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Decreasing primary-care-related emergency department visits in the Hispanic population using patient navigators

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Primary-care-related emergency department (PCR-ED) visits by Hispanic patients enrolled in a not-for-profit Medi-Cal and Medicare health plan resulted in longer wait times in the emergency department (ED) at a regional medical centre in Southern California. This congestion decreased access for those with true emergencies, created capacity issues, increased ED length of stay, and resulted in potential safety risks. This project focused on decreasing PCR-ED visits in the Hispanic population using patient navigators in Southern California. Applying the health belief model and Lippitt's theory of change, this doctoral project involved the creation and implementation of a culturally appropriate, population-specific patient navigator model for the Hispanic population. Evaluation of outcomes was accomplished using electronic health record (EHR) results, which demonstrated a reduction of PCR-ED visits and revisits. The project exceeded the goal of 10% reduction in PCR-ED visits and revisits in the target population and resulted in a 14.31% reduction of PCR-ED visits and revisits within 1 month of implementation. Emergency Severity Index levels wait time associated with each Emergency Severity Index level, and visits of the targeted Hispanic population enrolled in the health plan were analyzed to evaluate the success of the program. This project may lead to improvements in nursing practice and positive social change by supporting population health management and continuum of care to a primary care physician through safe and efficient patient navigation to treatment and care.