

DRIVING **CHANGE 2023**

THE URGENT CARE CONVENTION

The Pediatric Urgent
Care Conference



The ED is Full

Re-evaluating Who Can Be Managed Safely in the Urgent Care Environment



COLLEGE OF
URGENT CARE
MEDICINE

Financial Disclosures

- I have no financial disclosures.
- I have no actual or potential conflict of interest in relation to this program/presentation.
- Grant/Research Support:
 - principal Investigator
 - CDC funded UCA quality improvement project



Emergency Department is **STILL** Full

> Ann Emerg Med. 2003 Aug;42(2):173-80. doi: 10.1067/mem.2003.302.

A conceptual model of emergency department crowding

Brent R Asplin¹, David J Magid, Karin V Rhodes, Leif I Solberg, Nicole Lurie, Carlos A Camargo Jr

2003 → 2023

American College of Emergency Physicians / Emergency Department Boarding and Crowding

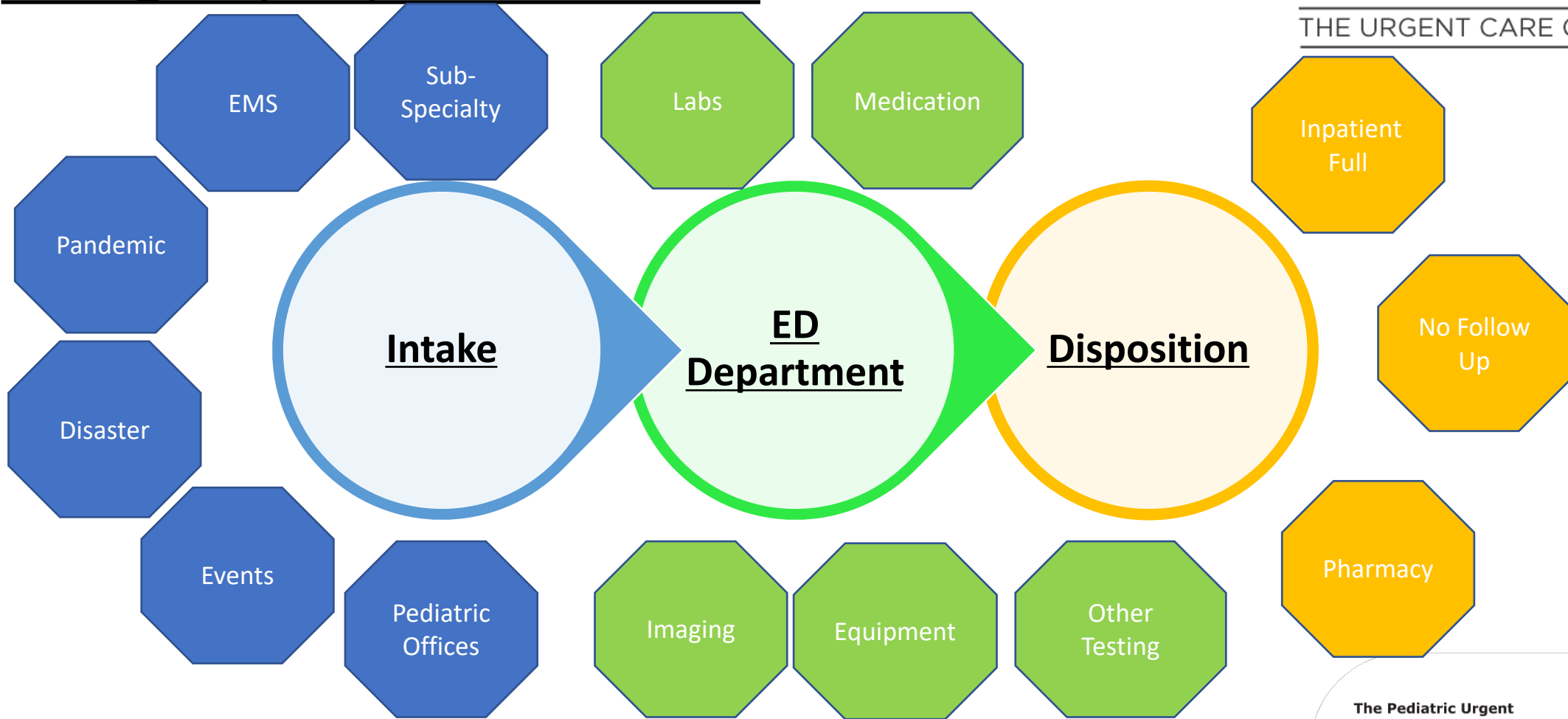
Emergency Department Boarding and Crowding



Patients "boarding" in the emergency department (ED), or placed in a holding pattern while waiting for care or transfer, are overwhelming emergency physicians, care teams and staff who do all they can to treat or stabilize every patient that needs care.

While the causes of boarding are multifaceted, staffing shortages and the resulting burnout only exacerbate the crisis and perpetuate a dangerous and sometimes deadly cycle. To help address this crisis, ACEP President Christopher S. Kang, MD, FACEP is currently forming a task force to develop clinical recommendations as well.

