Spotlight on Improvement tells real stories of health care providers and systems improving the quality of care they deliver. Our goal is to spark ideas that will improve health care quality in Washington state.

CHI Franciscan Health System
Making strides toward more appropriate use of the ER

BACKGROUND
CHI Franciscan Health has 12,440 employees and consists of a regional network of over 160 primary and specialty care clinics and eight hospitals located largely in Pierce, Kitsap and south King counties. The Franciscan Health System became affiliated with Catholic Health Initiatives (CHI) out of Englewood, Colorado in 1996.¹

PROBLEM
According to the Institute for Healthcare Improvement, up to half of all emergency room visits could have been treated at other care settings, such as at primary care or urgent care clinics.² However, sometimes these alternative settings require appointments weeks in advance and have limited hours. Moreover, patients may not be aware these options even exist. Improving both access to and awareness of alternative settings is an important step in reducing health care spending from unnecessary use of higher priced emergency rooms.

SOLUTION
For years the CHI Franciscan health system has focused on providing their patients alternatives to more costly emergency room visits, including:

- **Prompt care locations**: Similar to an urgent care facility, CHI Franciscan’s Prompt Care walk-in clinics have extended hours that include evenings and weekends and do not require appointments. They are also geographically dispersed, with prompt care locations in Gig Harbor, Bonney Lake, Seattle and Puyallup and urgent care locations in Port Orchard, Belfair and

---

¹ [www.chifranciscan.org](http://www.chifranciscan.org)
² [www.ihi.org](http://www.ihi.org)
Bainbridge Island (with the Bainbridge location even open 24 hours a day, seven days a week).

- **Patient Centered Medical Homes (PCMH) clinics:** PCMH certification requires extended hours and same day appointments. With 12 clinics in the process of becoming certified PCMH sites, patients will have access to their own primary care provider.

- **Patient education materials:** Providing information about appropriate use of the emergency room empowers patients to know when and where to go for common illnesses and injuries. Like a mini-triage, the pamphlets provided by the Washington State Hospital Association\(^3\) are provided in the emergency room, primary care offices and are also included in the welcome packets for new PCMH patients. Additionally, every patient’s after-visit summary includes descriptions of ER alternatives.

- **Care management:** Care managers proactively reach out to patients with complex co-morbidities (or the presence of one or more additional disorders or diseases co-occurring with a primary disease or disorder) to support the patient’s effective management of his or her health, including providing patient education and practical support, such as transportation to a doctor’s appointment.

- **Virtual urgent care:** A new, successful program is the virtual urgent care service which offers phone and video conferencing with a nurse and/or an emergency physician. Virtual urgent care provides consultation and diagnosis for ailments such as dermatitis or the flu, as well as triaging more critical cases, such as heart issues. Following the virtual urgent care visit, the chart notes are sent to the primary care provider and follow up instructions are sent to the patient.

- **Reducing hospital readmissions:**
  - For patients without a designated primary care provider (PCP), a transition clinic provides primary care follow-up specifically to support patients through their post-discharge recovery.
  - Patients with a designated PCP receive appointments with either their PCP or appropriate specialist using appointment slots specifically set aside for discharge and ER follow-up care.
  - After-visit summaries are provided for all patients, allowing patients to refer to care instructions and to know who to contact for questions or concerns.
  - CHI Franciscan Health also participates in the Emergency Department Information Exchange (EDIE) program, allowing clinicians to see if patients have received care at other facilities.

---

\(^3\) [www.wsha.org/ERemergencies.cfm](http://www.wsha.org/ERemergencies.cfm)
RESULTS

CHI Franciscan’s effort to provide convenient alternatives to the emergency room is paying off. According to Washington Health Alliance performance reports, CHI Franciscan has the highest ranked hospitals for both Medicaid (St. Elizabeth) and commercially insured patients (St. Anthony Hospital), as seen in figures one and two below. Furthermore, five of CHI Franciscan’s seven hospitals rate statistically better than the Puget Sound regional average for Medicaid and three hospitals rate better for commercially insured patients.

In the below figures, the ranking and rate can be found for all of the CHI Franciscan hospitals, as well as the top three reasons why those patients’ went to the emergency room and the top three most common clinics where the patients primary care provider is located. For the full list of all 33 hospitals, please see the Right Care, Right Setting report.

