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 management after an ED visit could prevent ED revisits and hospital admissions.

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, case 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

- Virtual, 2-week episode
- Dyad: Advanced Nurse Specialist & Licensed Clinical Social Worker

Results and Impact

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

	Coefficient of STEDDI	*P* value
ED revisits in 14 days	-0.10	0.004*
ED revisits in 30 days	-0.19	<0.001*
Admissions in 30 days	-0.04	0.065

Figure 1. Multiple Regression
N = 13,756; Controlled for age, medical complexity and past utilization

"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!"
-36y with new onset neuro symptoms

"You guys are wonderful. I really have to thank you… What you do is really important – not letting patients fall through the cracks."
-retired MD; father of pt

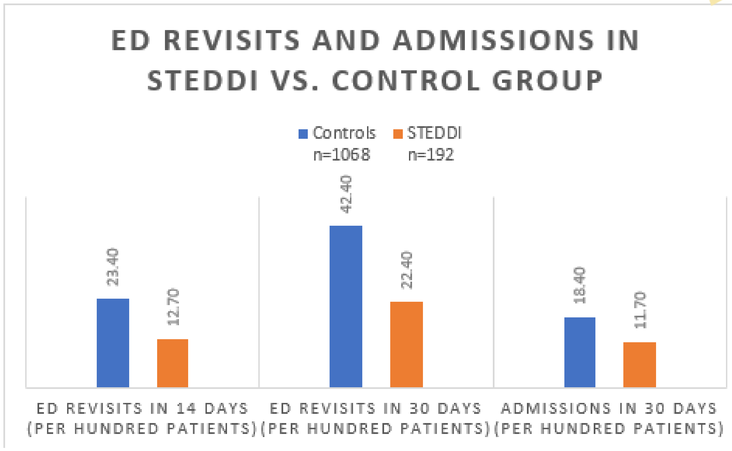

Figure 2. Control group
Comparison to a control group of ED encounters; Matched on age, prior utilization, and medical complexity

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%
Medicare Advantage	21%
Medi-Cal	13%
Commercial	11%

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.

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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