Evaluation of a Super Utilizer Case Management Program with Baccalaureate Nursing Students

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Introduction

What’s the Problem?
- Many patients who use the emergency department as it was intended
- A small number of patients, or Super Utilizers, make numerous visits to and incur high charges at the ED for issues that could be addressed elsewhere
Why is it important to reduce ED visits?
- Non-emergent ED visits cause high costs to the hospital which cannot be recompensed
- Increases stress to staff
- Creates longer lines in the department
What happens if we do nothing?
- Not addressing the issue behind these inappropriate visits perpetuates the problem and contributes to poor health outcomes
The Intervention – The Super Utilizer Program
- Joint effort at Stormont-Vail HealthCare Continuum of Care & Emergency Departments
- Baker University School of Nursing
- Pairs of senior level nursing students are assigned to a patient for 2 months

Methods

Case Management in the ED
- Cameron Coalition case management program reduced costs by 56% and ED visits by 40% as well as emergency patients in insurance programs (Green et al., 2010).
- Cameron case managers developed an individualized plan of care for ED patients significantly reduced the number of ED visits by “request therapies” and the number of radiological studies reviewed (Mautner, 2011).
- The University of Michigan's Complex Care Management Program focusing ED patients with complex medical and psychosocial needs found that the number of ED visits was reduced after enrollment in the program (Williams, 2012).
- Through continuity of care, those patients who made multiple visits to their primary care provider were less likely to visit the ED (Wendler, 2010).
- Case management programs rich with housing for homeless individuals showed decreased ED visits by 85% (St TRUEWEST, Eastern Texas, & Aurora, 2011).

Results

Discussion

Conclusions
- The Super Utilizer Program decreased ED visits for total group and non-repeaters subgroup
- The Super Utilizer Program had no affect on the number of ED visits of surrounding facilities
- Slight increase in insurance coverage for total group
- Slight increase in PCP & Specialist utilization for the total group
- Slight increase in mental health resource utilization for the total group
- Patients showed a moderate decrease for Drug & Alcohol, Pain, & Psych after enrollment

Limitations
- Small sample size
- Cost was not examined

Recommendations for Further Research
- Qualitative study
- Cost analysis

References

Breen, C., & McCann, J. (2013). The impact of a case management program on hospital admission and readmission rates at SVHC. In the University of Kansas Hospital. (p. 1).
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Acknowledgements & Contact

We would like to thank the following:
- Ruth B. Wallace, Linda L. Haley
- John M. Barger, Angela Sanz
- The Super Utilizer Program
- Paulette Blackwell
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Objective 1: Does the program affect ED visits?

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<th>Number of visits</th>
<th>Before Program</th>
<th>After Program</th>
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