Emergency Department is Full



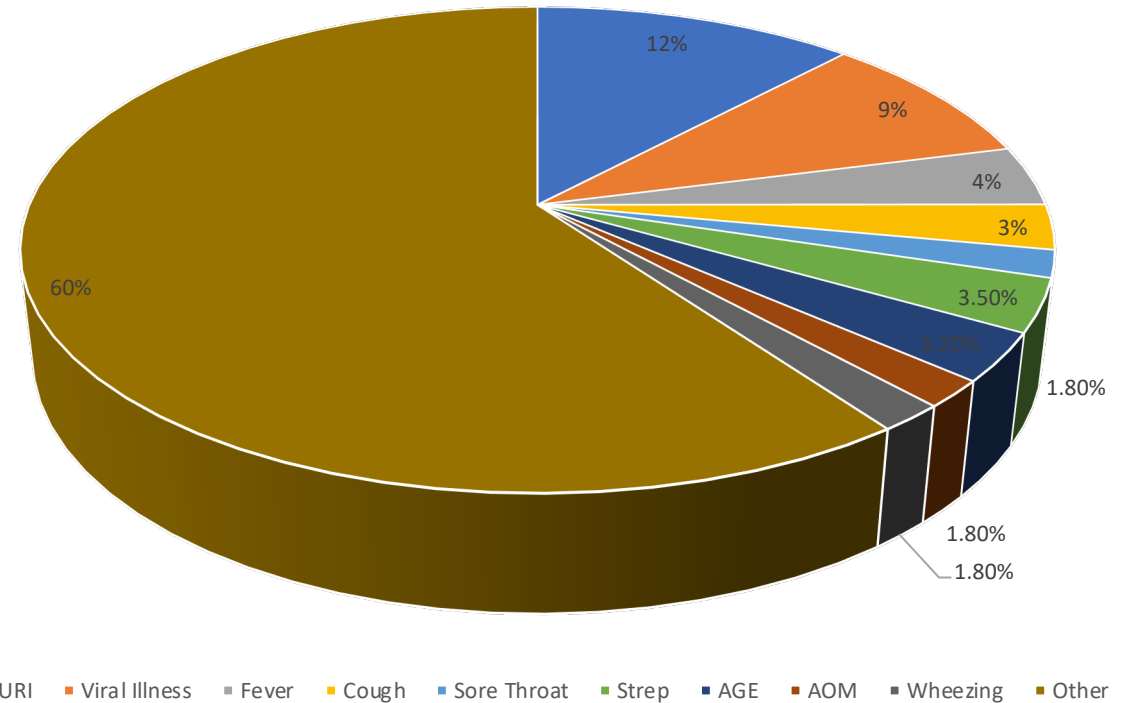
The Pediatric Urgent
Care Conference



Emergency Department is Full → Intake

Top 10 Pediatric Emergency Department Visits

Upper Respiratory Infections	12%
Viral Illness	9%
Fever	4%
Cough	3%
Sore Throat	1.8%
Strep	3.5%
Acute Gastroenteritis	3.2%
Acute Otitis Media	1.8%
Wheezing	1.8%
Other	58%



Emergency Department is Full → Intake



- **Disaster**
 - Working wounded
- **Pandemic**
 - Testing
 - COVID treatment
 - Seasonal Variation (FLU/RSV)
- **Pediatric Offices**
 - Dehydration
 - Lacerations
 - Special Needs
- **Events**
 - Lollapalooza
- **DCFS**
 - Placement
- **Sub-Specialty**
 - G-tube Replacement
 - Pediatric Dental
 - Orthopedic
 - Knee Aspiration
 - Factor Infusion
 - Pre-Surgical Testing
 - Ingestion
- **EMS**
 - Alternative Destination

The Pediatric Urgent
Care Conference



Emergency Department is Full → Intake



Intake

Emergency Medical Services:

CMS 2019 ET3

Emergency, Triage, Treat, and Transport

Mission Statement “most appropriate emergency services at the right time and place”

Goals:

- Providing person-centered care
- Encouraging appropriate utilization of services
- Increasing efficiency in the EMS system

Transport:

- 1) Typical transport to the ED
- 2) Transport to an alternative destination
- 3) On-scene “treatment in place”

Alternate sites:

- Federally qualified health centers
- Physician’s offices,
- Behavioral health centers
- Urgent care clinics



