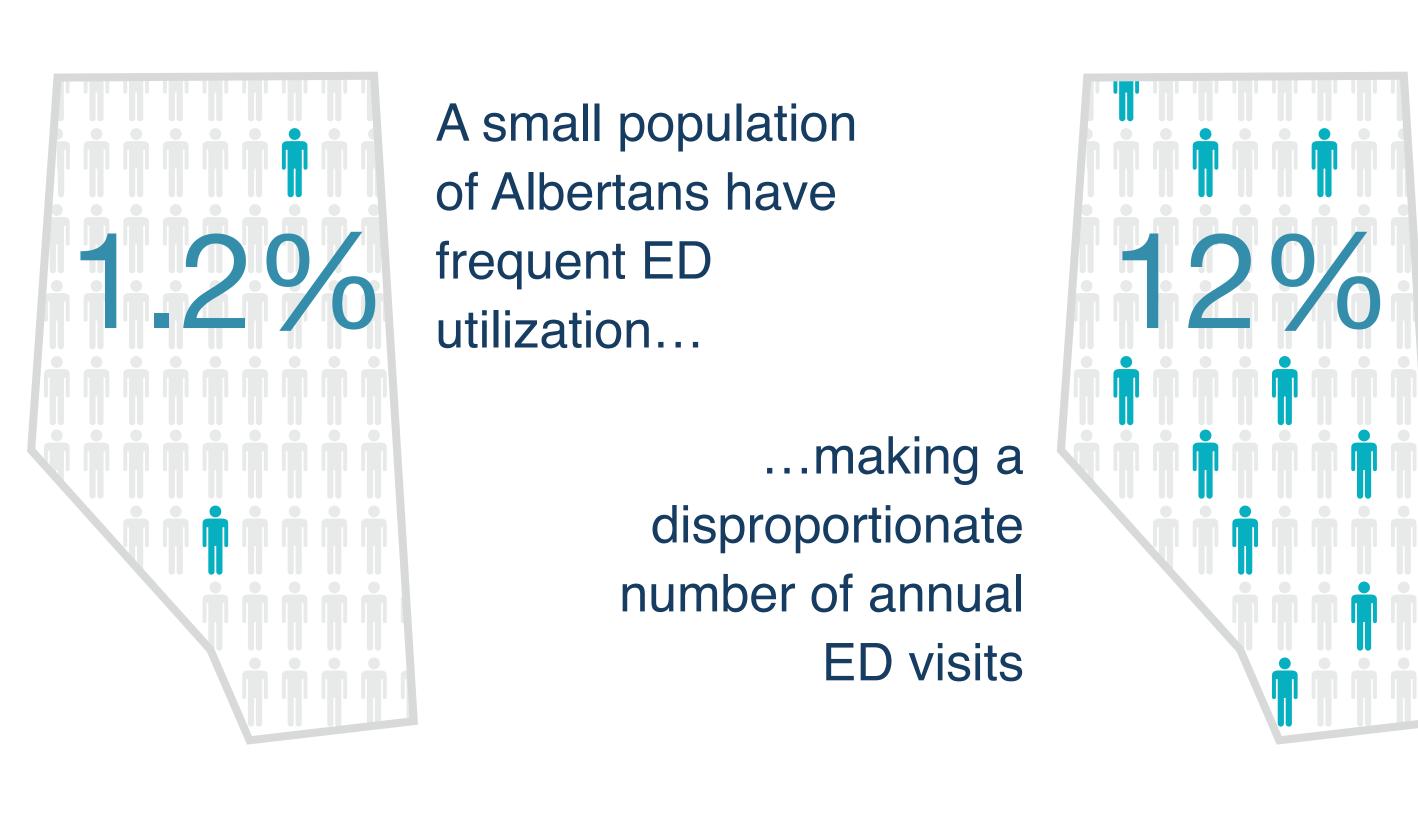
# A pan-system collaborative approach to improve quality of care, reduce harms and protect capacity

