FEDs: Turning Business into Research Opportunities

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2018 AACEM/AAAEM Retreat

Northeast Ohio
MEDICAL UNIVERSITY

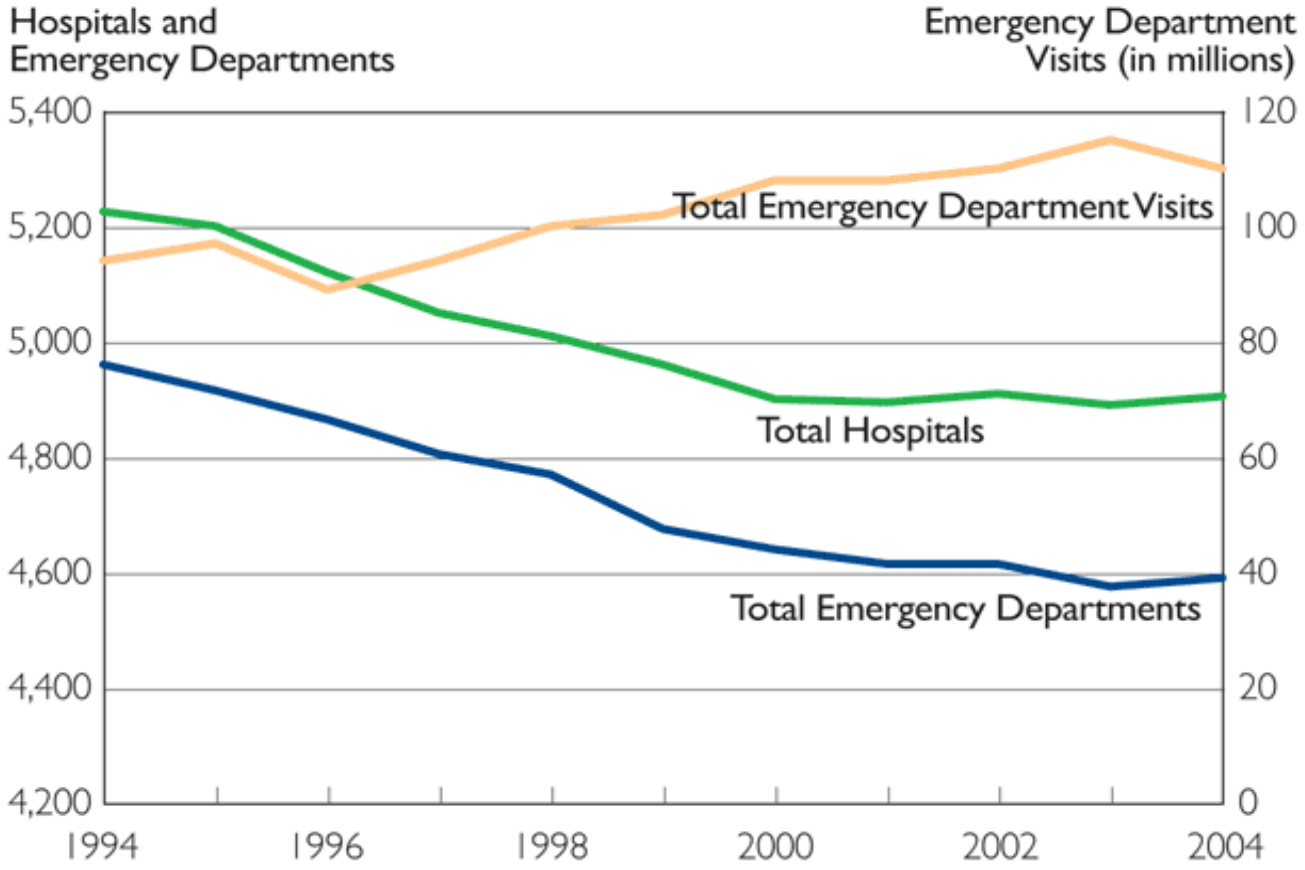
Cleveland Clinic
Akron General

Outline

- History / FEDs today
- The AGMC experience
- Research and education
- Q & A

FEDs Today

Trends in Emergency Care, 1994–2004



Sources: American Hospital Association, *TrendWatch Chartbook 2006: Trends Affecting Hospitals and Health Systems*, April 2006, p. 2-2, Table 2.1, and p. 3-4, Table 3.3, at *www.aha.org/aha/research-and-trends/health-and-hospital-trends/2006.html* (January 25, 2007), and Linda F. McCaig and Eric W. Nawar, "National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary," Centers for Disease Control and Prevention, National Center for Health Statistics *Advance Data from Vital Health Statistics* No. 372, June 23, 2006, at *www.cdc.gov/nchs/data/ad/ad372.pdf* (January 25, 2007).