EMS

The Pediatric Urgent
Care Conference



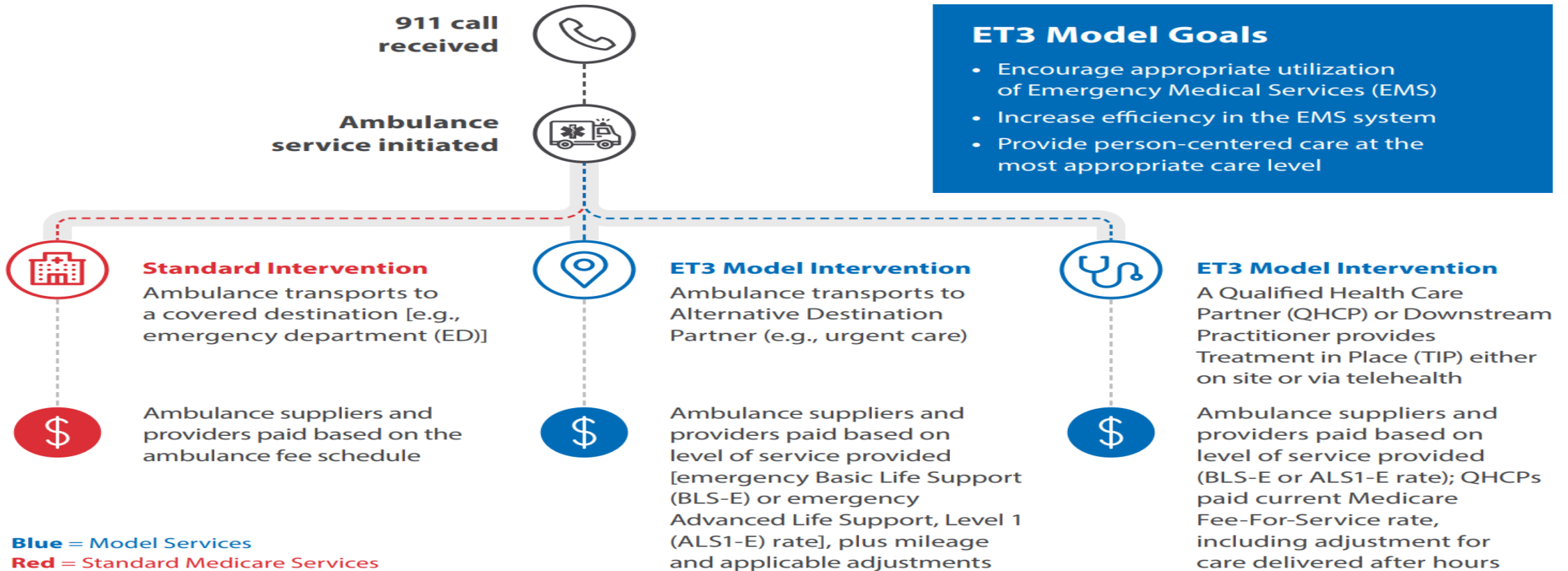
The Emergency Triage, Treat, and Transport (ET3) Model



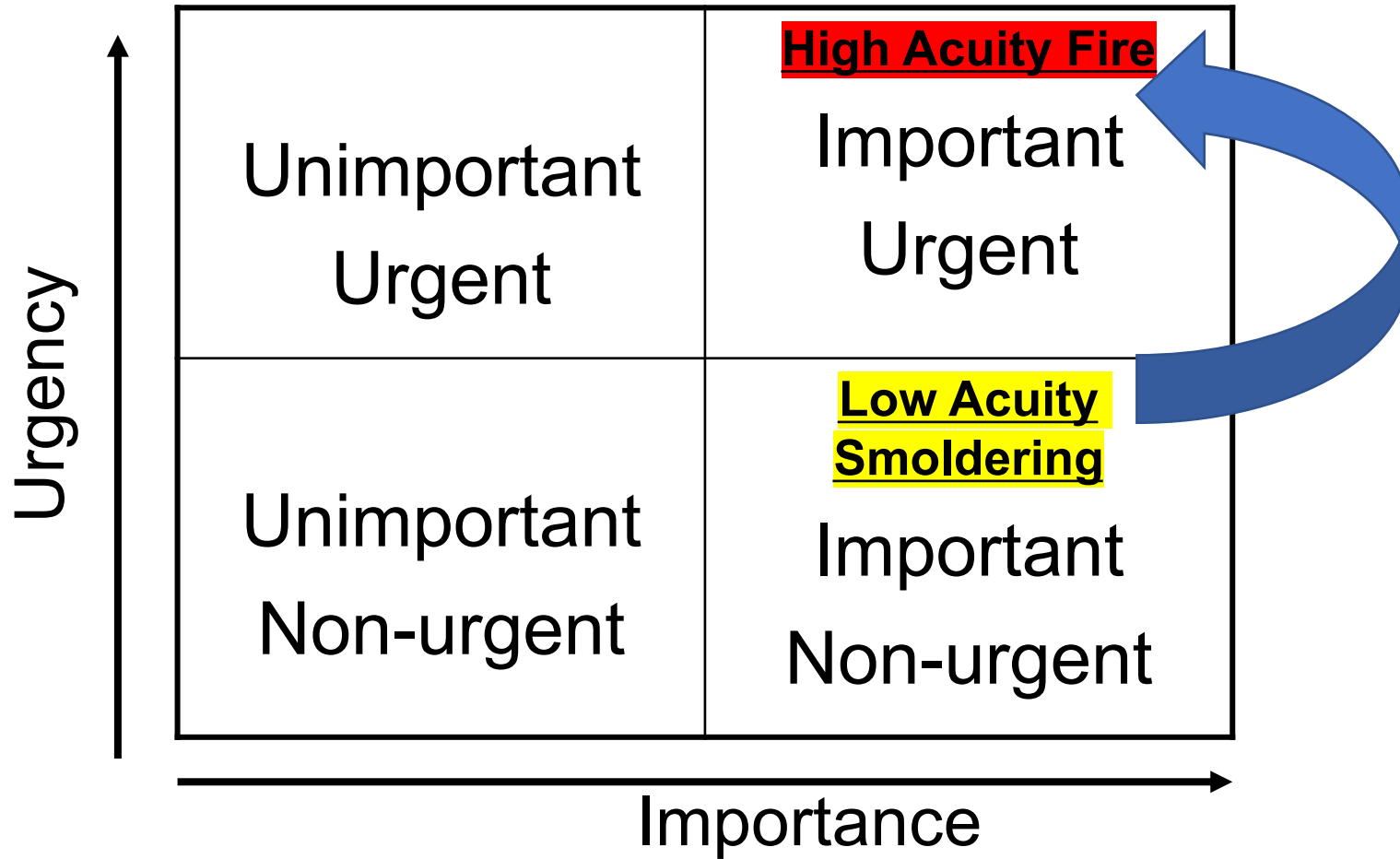
ET3 Model
Emergency Triage, Treat,
and Transport Model

