

Establishment of a Free-standing Emergency Department at Wilford Hall

Question: Can the FSED model be implemented in the Urgent Care Clinic in the new Wilford Hall Ambulatory Surgical Center for under \$1M?

Domains: Leadership and Organizational Management, Health Resource Allocation
Performance Measures and Improvement

Method of Research/Model: Literature Review/ Donabedian Model and Kissick's Triangle

Assumptions: No changes to the UCC staffing model or access.

Overview:

The purpose of this study is to advise stakeholders on costs and barriers associated with transforming the new Urgent Care Clinic (UCC) into a Free-standing Emergency Department (FSED). This study determines whether the conversion can be done for under \$1M.

Problem statement: Network emergency room care services for beneficiaries who live within a 10-mile radius of Wilford Hall cost the Military Health System (MHS) an average of \$5M annually from FY 2012-2014.

Quality of care is impacted due to continuity of care issues related to a) health information exchange between non-MHS emergency departments (ED) and MHS Primary Care, b) safety issues in medication management and additional medication costs, and c) the referral processes.

Proposed COA:

Establishment of a FSED in the new UCC area.

Findings:

Using FY12-14 M2 data, we determined that a total of 36,913 patients sought emergency care outside the network, which is equivalent to 223,827 eRVUs. Additionally, \$15.6 million in UCC and ED leakage occurred during the three year time frame. Converting the UCC to a hybrid UCC/FSED is estimated to cost \$4.9 M, making the conversion not financially viable given the \$1M limitation.

Logistically, dual occupancy with continuation of services during the remodel would decrease patient satisfaction, decrease total care provided, increase costs, and lengthen the operational timeline. Therefore, we recommend two areas for future study. First, assess the San Antonio MHS system-wide UCC/ED needs and current capabilities. Secondly, conduct a business case analysis that evaluates whether new construction of a FSED at Lackland would be beneficial.

Lessons Learned:

While the FSED model is efficient and effect, the MHS would have to establish new rules and regulations in order to implement the model effectively. The remodeling of the UCC area would be inefficient and cause problems with access to care, patient satisfaction, and quality of care.

Recommendations to the stakeholder were: 1) a complete assessment of the SAMHS area to assess needs (primary care, emergency care, etc.) and to assess access needs, and 2) a complete BCA on building an FSED within the Lackland AFB area.

References

- Carr, B. et al. (2009), Access to emergency care in the United States. *Annals of Emergency Medicine*. 54, 2, 261-269.
- Sullivan, A. et al. (2007). A profile of a freestanding emergency department in the United States. *Journal of Emergency Medicine*, 6, 1175-1180.
- Tran, T., Reeve, B., Reed, E., Cloyd, B., Wadman, M., & Muellman, R. (2012). Patient expectation survey at a freestanding emergency department. *Emergency Medicine*, 2 (119), 2.
- Mossman, M.J. (ed.). (2012). RSMMeans facilities construction cost data. Norwell:RSMMeans.
- Manias, E., Gerdtz, M., Williams, A., & Dooley, M. (2015). Complexities of medicines safety: communicating about managing medicines at transition points of care across emergency departments and medical wards. *Journal Of Clinical Nursing*, 24(1/2), 69-80. doi:10.1111/jocn.12685