1-19-2016

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Discharge Alternative Non-Urgent Care Education (D.A.N.C.E.) Protocol: Addressing Emergency Department Misuse

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Background

The misuse of the Emergency Department (ED) creates a substantial problem for the health care system, generating gaps in continuity of care, leaving little room for preventative care, and forcing a financial strain on the system. An increasing number of patients are using hospital EDs for non-urgent care despite the availability of alternative care sites such as urgent care centers (UCCs), retail clinics (RCs) and primary care providers (PCPs).

Purpose

The aim of this project was to develop, implement, and assess the D.A.N.C.E. educational protocol to address non-urgent use of the ED and potentially influence patients’ future care site decisions.

Methods

A descriptive cross-sectional post survey design was used. A staff consensus panel established face validity of the D.A.N.C.E. protocol and the protocol was then distributed to lower acuity patients discharged from the ED. At the completion of the patient’s review of the protocol, a survey card was provided.

Preliminary Findings

22 completed surveys were returned with 55% (12) selecting the ED, 36% (8) selecting UCC/RC, and 9% (2) selecting their PCP for future care site. The majority of the surveys showed that 91% (20) of the participants found the protocol influential and 9% (2) selected the protocol had no influence on their future care site decision.

Discussion

Results of this project show that future care site choice incorporates more than a knowledge deficit of available care sites. Despite more than half of the patients selecting the ED as their next potential source of non-urgent care, a post discharge intervention did seem to influence future care site selection. Several factors presented during this project requiring further examination to better address these patients’ health care seeking behaviors.

Implications for Practice

This project serves as a foundation for future scholarly inquiry & practice. Further evolution & analysis of this project & its findings can serve as a framework in establishing a system-wide change initiative to address the non-urgent use of the emergency department & the proper use of alternative care sites.