October 2021

The Emergency Triage, Treat, and Transport (ET3) Model is a **voluntary** 5-year CMS payment model that provides **greater flexibility** and new **payments** to ambulance care teams for Medicare beneficiaries.



EMS Acuity Matrix



My organization's medical director is very engaged with our field personnel in ambulance transport of 911 patients to alternative destinations.

- Agree/strongly agree



Question

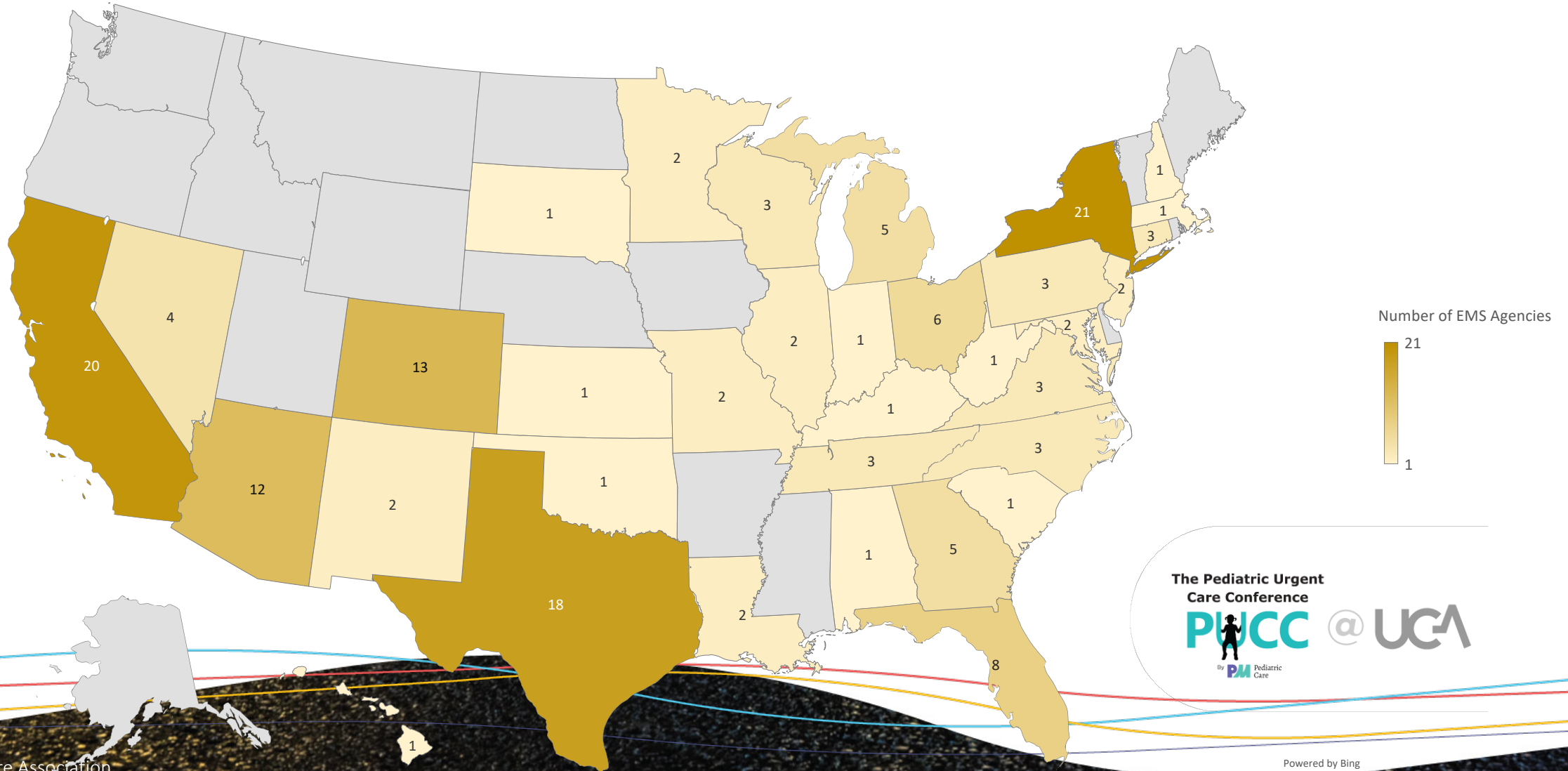
Question 1: True or False: Most states in the United States have not yet established any alternate destination sites.

