**STEDDI: Short-Term Emergency Department Discharge Intervention**

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**Background**

- In the U.S., the Emergency Department (ED) is the primary gateway to hospital admission.
- Unnecessary hospital admissions divert resources away from other patients who require tertiary or quaternary (T/Q) levels of care.
- For all ED disposition types, the typical 30-day return rate is 17%.
- Research shows that improved outpatient care management intervention decreases medically unnecessary short-stay hospital admissions and reduces ED recidivism in patients with high health or social complexity seen in the Parnassus ED?

**Current State**

- UCSF did not have a team dedicated to supporting complex patients discharged from the ED prior to STEDDI sparking a collaboration between ED leadership and Population Health.

**Problem Statement**

Can a short-term, intensive and fully virtual care management intervention decrease medically unnecessary short-stay hospital admissions and reduce ED recidivism in patients with high health or social complexity seen in the Parnassus ED?

**Gap Analysis**

- **PATIENTS**
  - Insufficient care & support at home
  - Challenges navigating large health system
  - Misunderstanding of accessing appropriate levels of care
  - Biopsychosocial factors impacting functional status

- **PROVIDERS**
  - Busy ED with limited time and resources to address health complexity
  - ED providers may lack awareness of services available in ambulatory setting

- **ENVIRONMENT**
  - Challenging to get timely PCP and/or specialty appointments
  - Difficult connecting patients with support services, home health

- Medically unnecessary short-stay admissions and ED recidivism

**Project Plan**

- Referrals from ED MDs and APPs, care management identified by team based on prior utilization and apparent social complexity
- High touch model of partnership & support over short duration
- Patient education on early symptom recognition & condition self-management
- Linkage to PCP and specialty care
- Coaching on and linkage to appropriate levels of care
- Coordination of home care services, attendant care, and community resources

**Results and Impact**

**STEDDI ACHIEVED A 20% REDUCTION IN 30-DAY ED RE-VISIT RATE TO UCSF PARNASSUS!**

<table>
<thead>
<tr>
<th></th>
<th>Coefficient of STEDDI</th>
<th>P value</th>
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<tbody>
<tr>
<td>ED revisits in 14 days</td>
<td>-0.10</td>
<td>0.004*</td>
</tr>
<tr>
<td>ED revisits in 30 days</td>
<td>-0.19</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Admissions in 30 days</td>
<td>-0.04</td>
<td>0.065</td>
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**Patient Characteristics**

- Age (mean in years): 72.8 (range 22-96)
- Gender (female): 58% (n=114)
- Language (English): 74% (n=145)
- Race
  - White or Caucasian: 40% (n=79)
  - Black or AA: 14% (n=27)
  - Asian: 33% (n=64)
  - Other/declined: 13% (n=26)
- Payer
  - Medicare: 53%
  - Medicaid: 21%
  - Advantage: 13%
  - Commercial: 11%

**Figure 1. Multiple Regression**

N = 13,756; Controlled for age, medical complexity and past utilization

**Results and Impact**

“Was wonderful to have the follow up after my ER visit. It was very calming. I feel like I’m in good hands. This program is amazing!”

“Thank you guys are wonderful. I really have to thank you... What you do is really important – not letting patients fall through the cracks.”

**Conclusions**

- A post emergency department transitions program did not exist at UCSF putting complex patients at risk for return to the ED. Establishing the STEDDI transitions program proved impactful in addressing this gap.

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**References**

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**Lessons Learned**

- A multi-disciplinary team is required to meet the needs of high-risk patients.
- Building relationships with UCSF specialty practices enabled STEDDI to ensure timely outpatient follow up and was critical to the success of this program.
- Patients receiving entirely virtual outreach and support following an ED visit readily engaged with the team and were grateful for these services.
- A Reporting Workbench report in the electronic health record proved an efficient method to identify potential candidates.
- Virtual warm hand-offs did not improve engagement in the program.

**Next Steps**

- Continue to refine and test innovations for improved patient identification, outreach, and engagement.
- Pilot interventions addressing the disparities in UCSF Health utilization to promote health equity.