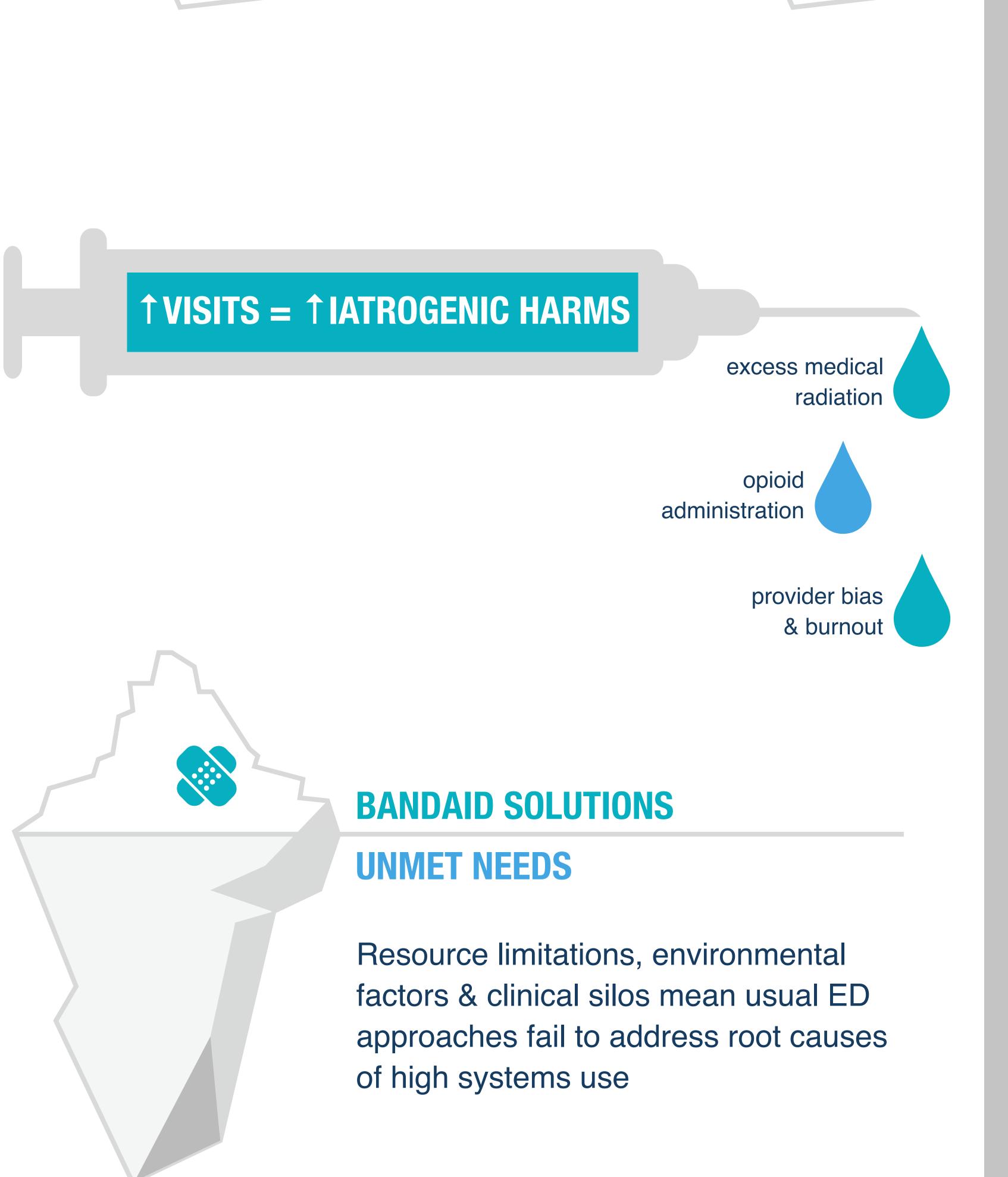


East C, Holodinsky J, Mont K, McCrae A, Lang E.

## Background

- Frequent Emergency Department (ED) and Urgent Care Centre (UCC) visitation (≥6 ED visits per patient per year) is a challenge across Alberta.
- This retrospective quality improvement study sought to evaluate our collaborative, multidisciplinary approach to this population in Calgary zone.