- A) True
- B) False



Emergency Department is Full → Intake

Participating States



The Pediatric Urgent
Care Conference
PUCC @ UCA
by **PM** Pediatric
Care

Alternative Destination

- Allergy or hay fever
- Back pain, mild; able to walk without assistance
- Contusions or abrasions, minor
- Cough, mild; without hemoptysis or respiratory impairment
- Non-traumatic dental problems
- Diarrhea, without dizziness or other signs of dehydration
- Dizziness, chronic (recurrent or known history)
- Dysuria, mild; female
- Ear pain
- Ingrown toenails
- Itching without systemic rash
- Eye irritation without signs of active infection, minor
- Fracture, distal extremity (forearm, lower leg), isolated injury, not open, With neuro/vascular intact
- Headache, minor without neurological impairment
- Injury follow-up (minor injury, treated previously)
- Joint pain
- Mouth blisters
- Muscle aches
- Nausea, vomiting
- Neck pain (no history of acute trauma)
- Nosebleed (resolved)
- Painless urethral discharge
- Physical exam requests (except patients with diabetes, CHF, kidney failure, cancer)
- Plantar warts
- Rectal pain/itching, minor
- Sexual disease exposure
- Simple localized rash
- Sinusitis, chronic
- Skin infection or sores, minor
- Sore throat without stridor
- Sunburn (localized without blisters)
- Vaginal discharge
- Vaginal bleeding (Hx non-pregnant, not postpartum, and requires less than one pad in 5 hours)
- Upper respiratory infection
- Work release or disability
- Wound checks

Emergency Department is Full → Intake



Intake



EMS

Alternate EMS Destination

Benefits:

- Reduces patient wait-time for nonemergent care
- Improved patient satisfaction
- Avoid an unnecessary emergency department visit
- Emergency department's focus on higher acuity

Process:

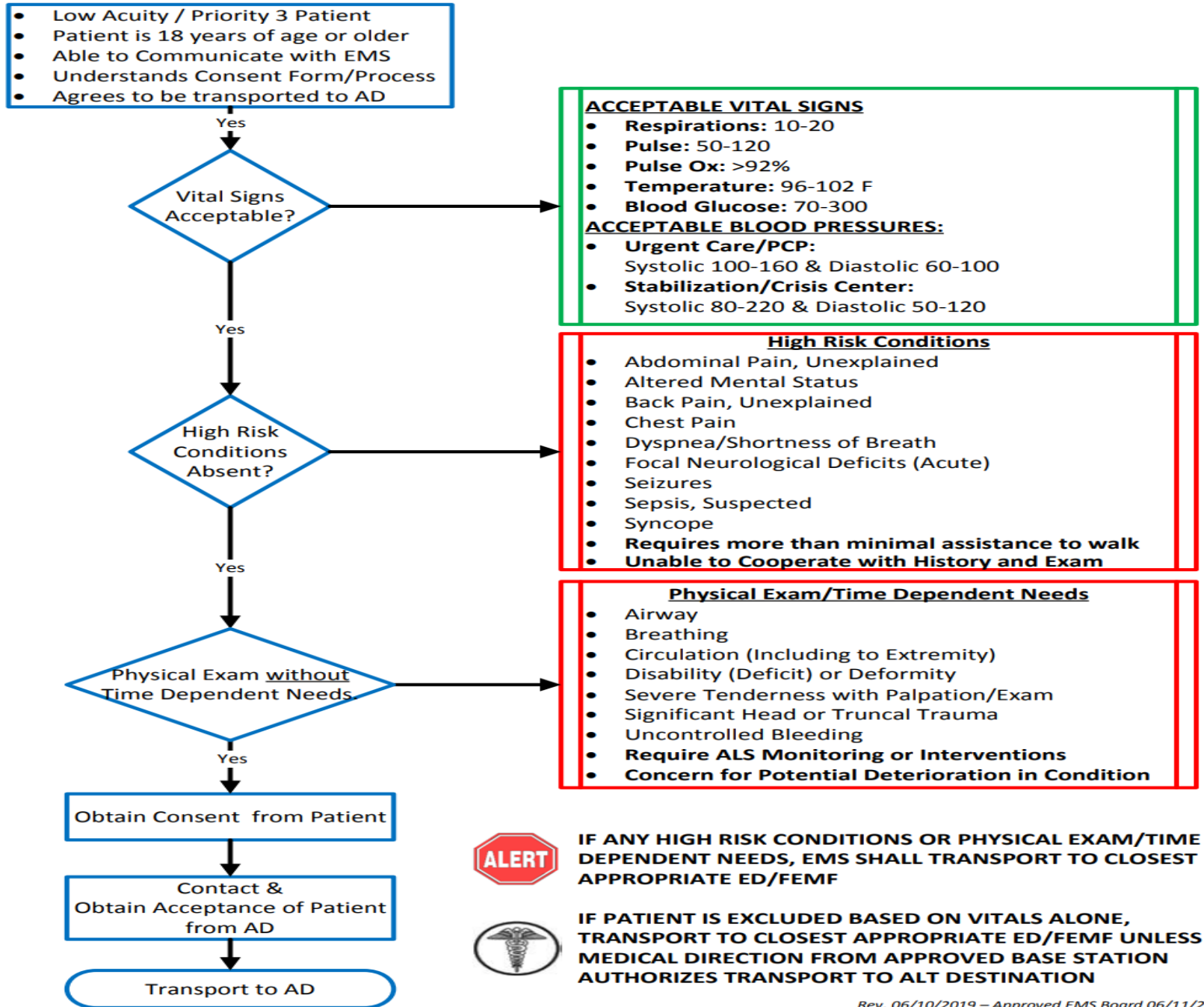
1. Clinical triage
2. Establish Protocols or Guardrails
3. Communicate with receiving facility or Medical control
4. Patient's choice to go to Alternative Destination or Emergency Department

