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Original Contributions

NATIONAL SURVEY OF EMERGENCY PHYSICIANS CONCERNING HOME-BASED CARE OPTIONS AS ALTERNATIVES TO EMERGENCY DEPARTMENT-BASED HOSPITAL ADMISSIONS

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Abstract—Background: Emergency departments (EDs) in the United States play a prominent role in hospital admissions, especially for the growing population of older adults. Home-based care, rather than hospital admission from the ED, provides an important alternative, especially for older adults who have a greater risk of adverse events, such as hospital-acquired infections, falls, and delirium. **Objective:** The objective of the survey was to understand emergency physicians' (EPs) perspectives on home-based care alternatives to hospitalization from the ED. Specific goals included determining how often EPs ordered home-based care, what they perceive as the barriers and motivators for more extensive ordering of home-based care, and the specific conditions and response times most appropriate for such care. **Methods:** A group of 1200 EPs nationwide were e-mailed a six-question survey. **Results:** Participant response was 57%. Of these, 55% reported ordering home-based care from the ED within the past year as an alternative to hospital admission or observation, with most doing so less than once per month. The most common barrier was an “unsafe or unstable home environment” (73%). Home-based care as a “better setting to care for low-acuity chronic or acute disease exacerbation” was the top motivator (79%). Medical conditions EPs most commonly considered for home-based care were cellulitis, urinary tract infection, diabetes, and community-acquired pneumonia. **Conclusions:** Results suggest that EPs recognize there is a benefit to providing home-based care as an alternative to hospitalization, provided they felt the home was safe and a process was in place for dispositioning the patient to this setting. Better

understanding of when and why EPs use home-based care pathways from the ED may provide suggestions for ways to promote wider adoption. © 2017 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Keywords—survey; emergency department; home-based care; admissions

INTRODUCTION

Previous research has highlighted the role emergency departments (EDs) play in hospital admissions in the United States, with particular focus on the growing rate for seniors (1,2). Older adults presenting to the ED are now admitted at almost four times the rate of the general population, with nearly 70% of hospital admissions for patients aged 65 years and older originating in the ED (3,4). Although many of these admissions may be necessary, some might be attributable to limited disposition options (eg, admission, observation, or discharge).

Home-based care can provide an important alternative to hospital admission. Health services overseen by nurses or doctors in the comfort of a home have demonstrated clinical and cost effectiveness for many of the same conditions and treatments that currently involve inpatient admission

(5–11). Home-based acute care options can be particularly important for older adults presenting to the ED, as they are often at greater risk of adverse events, such as hospital-acquired infections, falls, and delirium (12–14).

Because patient dispositions from the ED are significantly influenced by the judgement of emergency physicians (EPs), it is important to characterize their perspectives on ED to home-based care models. Understanding EPs experience and familiarity with the referral process used for this type of disposition helps to inform the development of home-based options. For this reason, we conducted a national survey of EP perspectives on the referral/disposition to home-based care as an alternative to hospital admissions when seniors present to the ED.

Importance

Evidence shows that emerging value-based care incentives promote lower spending on hospital care and encourage better management of care transitions (15). A recent survey and chart review suggested that ED-based transitions to home-based care for seniors could provide significant savings for certain patients who would otherwise be hospitalized (16). Even for patients who might not otherwise be admitted to the hospital, referrals to home-based care from the ED may reduce recently identified risks of functional decline in seniors (17).

Objectives

To better understand EP perspectives on ED to home-based care pathways as an alternative to hospitalization, the survey had three main objectives: 1) to characterize EPs' current levels of experience with, and frequency of, ordering home-based care after patient evaluation and management in the ED; 2) to provide an EP-based perspective on both incentives for, and barriers to, more extensive ordering of home-based care for follow-up treatment; and 3) to understand EP perspectives on the specific conditions and response times most appropriate for ordering home-based care for follow-up treatment.

MATERIALS AND METHODS

Study Design and Setting

In collaboration with leadership from the American College of Emergency Physicians (ACEP) Emergency Medicine Practice (EMP) team and research section, we developed and e-mailed a survey to approximately 1200 members of the Emergency Medicine Practice Resource Network (EMPRN). The EMPRN is a group of volunteers within the ACEP physician membership who agree to answer short surveys several times a year. The EMPRN

profile correlates with national ACEP membership in terms of its representation of age, sex, geography, practice level, and experience (18). The survey was sent in May of 2015.

Data Collection and Processing

Measures and procedures. Before the present study, we developed and piloted a set of questions with a group of 52 attending EPs within an academic health system in 2014 (19). The pilot study shared the same general objective of surveying EPs regarding disposition to home-based alternatives rather than hospital admission from the ED, including questions about experience and attitudes, barriers and incentives, and characteristics of patients and treatments. In the pilot, EPs were given six questions with multiple answers to choose from and the option to provide write-in responses. Participating physicians were instructed to check all answers that could apply to each question. For the EMPRN survey, we retained all six pilot study questions, but included more Likert scale options for some items to gain quantitative measures. We retained the option to provide write-in responses. The EMP leader responsible for ACEP's EMPRN surveys compiled the raw data and sent the results to the researchers for analysis. The full EMPRN survey is provided in the [Appendix](#).

RESULTS

Characteristics of Study Subjects

The study subjects were a subset (57%) of the entire EMPRN panel, which comprises United States (US) residents, 75% male, 23% living in the Northeast, 23% from the Midwest, 32% from the South, and 22% from the West. Ninety percent (90%) live in urban ZIP codes and 80% receive patient satisfaction scores (18). Respondents were full- or part-time attending doctors practicing as EPs and board-certified or eligible for emergency medicine board certification.

Main Results

The survey response rate was 57%, with 682 of the 1200 EPs participating. Nonrespondents were not sent follow-up reminder surveys and no additional analysis was done to compare nonrespondents with respondents. Of the 682 respondents, more than half (55%) reported having ordered home-based care directly from the ED as an alternative to a hospital admission or observation for a patient in the past year.

Frequency of ordering home-based care. EPs who ordered home-based health care directly from the ED

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