FED Background

- There are 600 - 700 FEDs across the USA
  - Mix of independent and hospital based
  - Estimated to be >10% of all USA ED's
  - Physician owned FEDs continue to grow, especially in TX
- Some view FEDs as taking privately insured patients away from urban EDs
- FEDs are regulated by individual states
  - Many states currently prohibit privately owned facilities
- FED academic opportunities exist

Nuances of Free Standing ED Management

Richard D. Zane, MD
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Department of Emergency Medicine
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Professor, Health Administrations
University of Colorado School of Business

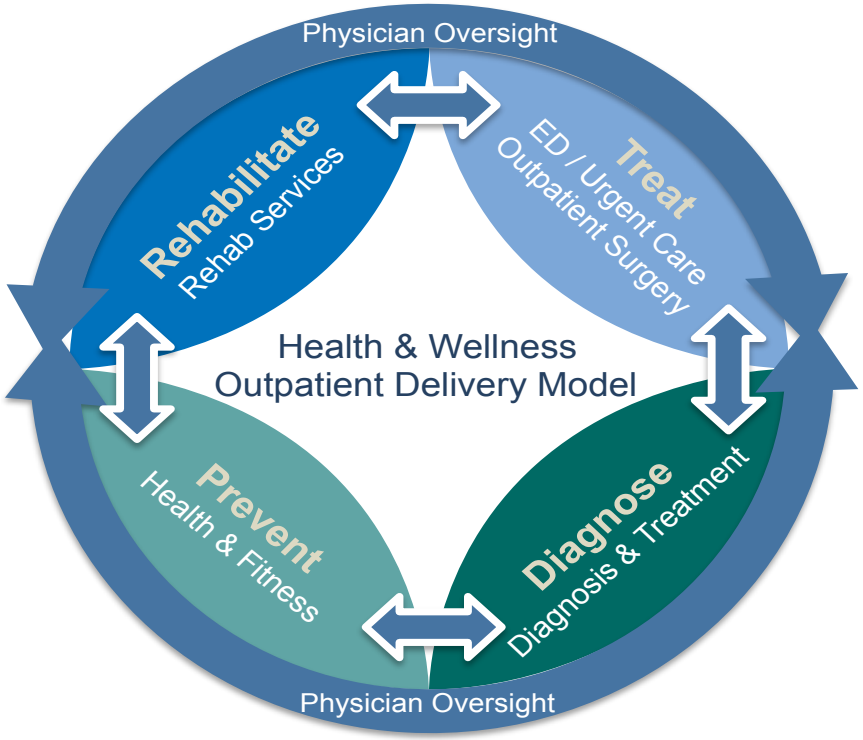
The AGMC Experience

CEO Tim Stover MD FACOG

- Wellness centers

The Philosophy

The Wellness Loop | Health & Wellness Centers



Diagnose. Treat. Rehabilitate. Prevent. Educate.

HEALTH & WELLNESS CENTER OUTPATIENT DELIVERY MODEL

A health and wellness center is a multi-dimensional outpatient facility that brings together a wide range of clinical outpatient services, physicians, and retail oriented health services in an effort to improve the health and lives of the community the center serves. Common components of a health and wellness center include:

	Medical Fitness Center		Diagnostic Testing
	Therapy Services		Outpatient Surgery
Most Common	Cardiopulmonary Rehab	**Good**	Free-Standing ED
	Spa Services	**Potential**	Conference Center
	Physician Offices		Chronic Disease Center
	Wellness Services		Integrative Medicine

AGMC FED Model

- Hospital affiliated
- All are staffed by board-certified EM physicians
- All facilities are open 24/7/365
- All facilities have lab, radiology, CT and x-ray 24/7 with MRI and US during business hours

Our 2007 FED Goals

- Best quality care
- Outstanding patient satisfaction
- Outstanding operation metrics
- No residents

Main Campus Emergency Department

- Urban tertiary care teaching center
- ED census: 60,000
- Emergency medicine residency (43 years!)
- Akron, Ohio

Freestanding ED #1 – North Campus

- Opened July 1, 2007
- Visits per year: 20,000
- Distance from main ED: 12 miles/19 km north
- Patients arriving by ambulance: >1100