The Pediatric Urgent
Care Conference



Alternative Destination

Alternative Destination (AD) Protocol



Emergency Department is Full → Intake



Intake



EMS

Alternate EMS Destination Pilot

- Experiences

1. Urgency and complexity

- Can the site handle the urgency of the patient
- Resources must match complexity

2. Receiving party

- Site must be ready for the patient

3. Payer issues

- EMS need to insurance networks and payer issues



11%-61%
ED Trips

The Pediatric Urgent
Care Conference



Emergency Department is Full → Intake

Intake

EMS

Alternate EMS Destination Pediatrics



Annals of Emergency Medicine
Volume 81, Issue 3, March 2023, Pages 343-352



Pediatrics/original research

Clinician and Caregiver Determinations of Acuity for Children Transported by Emergency Medical Services: A Prospective Observational Study

Caleb E. Ward MB BChir, MPH^{a b}, Gia M. Badolato MPH^a,
Michael F. Taylor BBE^a, Kathleen M. Brown MD^{a b}, Joelle N. Simpson MD, MPH^{a b},
James M. Chamberlain MD^{a b}

All Groups:

- Caregivers
- EMS Personal
- ED Nurses
- ED Providers

All Over-triaged

72.9% of Parents agreed that EMS can evaluate and advise if an alternative destination can be used

2016 London study
3020 Patients
95.6% could have been treated
Out-of-Hospital Model

Identified Resources Needed:

Defined process, Novel triage tools, Training and Oversight

Question

Question 2: What percentage of patients, out of all pediatric mental health visits to the Emergency Department from 2019-2022, was 12-17 years old adolescents presenting with Disruptive Behavior and Impulse Control?

- A) 10%
- B) 20%
- C) 30%
- D) 40%
- E) >60%

Emergency Department is Full → Mental Health

- CDC Evaluation of Mental Health Conditions Presenting to the ED 2019-2022

Emergency Visits per Weeks for Mental Health visits From 2019 to 2020

5-11 Years Old: 1,500 per week
12-17 Years Old: 4,000 per week

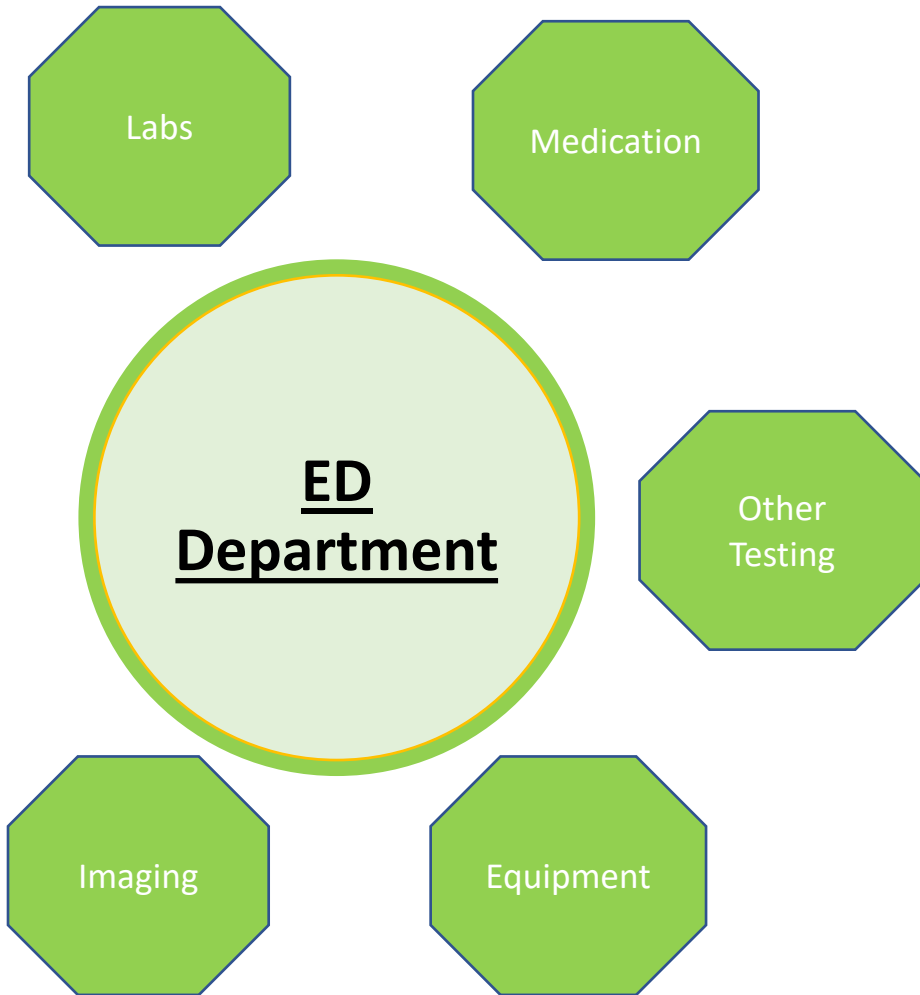
Proportion of ED visits for age increased to

