Problem: Emergency Departments are increasingly becoming a Primary Care stop for underinsured or uninsured patients, many visiting for non-emergent reasons. The Urgent Matters Safety Net study conducted in Lincoln NE (2003) reports that the Emergency Departments play a critical role in the safety net of every community frequently serving as the safety net’s “safety net”, serving residents who have nowhere else to go for timely care.

Evidence: Based on the Safety Net study, Saint Elizabeth Regional Medical Center in collaboration with BryanLGH Medical Center worked to identify the best practice for patients who were using the ED’s as their medical home and began work to implement a process to address this issue.

Strategy: The realization that many patients were falling through the cracks led a team from both hospitals to work together to secure funding to create a collaborative ED case management model. As a result, Lincoln E.D. Connections was created to meet the needs of these patients.

Practice Change: Criteria was developed for patient participation and assessments were developed to address a patient’s health care issues. Referral procedures were implemented and a patient tracking system was developed which allows for timely communication from the case managers to the E.D. Physicians and staff when a patient arrives for treatment.

Evaluation: Outcomes measured in the first year included reduction in visits and charges, health functioning and patients knowledge of health care choices.

Results: 63% reduction in visits, 64% estimated decrease in costs, 64% increase in patient’s health functioning, 76% increase in patient’s knowledge of health care choices.

Recommendations: Emergency Departments across the country should work to develop evidence based practices for the patients deemed “frequent utilizers” of the E.D.’s using a Community Collaborative Model. Case Management is key in developing connections to community providers for quality patient outcomes.

Bibliography: