


Emergency department-based navigation

▶ Intervention in brief

<p>High risk:</p>	<p>Emergency department (ED)-based navigation programs designate ED staff (e.g., nurse, social worker) to educate frequent ED utilizers and enhance care coordination. The goal is to ensure safe transitions to reduce frequent ED use. Services can include reviewing care plans, arranging timely follow-up appointments, and identifying appropriate community resources.</p>
<p>Strength of evidence</p>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Intervention has only recently been studied. Studies showed consistent reductions in ED utilization for adult patients but inconsistent results for pediatric patients.</p> <p>Medium</p> </div> </div>
<p>Impact</p>	<ul style="list-style-type: none"> • Decreased cost: 27% decreased overall costs; 15% decreased ED costs; 8% decreased inpatient costs • Decreased utilization: Insignificant ED readmissions¹; 35% decreased ED use; 31% fewer admissions through the ED • Improved quality, clinical outcomes: Not demonstrated • Increased access: 29% average increased outpatient follow up¹; 6.42 increased PCP visits per patient • Improved stakeholder satisfaction: Not demonstrated
<p>How to succeed</p>	<p>To build an effective ED-based navigation program:</p> <ul style="list-style-type: none"> • Analyze patients' common reasons for non-urgent ED admissions to inform screening and enrollment process for ED case management • Establish ED navigator roles and responsibilities based on patient need, duration of care management intervention, and availability of other support services • Initially reserve resource for high-need subset of frequent ED users until able to successfully scale • Identify clear inclusion and exclusion criteria for staff to easily prioritize patients • Inform staffing levels and role type by first identifying existing resources and expertise, patient needs (e.g., behavioral health, geriatric support), and patient volumes <p>To learn more about developing an evidence-based approach, check out our Expanding the Role of Patient Navigation in the Emergency Department brief here.</p>

1) For pediatric patients.

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▶ Demonstrated impact

Literature review summary

Title: Patient Navigation for Patients Frequently Visiting the Emergency Department: A Randomized, Controlled Trial
Publication: Academic Emergency Medicine
Date: 2017
Type: Randomized controlled trial
Study population: 282 patients with five or more ED visits per year receiving standard care or navigation intervention at Erlanger Health System
Major findings: Comparing pre-enrollment and post-enrollment years to control, the navigation program resulted in:

- Reduced ED and hospital costs (27% vs. 18% decrease)
- Decreased ED use (13% vs. 4% decrease)
- Increased primary care utilization (6.42 vs. 4.07 visits per patient increase)

Patient surveys found no significant impact on patient satisfaction.
Source: Full article [here](#).

Title: ED-Based Care Coordination Reduces Costs for Frequent ED Users
Publication: American Journal of Managed Care
Date: 2017
Type: Randomized controlled trial
Study population: 72 frequent ED users receiving standard care or navigation intervention
Major findings: Intervention consisted of a community health worker coordinating post-discharge support and a clinical team developing an acute care plan across a seven month pilot period. Compared to the control group, patients randomized to the intervention group experienced:

- Reduced ED costs (15%)
- Reduced inpatient costs (8%):
- Reduced ED visits (35%)
- Reduced admissions through the ED (31%)

Source: Full article [here](#).

Title: Emergency Department-Based Care Transitions for Pediatric Patients: A Systematic Review
Publication: Journal of Pediatrics
Date: 2016
Type: Systematic review
Study population: 3,760 pediatric patients across 16 randomized control trials in urban U.S. hospitals
Major findings:

- Insignificant impact on ED readmissions across five studies
- Increased follow-up care (29% on average)

Successful interventions included telephone reminders, educational counseling on follow-up, and appointment scheduling assistance.
Source: Full article [here](#).

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Appendix

- Seaberg D, et al., "Patient Navigation for Patients Frequently Visiting the Emergency Department: A Randomized, Controlled Trial," *Academic Emergency Medicine*, 24, no. 11 (2017), <https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13280>.
- Lin MP, et al., "ED-Based Care Coordination Reduces Costs for Frequent ED Users," *American Journal of Managed Care*, 23, no. 12 (2017), <https://www.ajmc.com/journals/issue/2017/2017-vol23-n12/edbased-care-coordination-reduces-costs-for-frequent-ed-users>.
- Abraham J, et al., "Emergency Department-Based Care Transitions for Pediatric Patients: A Systematic Review," *Journal of Pediatrics*, 1238, no. 2 (2016), <https://pediatrics.aappublications.org/content/138/2/e20160969>.