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## Project Description

Thousands of Medi-Cal patients are treated and discharged from Memorial Medical Center's (MMC) Emergency Department requiring follow-up care. MMC lacks a formal process to schedule these follow-up appointments.

By creating an ED Navigator program and partnering with Golden Valley Health Center (GVHC) I believed we could reduce the number of low-acuity ED visits and increase access to primary care, while meeting the needs of our patients.

### Problem Statement:

ED overuse by low acuity patients (ESI 4 and 5) who lack access to primary care services leads to overcrowding, long wait times and high Left Without Being Seen (LWBS) rates. This contributes to delays for patients with urgent care needs.

### Discovery:

- Interviewed several senior leaders within and outside Sutter Network to look at best practices related to ED crowding and throughput.
- Interviewed patients, Nurses, Physicians, Social Workers, Case Managers, Medical Clinics
- Developed personal interest in improving access to Primary Care for Medi-Cal patient population.
- Participated in several County-wide healthcare sessions to assess availability of resources specific to this patient population.
- Decision to form partnership between MMC and GVHC was based on community engagement, interviews and research

I was surprised by the lack of resources available to patients.

I was surprised by the lack of awareness of available resources in my hospital and in my community

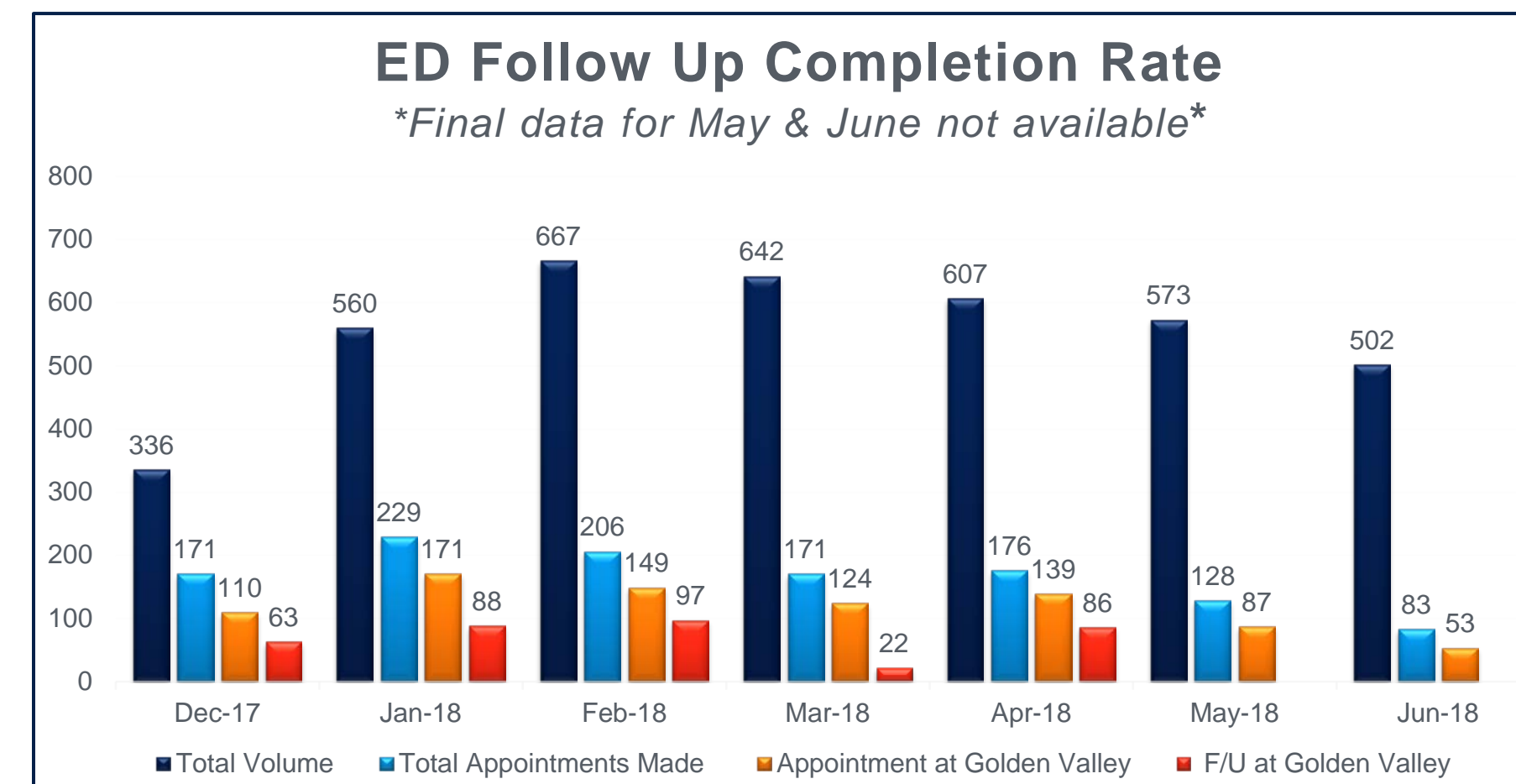
I was surprised by the challenges patients face in trying to make follow-up appointments on their own.