Figure 1. Avoidable emergency room visits for Medicaid enrollees from July 1, 2011- June 30, 2012.\(^4\)

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Rate (Avoidable ER visits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Elizabeth Hospital (1)</td>
<td>7.5%</td>
</tr>
<tr>
<td>St. Joseph Medical Center (3)</td>
<td>9.5%</td>
</tr>
<tr>
<td>St. Anthony Hospital (5)</td>
<td>10.0%</td>
</tr>
<tr>
<td>St. Francis Community Hospital (6)</td>
<td>10.1%</td>
</tr>
<tr>
<td>St. Clare Hospital (10)</td>
<td>10.8%</td>
</tr>
<tr>
<td>Highline Medical Center (17)</td>
<td>11.7%</td>
</tr>
<tr>
<td>Harrison Medical Center (32)</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

Medicaid Regional Rate= 11.9%

Figure 2. Avoidable emergency room visits for commercial enrollees from July 1, 2011- June 30, 2012.\(^4\)

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Rate (Avoidable ER visits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Anthony Hospital (1)</td>
<td>5.7%</td>
</tr>
<tr>
<td>St. Elizabeth Hospital (3)</td>
<td>6.8%</td>
</tr>
<tr>
<td>St. Joseph Medical Center (7)</td>
<td>7.3%</td>
</tr>
<tr>
<td>St. Clare Hospital (10)</td>
<td>7.3%</td>
</tr>
<tr>
<td>St. Francis Community Hospital (15)</td>
<td>8.0%</td>
</tr>
<tr>
<td>Harrison Medical Center (26)</td>
<td>9.0%</td>
</tr>
<tr>
<td>Highline Medical Center (27)</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

Commercial regional rate: 8.5%

\(^4\) *Ranking is out of the 33 hospitals in the Puget Sound region: King, Kitsap, Pierce, Snohomish, and Thurston counties.

**Rates statistically better than regional average are colored green, statistically worse=red, and not statistically different= gray.
CHALLENGES

- Like many health systems with medical groups, improving patient access sometimes means increasing the number of providers when all other steps have been taken to optimize efficient use of the health care team. A challenge is recruiting sufficient primary care providers and specialists to fill that need.
- Patient education is continual and can be especially challenging for patients with no or low ER co-pay, who therefore have no financial disincentive for ER use.

KEYS TO SUCCESS

- Leadership commitment. Having strong commitment from senior leaders is vital for success, including providing multiple points of access for patients and investing in team-based care, such as providers having access to clinical pharmacists, care managers, diabetes educators and behavioral counselors.
- Engaged, caring providers. Having providers willing to offer that extra same day and extra hospital follow-up appointment slot is an essential key to success; those appointments could mean the difference between seeing the doctor you have had for years versus going to the ER.
- Integrated care. Having a health system that is well integrated between primary care, specialist and hospital services, improves the ability to coordinate health care services—better communication between providers, clinics and hospitals ideally means improved outcomes and experience of care.
- Strong partnerships. Having routine meetings with partners, such as Group Health Cooperative and organizations participating in the CHI Franciscan Health accountable care Rainer Health Network, such as Northwest Physician Network, have been an important part of improving quality and collaboration across the community.

FOR MORE INFORMATION, CONTACT:

Francis Mercado, MD
Primary Care Division Chief, CHI Franciscan Medical Group
FrancisMercado@fhshealth.org

Kimberly Orchard, RPh
Director of Quality and Risk Management, CHI Franciscan Medical Group
KimberlyOrchard@fhshealth.org

ABOUT THE ALLIANCE

The Washington Health Alliance brings together those who give, get and pay for health care to create a high-quality, affordable system for the people of Washington state. The Alliance is a nonprofit, nonpartisan organization that shares the most reliable data on health care quality and value in the state to help providers, patients, employers and union trusts make better decisions about health care. Through innovative strategies and initiatives, we help the entire health care system—from exam room to board room—focus on improving quality and value. We are committed to being the catalyst for change for the health care system in Washington. The Alliance is one of 16 organizations that are part of the Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative.

www.wahealthalliance.org  |  www.wacommunitycheckup.org