# **Our Patients** 97% have ≥ 1 mental health diagnosis



#### Our Team



**PATIENT** 

**IDENTIFICATION** 



**ACUTE CARE** 

Specialists

Clinical Ethics

Patient Relations

Site Administration



# CASE

**PATIEN1** 

& FAMILY

**MANAGEMENT** 



**PRIMARY CARE** 

Family Physician

Nurse Practitioner

Case Worker

INDIVIDUALIZED **CARE PLANNING** 



The program reduced ED and

months post ICP implementation.

Understanding if these reductions

are sustained over the longer term

and assessing adverse outcomes

EMS visit volumes in the 12

Opioid administration and DI

reductions were also seen.

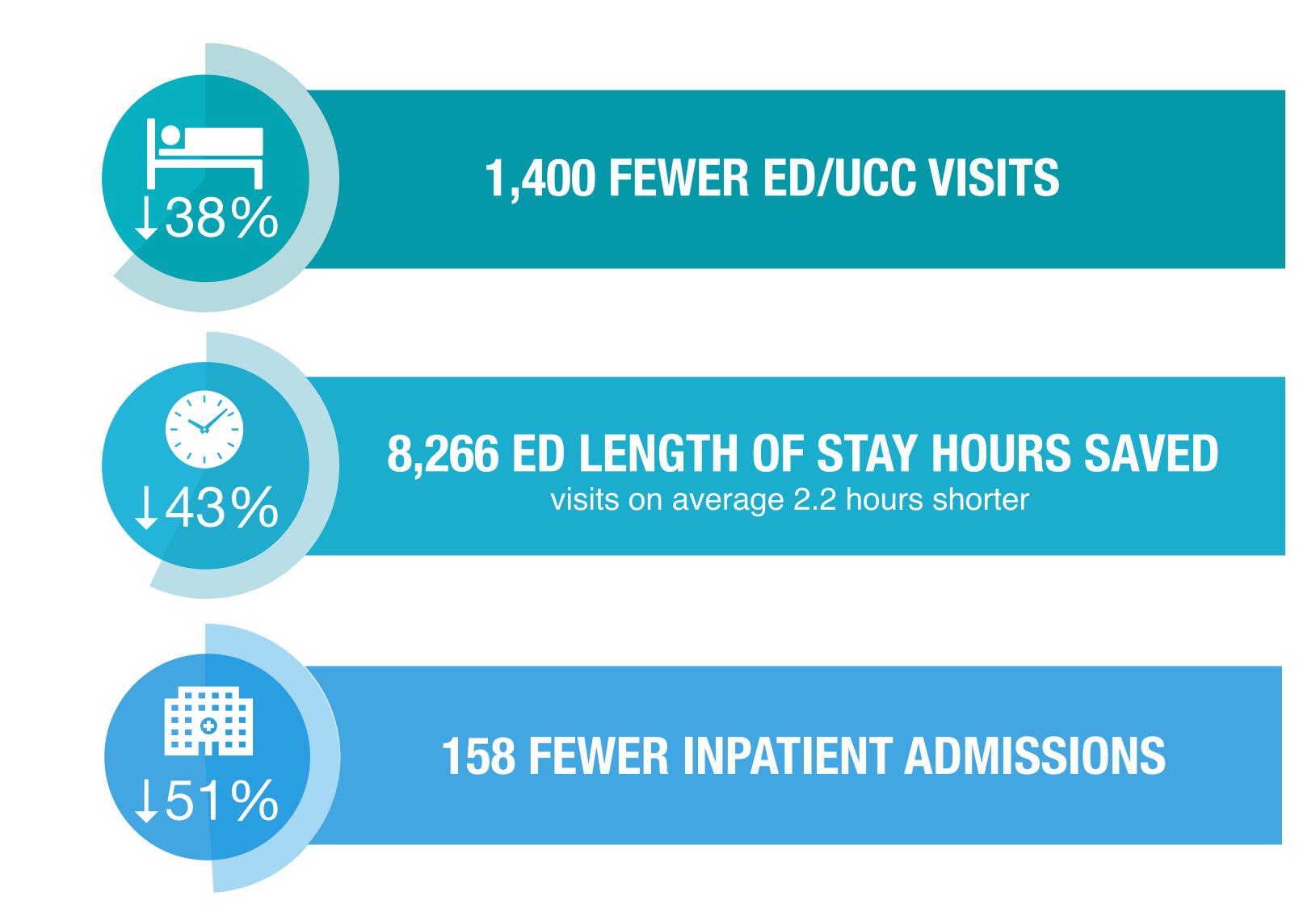
**COMMUNITY** 

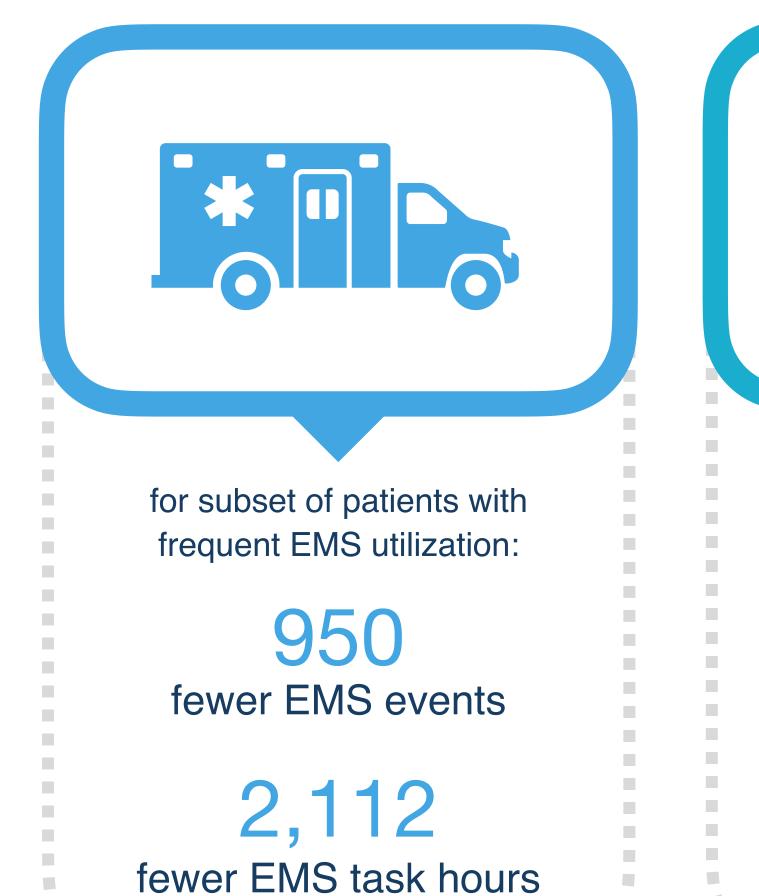