**Goal:** Reduce ED crowding and avoidable Emergency Department visits for patients without a PCP partnership and improve ED throughput times.

### Outcome-oriented Objectives:

- By December 31, 2018 70% of patients who are given a follow-up clinic visit post-discharge will keep their appointment.
- By December 31, 2018 MMC's ED will see a 5% reduction in low acuity Medi-Cal ED visits [ESI 4&5]
- LWBS rate will be less than 2% by December 2018
- ED arrival to provider will be < 30 min by December 2018

## Results

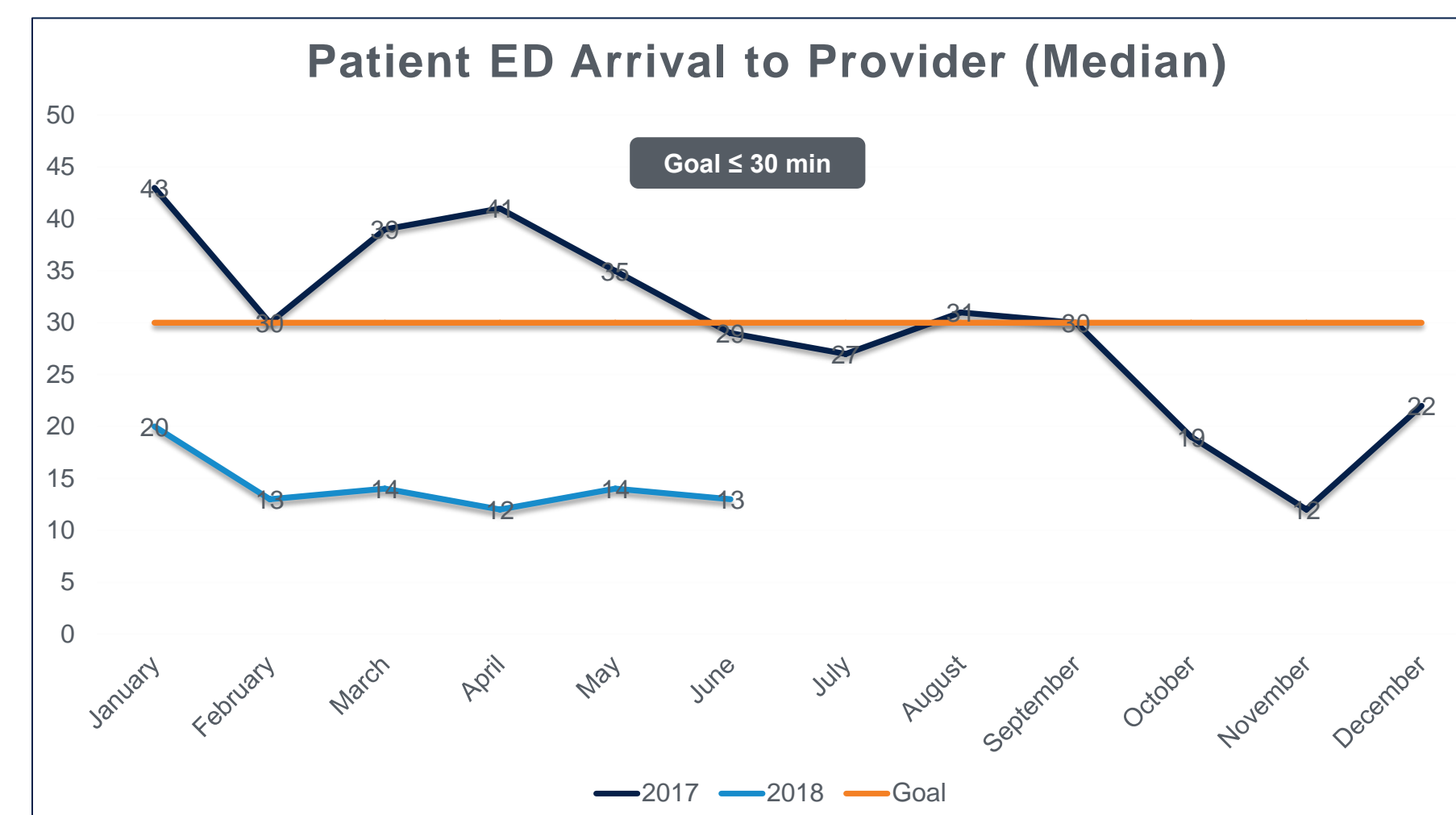


**3887** Total patients seen by ED Navigator since go live

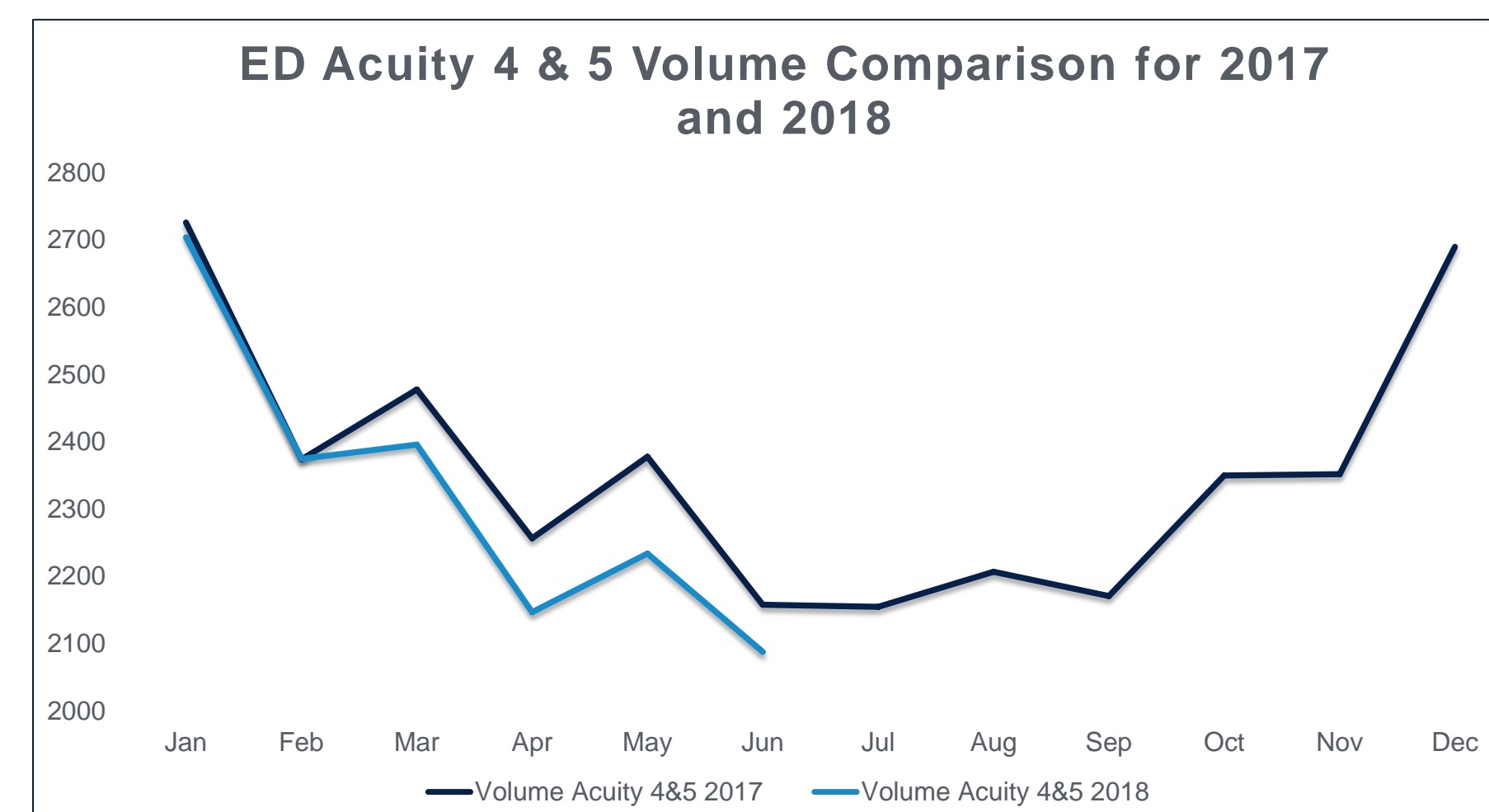
**1164** Total follow-up appointments made to Primary Care

