Avoiding Admissions and Dialysis Treatments in the Emergency Department

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Patients with end-stage kidney disease (ESKD) are frequently hospitalized; admission to the hospital via the Emergency Department (ED) can be time consuming and may involve the patient receiving dialysis while in the ED. Patient Pathways implemented an ED avoidable admissions reduction program with the goal of defining and reducing avoidable admissions and dialysis treatments in the ED. A dedicated, multidisciplinary ED Avoidable Admissions Committee was formed, including hospital physicians (ED physicians, nephrologists, hospitalists); nursing and administration staff; inpatient and outpatient administrators; and a dialysis-specific discharge planning group, including a Patient Pathways care coordinator or case manager. Avoidable reasons for ED admission of medically stable ESKD patients include dialysis facility availability/delay issues, physician communication issues, patient or family refusal, non-adherence, and patient transportation issues. The committee established a process for reducing such admissions and ED dialysis treatments, and additionally provided education to medical center clinicians. Key steps in the process included ensuring the timely determination of medical necessity, coordinating transportation, and confirming outpatient dialysis facility chair time availability. The program was initially implemented in a 3-hospital system and analysis of the number of patients receiving dialysis treatments in the ED demonstrated an 82% reduction over the 4 calendar quarters following roll-out. Implementation of a program to define and reduce avoidable admissions and unnecessary dialysis treatments in the ED resulted in a reduction in missed dialysis treatments in the outpatient setting, improved ED throughput, and cost savings to the hospital.

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