

Avoidable Emergency Department

Visits (reported per 1,000 members)

TOOLKIT

Overview

An increasing number of people are using hospital emergency departments (ED) for non-urgent care and for conditions that could have been treated in a primary care or urgent care setting. Reducing this trend improves quality and lowers costs in health care and appropriately channels patient care to primary care settings.

This toolkit can help practices implement systems and processes that support patient care outside of the ED when appropriate.

The bookmarks below navigate to specific checklists that impact utilization.

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A LOWER RATE OF UTILIZATION INDICATES BETTER PERFORMANCE

Measure

Definition

Eligible Population

Denominator

Total number of member months covered by an LHP product during the measurement year.

Exclusions

Deceased patients

Performance Met

Numerator

Number of outpatient ED visits during the measurement year with a primary diagnosis included in the Avoidable ED Numerator Diagnosis Code*

Set (*Source: [Oregon Health Authority](#))



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Access [back to top](#)

- Meets Legacy Health Partners [access standards](#)
- Tracks/utilizes third next available data or some other measure of access
- Offers extended hours (early morning, evenings, and/or weekends)
- Offers alternative communication/delivery of care, for example: online communication or group visit
- Has access to care policies in place that address:
 - How quickly phones are answered
 - Triage/clinical advice
 - Handling of post-ED/urgent care notifications (electronic/fax)

Data [back to top](#)

- Identifies where a majority of practice's patients present to the ED: _____

Care Coordination [back to top](#)

- Shares pain contracts and acute care plans with above facilities
- Calls ED to notify them the patient is coming in and sends conversation/notes before patient arrives

Patient Education [back to top](#)

- Provides a welcome letter or onboarding process for patients to explain emergent/urgent/non-urgent care and how/when to access each
- Uses variety of patient education opportunities like hold messages, signage or messages on statements
- Uses action plans for chronic disease

Practitioner/staff education [back to top](#)

- Roles and expectations around ED referral and follow-up. Non-clinical staff should never be allowed to direct a patient to the ED.
- Policies for timely follow-up to after-hours patient needs
- Policies/procedures to identify high utilizers and refer them to behavioral health, health partner, or appropriate internal/external resources

SIGN EXAMPLE

Call us first!

Use the 24-hour care line when you:

- Are sick or hurt
- Can't decide whether to go to the doctor or the emergency room
- Need advice on an urgent health need

CALL THE CLINIC NUMBER
(XXX) XXX-XXXX

Other office systems [back to top](#)

- Appropriate recall systems in place for chronic disease
- Standing orders for flu/pneumonia vaccines
- Policies/procedures for routine depression/drug/alcohol screening
- Policies/procedures for fall risk screening/prevention
- Policies/procedures for patients with chronic pain

Legacy Health Partners

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