**833** Follow-up appointments to GVHC

**51%** Follow-up appointments kept to GVHC



**64%** reduction in average ED arrival to Provider for similar time period



**71** fewer acuity 4&5 patients seen per month since ED Navigator go-live (Avg.)

**1.5%** LWBS rate YTD



## Lessons Learned

- Implementation of ED Navigator program improved timely access to underserved patient population and redirected the volume of low-acuity patients from the ED to Primary Care Clinics
- Building relationships and stakeholder buy-in early on helped move project faster towards completion.
- After getting this project up and running found a profound appreciation for the need to build strong working relationships with other leaders outside my organization.
- Capacity for Golden Valley Health Clinics was soon overwhelmed with high volume of ED patients seeking follow-up appointments. Exceeded referral volume expectations.

### Next Steps:

- Expand use of ED Navigator to assist with scheduling follow-up appointments for inpatient discharges.
- Renew contract between MMC and GVHC

## Mission Model Canvas

<p><b>Key Partners</b></p> <ul style="list-style-type: none"> <li>MMC ED MD's/APC's</li> <li>Golden Valley Health Center Clinics</li> <li>ED Navigators</li> <li>ED RN's</li> </ul> 	<p><b>Key Activities</b></p> <ul style="list-style-type: none"> <li>Identification of appropriate patient population</li> <li>Development of standard work for referral process</li> <li>Education roll-out to MD/APC's/RN's</li> <li>Development of metrics/tracking data</li> <li>Contract between GVHC and MMC</li> </ul> <p><b>Key Resources</b></p> <ul style="list-style-type: none"> <li>MMC Admin team</li> <li>2 FTE's to staff ED Navigator program</li> <li>ED manager</li> </ul>	<p><b>Value Propositions</b></p> <ul style="list-style-type: none"> <li>Decreased crowding and increased efficiency in ED lobby (throughput)</li> <li>Increase number of appropriate referrals to GVHC's</li> <li>Increase the number of clinic appointments kept.</li> <li>Patient appointments made within 7 days of ED discharge .</li> </ul>	<p><b>Buy-in &amp; Support</b></p> <ul style="list-style-type: none"> <li>Attend ED staff meeting, share vision of project</li> <li>Attend MD section meetings</li> </ul> <p><b>Deployment</b></p> <p>Phase I:</p> <ul style="list-style-type: none"> <li>Initial meetings b/t MMC and GVHC's leadership team</li> <li>Negotiate contract b/t two entities</li> <li>Furnish office space</li> <li>Hire ED Navigators</li> </ul> <p>Phase II:</p> <ul style="list-style-type: none"> <li>Socialize ED Navigator role with ED MD's/team</li> <li>Go live with Navigator program</li> <li>Ongoing meetings b/t MMC and GVHC's</li> </ul>	<p><b>Beneficiaries</b></p> <ul style="list-style-type: none"> <li>Medi-Cal patients without PCP connection</li> <li>Increased capacity to see ESI level 2 and 3 patients quicker</li> <li>GVHC's; get higher reimbursement to care for Medi-Cal patient population</li> <li>Community (healthier patient population)</li> </ul> 
<p><b>Mission Budget/Cost</b></p> <ul style="list-style-type: none"> <li>ED Navigators 2 FTE (.9) @ \$24.00/hr x 2080 hrs = \$49,920/yr</li> </ul>		<p><b>Mission Achievement/Impact Factors</b></p> <ul style="list-style-type: none"> <li>Increased capacity to see ESI 2 and 3 patients sooner.</li> <li>Decreased ED LOS</li> <li>Decreased LWBS rates</li> <li>Decreased readmission rates</li> </ul>		