Implementation of a Patient Assessment Tool for Improved Understanding of Emergency Department Use Outcome

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BACKGROUND

- As health care reimbursement continues to prioritize site-of-care, a shift has occurred from a model relying heavily on in-patient acute services to one that utilizes more ambulatory and homecare options.
- These changes have established a need for data highlighting the safety, cost effectiveness, and improved or equal outcomes that can be achieved with patients receiving outpatient infusions, including parenteral antibiotic therapy.
- A national trade association determined that tracking emergency department (ED) visits among the home infusion patient populations would provide data to prove these benefits.

METHODS

- This organization added 7 assessment questions to capture data elements proposed in the National Home Infusion Association (NHIA) standard definitions for patient outcomes.
- The questions determined ED use, relatedness to infusion therapy, reason for relatedness, and service outcome.
- The assessment was piloted in 440 patients from May 1, 2016 to October 31, 2016 who received antibiotic home infusion services, including, but not limited to, individuals with Cystic Fibrosis, persistent infections, and recent hospital discharges.
- All patient outcome information was recorded in each individual’s home infusion electronic medical record.

Purpose

Implementation of patient assessment questions to quantify and evaluate the reasons for ED use in an antibiotic home infusion patient population. This project describes the findings from implementing standard definitions for patient outcome data elements for ED use.¹

Results

Twenty-five patients (5.8%) reported at least one ED visit during the time period, with two of those patients reporting two different ED visits each.
- Of the 27 reported visits, 10 (37%) were determined by our organization’s pharmacists to be related to infusion therapy based on NHIA standard definitions.
- Reasons for relatedness included adverse event-equipment related, adverse event-access device related—other than infection, adverse event-access device infection, and other.
- Of these 10 ED visits, 3 had interruptions to home infusion therapy. In all cases, patients had resumptions of care without therapy changes.

Discussion

- Historically, there has been limited data reported on home infusion patients and their use of the ED.
- The implementation of new questions in an already existing antibiotic assessment allowed this organization to discover ED visits that otherwise may have gone undocumented.
- The new series of questions helped identify and gain information about 28 ED visits with 10 of these being related to infusion therapy.
- The results of this analysis showed that direct questioning can improve this organization's ability to identify ED use and its relatedness to infusion therapy.
- One limitation of this study is that this is patient reported data.
- The next step in this research is to validate these results against the patient’s electronic medical record.

Conclusion

- Integrating direct questioning, using standardized definitions related to recent ED visits, for patients on home infusion therapy can provide valuable insights into potential areas for quality improvement and ultimately lead to better quality benchmarking.

Disclosures

No Disclosures

References