**Home Care** 

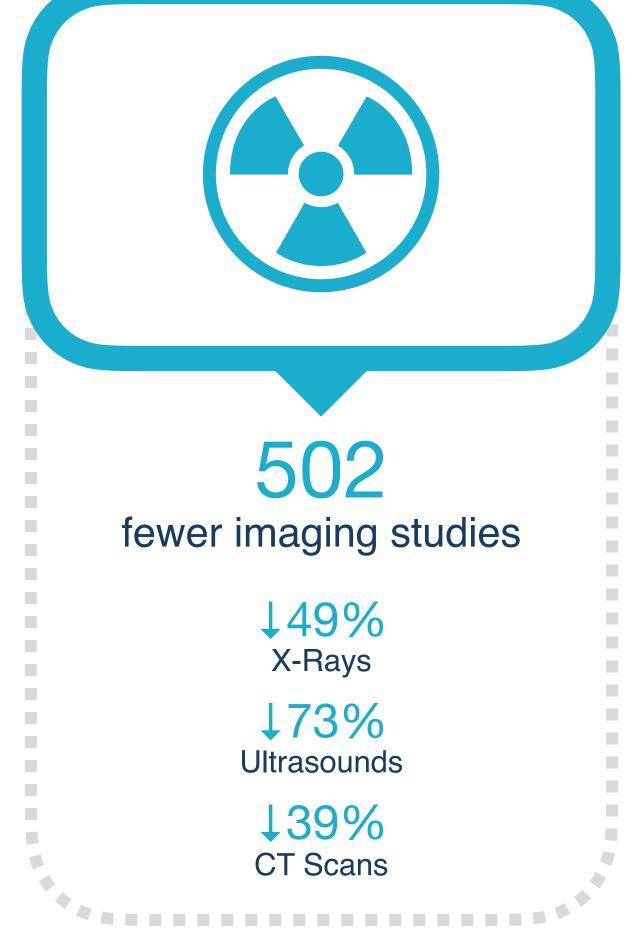
Mobile Response Team

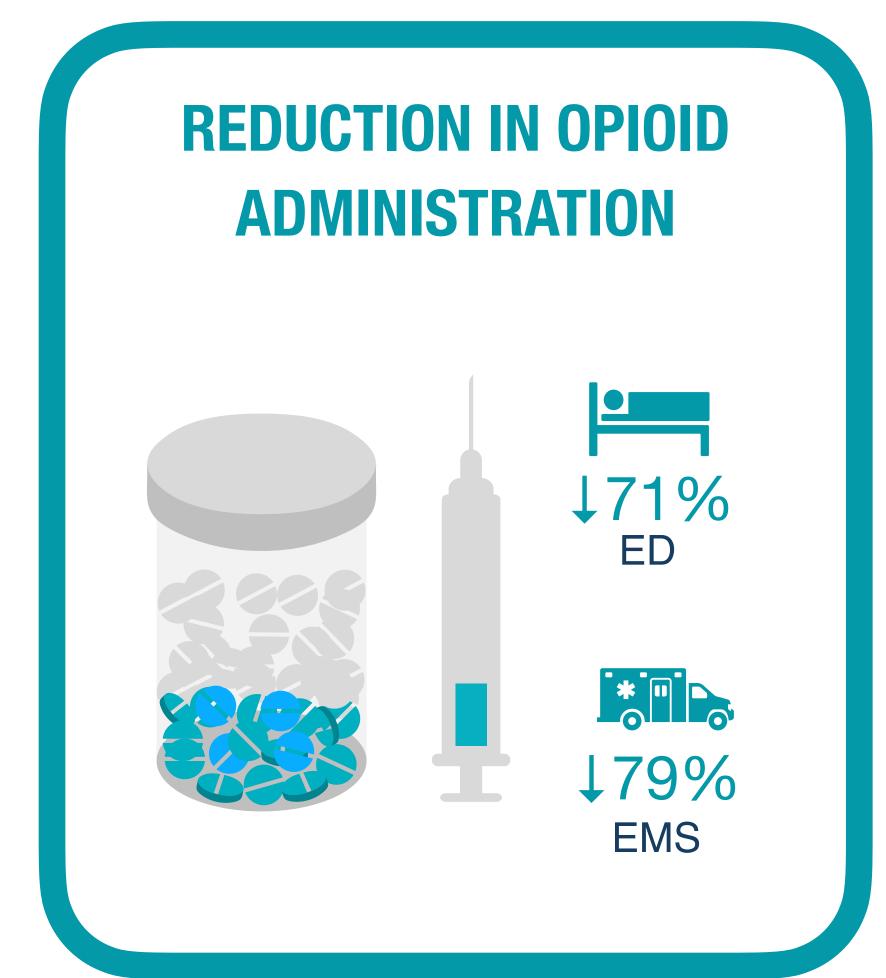
Mobile Integrated Health

**Outreach Agencies** 









## is crucial future work.

**Next Steps** 

Conclusions

Work is underway to sustainably scale and spread this work within Alberta. Visit our Insite Webpage to learn more.

https://tinyurl.com/5bbpynda christine.east@ahs.ca



Sincere thanks to the passionate team that makes this work possible largely through volunteer efforts, and to the Calgary Zone Department of **Emergency Medicine for** their enthusiastic support.

### Methods

 Retrospective pre/post care plan quality improvement study including all patients with 12 months follow up post individualized care plan (ICP) implementation.

### Results

scans (-56).

- 83 patients included. Pre-implementation, patients averaged
  - 3.7 visits/month; this was reduced to 2.3 visits/month post implementation. Visits were on average 2.2 hours shorter. Inpatient admissions dropped by half (-86 bed days). There was a reduction in x-rays (-319), ultrasounds (-127) and CT
- Among a subgroup of 51 patients who were also frequent Emergency Medical Services (EMS) users there was a reduction of 1.6 EMS events/month.
- Opioid administration dropped by 5.8 morphine milligram equivalents (MMEs) per ED visit and 4.2 MMEs per EMS event.