5-11 Years Old: 24%
12-17 Years Old: 31%

	5-11 years	12-17 years
Depression	150	2500
Anxiety	150	1500
ADHD	200	800
Disruptive Behavior & Impulse Control	100	400
Trauma & Stressor Related Disorder	100	600
Bipolar	10	150
Eating Disorder	7	120
Tic Disorder	7	50
Obsessive compulsive disorder	7	30



Emergency Department is Full → ED Department



Labs

- Bilirubin
- Infection Control Surveillance
 - Noro-Virus Evaluation
- Pre-op weekends
- Fever Evaluation
 - Sickle Cell Disease

Medication

- Normal Saline
- Ondansetron
- Racemic Epinephrine
- Migraine treatment
- Fever Treatment

Imaging

- Xray
- Ultrasound

Equipment

- CAM Boot
- Nebulizers

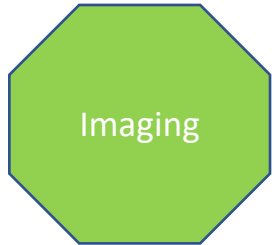
Other Testing

- Electrocardiogram
 - Syncope

The Pediatric Urgent
Care Conference



Emergency Department is Full → ED Department



Center for
Healthcare Delivery
Science and Innovation

Improving Pediatric Emergency Department Throughput One Chest X-ray at a Time



Problem

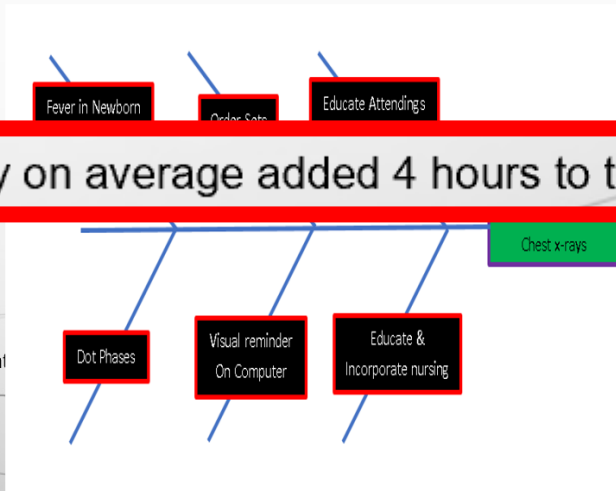
- Established is that otherwise healthy patients from 7-60 days with fevers should not have chest x-rays done as routine screening exams.
- Although, treatment of the pediatric febrile infant is variable within the pediatric emergency and inpatient departments. There are many evidence-based guidelines on treatment management in this age group.
- By taking part in a American Academy of Pediatrics REVISE (Reducing Excessive Variability in Infant Sepsis Evaluation) Collaborative the Comer pediatric inpatient and emergency department can address the Triple AIM by giving efficient, timely and cost-effective care to this population

Goal

- Hypothesis: There is no effect on emergency department throughput when chest x-rays are done on otherwise healthy patients that have no physical exam finding consistent with need for that test.
- If proven correct and there was an large impact on throughput timing with in the emergency department.
- Therefore, by decreasing variation in care and improving throughput the ripple effects of the improvement would help that patient, other patients waiting, utilization or resources and end less more areas.

Quality Improvement, Innovation and Implementation QI³

- Comer's Pediatric Inpatient and Emergency Department
- Implementation using Model for Improvement (PDSA Cycle)
- Presented process at Department

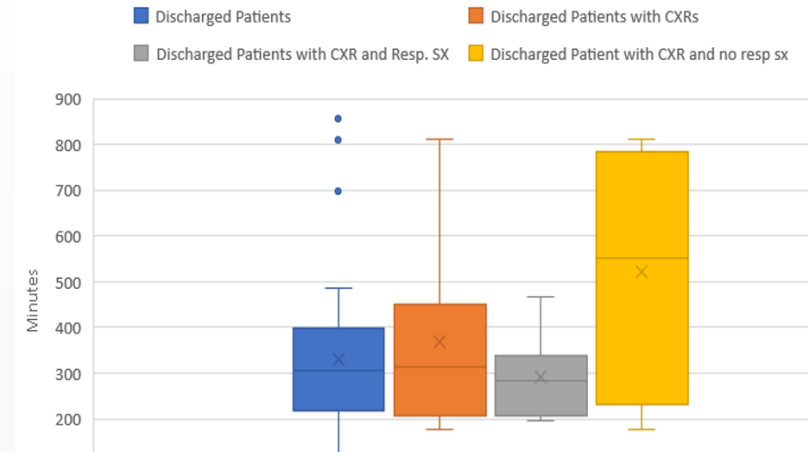


• Each Chest x-ray on average added 4 hours to the emergency department length of stay (LOS).

