TOPIC: Case Managing Frequent Presenters via ED

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NSW GOVERNMENT | Health

What was the problem we wanted to address?

To find an appropriate patient centred solution for the management of patients who frequently present to the Emergency Department

- In 2013- Gosford Hospital was seeing more than 25% of Emergency Department presentations returning more than 3 times in 6 months
- No coordination of care to prevent repetitive invasive testing & delays to treatment

What was the Goal?

To develop a patient centred model of care for a group of patients that are either

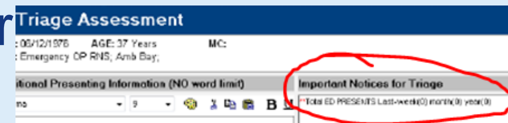
- frequent users of the health service
- have complex medical issues with difficulties accessing coordinated health care
- who have specific care paths that can be anticipated

What we did

- Manually checked First Net data over 6 month period
- Review of the previous hardcopy management plans
- Brainstorming
- Breakdown of the issues
- Potential solutions
- Communication of the “new way”

What we did

- “Defined a Frequent Flyer” (later changed to “Frequent Attenders”)
- Identified our Frequent Flyers
- Linked Management Plans to patient’s MRN which, **on arrival**, activates a FirstNet icon and a total of previous presentations by week, month or year



- Developed a referral form and posted it on the Emergency Dept Intranet Site.

How did we do it?

- CEC Clinical Leadership Program Initiative developed by Gosford ED Director Pip Keir but grew too big for one person !
- Recognised that this required a Whole of Health integrated care approach extending beyond Gosford ED – required collaboration between Clinicians, Allied Health, Complex Care Team & GPs and extended to included Wyong ED.
- Involved the patient in the development of their individual plan.
- Relevant Clinical Depts approached to support the process

How did we do it?

Formed a District wide Frequent Attenders Executive Committee which meets every 8 weeks with representation from

- Allied Health, Mental Health, Drug & Alcohol, Pain Service Emergency & community based services
- Ambulance NSW .

This committee has Tier 2 Executive Sponsorship and communicates across inpatient medical specialty teams and local GPs as needed.

What were the outcomes?

- Minimise risk of working from out-dated hardcopy plans
- Staff enthusiasm – program exceeded the initial expectations and strengthened the links between disciplines and specialities extended beyond the LHD
- Individual cases were unearthed via the ED referral form
- Complex Paediatric cases are now linked in – parents provided with an Alert card
- Treatment starts earlier for patients with chronic and complex presentations and reduces repetitive unnecessary diagnostics.

What were the challenges?

- Implementing “Smarter Check In”– initially Management Plans were hidden in the Clinical Documentation lists in FirstNet
- Responsibility to manage the implementation was too much for one person – extended to an Integrated Care model
- Negative connotation of the “Frequent Flyer” tag –changed to “Frequent Attenders”
- Initially were reviewing presentations on the basis of 3 per 6 months – expanded this to 6 in 6 mths.
- Overcoming bias toward patients who presented frequently – developed a more patient centred approach
- Time – Co-ordinating senior clinicians to come together at the same time.