

Scheduling Follow-Up Appointments through the ED

Problem to Be Resolved:

- An assessment revealed a significant number of ED visits were for primary care-treatable or preventable conditions, these visits were occurring during daytime hours, and capacity existed in San Diego's community clinic network.
- Ineffective coordination of care between the ED and its surrounding clinic network.

Hospital: University of California, San Diego Medical Center

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Category:

- E: Exit from ED

Key Words:

- Follow-up
- Discharge Instructions
- Scheduling
- Safety Net

Hospital Metrics:

(Taken from the American Hospital Directory)

- Annual ED Volume: Approximately 38,900
- Hospital Beds: 466
- Ownership: Governmental, State
- Trauma Level: I
- Teaching Status: Yes

Tools Provided:

- [IMPACT-ED Screen Shots](#)

This tool is a set of screen shot examples of the IMPACT-ED electronic referral system used to identify patients with no source of regular primary care and living in low-income areas to alert emergency physicians to access available follow-up appointment slots at clinics that have opened their scheduling systems to the ED.

Clinical Areas Affected:

- Access Readmissions
- Emergency Department
- Clinics
- Outpatient Units

Staff Involved:

- Nurses
- ED Staff
- Case Management
- Clinic Registration
- IT Staff

Innovation

In order to improve the follow-up system for discharged ED patients without medical homes who required post-discharge treatment, an Internet-based, electronic referral system called IMPACT-ED (Improving Medical Home and Primary Care Access to Community Clinics through the ED) was implemented in the ED of University of California, San Diego Medical Center. The system ensures follow-up care by identifying ED patients with no source of regular primary care and living in low-income areas spanning 15 ZIP codes. Once identified, the system alerts emergency physicians through the electronic medical record (EMR) to access available follow-up appointment slots at three clinics that have opened their scheduling systems to the ED.

Results

Patient adherence to follow-up appointments was compared before and after the system's implementation. Prior to IMPACT-ED, only four of the 399 patients (1%) followed up with appointments at the clinic within two weeks, while 81 of the 326 patients (24.8%) given appointments post IMPACT-ED kept them.

IMPACT-ED has been received positively by ED staff and patients. The program will continue, says Chan, noting that the ED received a \$750,000 grant to expand to other clinics and begin communicating critical patient information (about such things as medications, allergies and conditions) electronically between systems.

From The Experts:

"The success of the program is due partly to the fact that it's designed to reduce the work obstacles for all in the process. When the clinician is alerted to the fact that a patient has no primary care physician and lives in the select area served by the clinics, he or she simply has to press a button on the EMR to see the list of available appointments in the clinic the next week and select one of those times."

Theodore Chan, MD, Professor of Clinic Medicine and Medical Director of Emergency Department

Timeline

Engaging stakeholders (ED staff, clinics, hospital administration) - 2 months

Software development and testing - 6 months

Implementation and Training – 1 month

Evaluation – xx months

Innovation Implementation

A Robert Wood Johnson Foundation funded safety net assessment of San Diego spurred the system's development. Theodore Chan, medical director of the emergency department at UCSD, explains how the assessment noted a significant number of ED visits were for primary care-treatable or preventable conditions, these visits were occurring during daytime hours, and capacity existed in San Diego's community clinic network. One recommendation from the assessment was to create electronic linkages between EDs and the community clinics to refer patients for care.

The clinics' schedules are open 24 hours a day, seven days a week, so the scheduling of appointments by ED staff does not require contact with the clinics. An appointment certificate prints out with the patient's discharge instructions and patients are given an appointment time and place and provided with a map and bus route. The clinic then receives an e-mail notification of the appointment and the patient's contact information. Roughly one-third are covered by Medi-Cal, one-third is county indigent funded, and one third is uninsured

Cost/Benefit Analysis

Not available.

Advice and Lessons Learned

- 1. Fully analyze workflow and address any potential obstacles.** EDs wishing to implement a referral system comparable to IMPACT-ED should make sure they do not trade one problem for another.
- 2. Automate processes and ensure steps for referring and making appointments are easy as possible for all staff.** IT systems often create unintended consequences and increased work for staff. In order to increase staff acceptance of the new system, make the implementation and process as easy as possible.
- 3. The program can utilize walk-in clinic time slots for clinics.** An initial challenge for UCSD was to get clinics to open their scheduling system for the ED. However, because the program utilizes walk-in clinic time slots for most clinics, the ED appointment slots (as opposed to standard clinic-scheduled ones), are released to walk in availability within 24 hours if not filled by ED patients, the clinics have reported a minimal negative effect.

Tools to Download

- [IMPACT-ED Screen Shots](#)

Related Resources

- [Urgent Matters E-Newsletter Volume 7, Issue 5: Innovations: Scheduling Follow-Up Appointments Through the ED](#)