- disseminate process.
- Educate pediatric, emergency, rotating residents and nursing staff on improvement process
- Add visual cues to every computer to remind providers to follow improvement process
- Create order set and Dot phase for documentation
- Update Fever in Newborn Guideline
- Follow data over time with Run charts

Results

Length of Stay



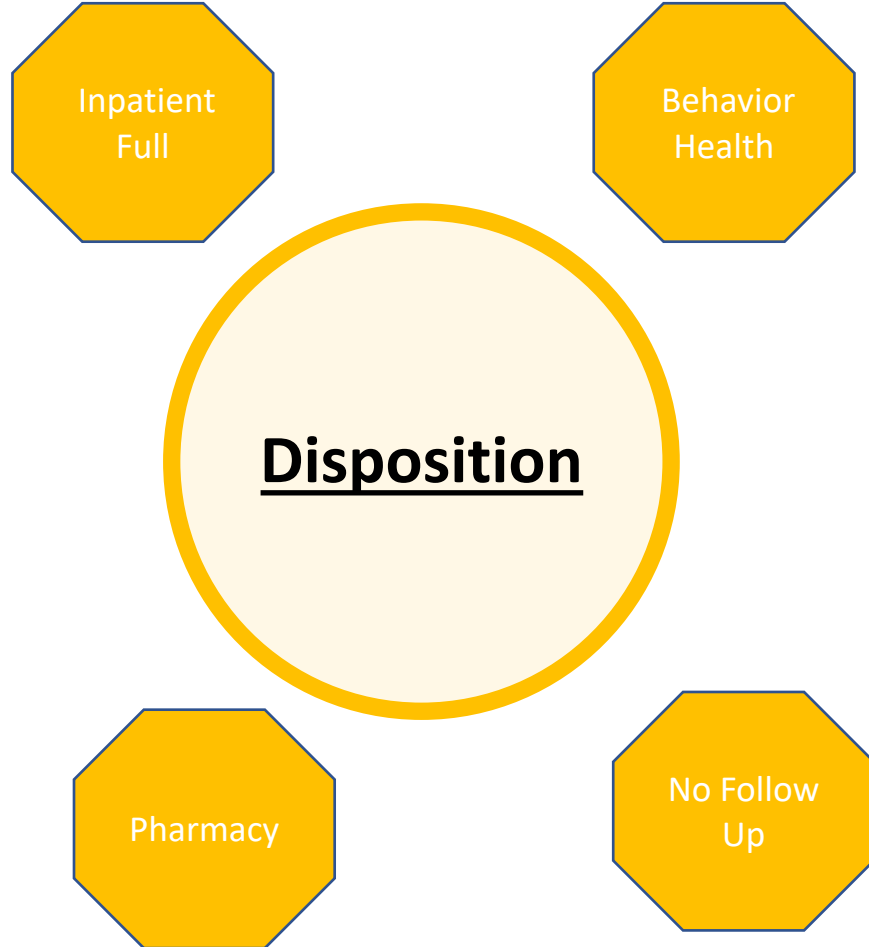
Conclusions

- The department decreased the unneeded chest x-rays: 3-fold (300%)
- Each Chest x-ray on average added 4 hours to the emergency department length of stay (LOS).
- Averaged Chest Xray LOS (8hours 42 mins) Vs Average Total LOS for all discharges in this study (4hours 52 mins)
- Therefore, with multiple PDSA cycles and small improvement can have a large impact on Emergency department throughput.

Acknowledgements

- Attendings, Fellows, Residents and Nurses that helped this project be successful.
- Comer Children's Hospital Inpatient, Emergency & Nursing Departments
- The AAP QUIIN VIP Network; REVISE Project team.

Emergency Department is Full → Disposition



Inpatient Full

- Wound Management
 - Burns
 - Orthopedics

Follow-up

- Primary care follow up
- No PMD
- Weekend Follow up

Behavior Health

- Follow up
- Management

Pharmacy

- Ceftriaxone
- Vaccines (COVID)

Top 5 Pediatric Inpatient

Admission Diagnoses

Asthma/ Respiratory Distress

Abdominal Pain

Seizures

Sepsis/Infection/Fever

Injury/Fracture/Trauma

Bronchiolitis

The Pediatric Urgent
Care Conference



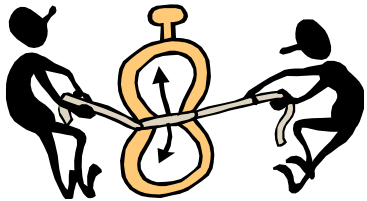
Emergency Department is Full

Low Hanging Fruit



Thinking Outside

The Box



Time Vacuums



Things that should stay out of EDS

“The most dangerous phrase in the language is, ‘We’ve always done it this way.’”



How you can drive change:

- Take-away one: Think outside the box
- Take-away two: Partnering with other groups
- Take-away three: Identifying bottlenecks

DRIVING **CHANGE2023**

Session Evaluation

- Your feedback is valuable, take a moment to complete the survey for this session.
- To claim CME, you must complete a separate survey available after the convention.

* How likely are you to recommend this **content** to a colleague?

Not likely at all Neutral Extremely likely

0 1 2 3 4 5 6 7 8 9 10

What did you find most valuable about this **content**?

What would have made this **content** better?