Firestone

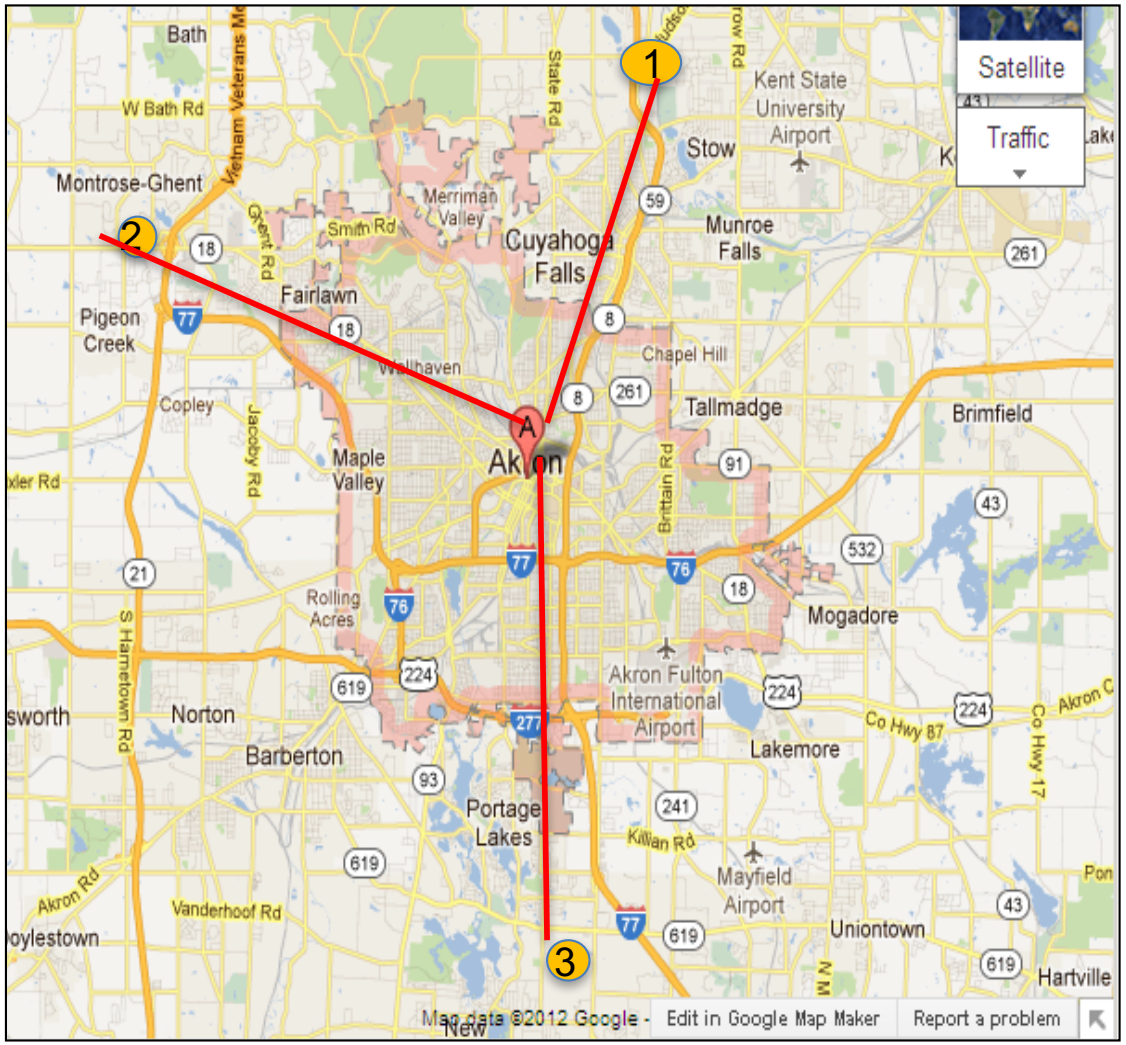
Freestanding #2 – West Campus

- Opened August 1, 2009
- Visits per year: 19,000
- Distance from Main ED: 9.6 miles/15 km west
- Patients arriving by EMS: > 1500
- Added Urgent Care within FED July 7, 2014
  - 7000 visits per year

Freestanding #3 – South Campus

- Opened March 19, 2012
- Visits per year: 18,000
- Distance from Main ED: 11.3 miles/ 7.0 km south
- Patients arriving by EMS: 900

CCAG ED Locations



A = Main campus
1 = North campus
2 = West campus
3 = South campus

Outcomes

- Business
- Added academic opportunities

Akron General ED Volumes

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Main	60631	58204	56507	56411	54941	55898	56420	53724	55010	57399	58112
Stow [1]		5806	15273	17815	20062	21259	20667	19123	18812	19665	20137
Bath [2]				4756	15202	15872	16177	15769	15374	15177	14439
Green [3]							10759	12626	14097	15877	16623
UC [4]									2646	7693	10296
Total	60631	64010	71780	78982	89205	93029	104023	101242	105939	115811	119607

1. Opened July 1, 2007
2. Opened August 1, 2009
3. Opened March 19, 2012
4. Urgent care opened July 8, 2014

Bath Patient Total
2013 – 15769
2014 - 18020
2015 - 22870
2016 - 24735


PRESS GANEY
Guardian of Excellence Award℠
Patient Satisfaction
2013
Akron General Health and Wellness Center Emergency Departments


MAGNET
RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER
Akron, Ohio
2013 - 2017


Lantern Award
presented to
Cleveland Clinic Akron General Medical Center Emergency Department


Lantern Award
presented to
Akron General Medical Center Emergency Department


PRESS GANEY
Guardian of Excellence Award℠
Patient Experience
2014
Akron General Health and Wellness Center Emergency Departments

Outcomes

- Grew faculty from 15 to 35
- Grew residency from 18 to 33
- Doubled ED volume
- Added 4 service lines
  - FED patients back into the system
- Increased market share
- Won awards
- Added academics
  - Helped P&T for EM faculty
  - Presented at national and international meetings

Resident and Student Education

- Allows residents and students to rotate at a community site
- Single coverage
- No consultants
- Procedure exposure
- One on one with attending

FSEDs are NOT Urgent Cares

Initial Research Realities

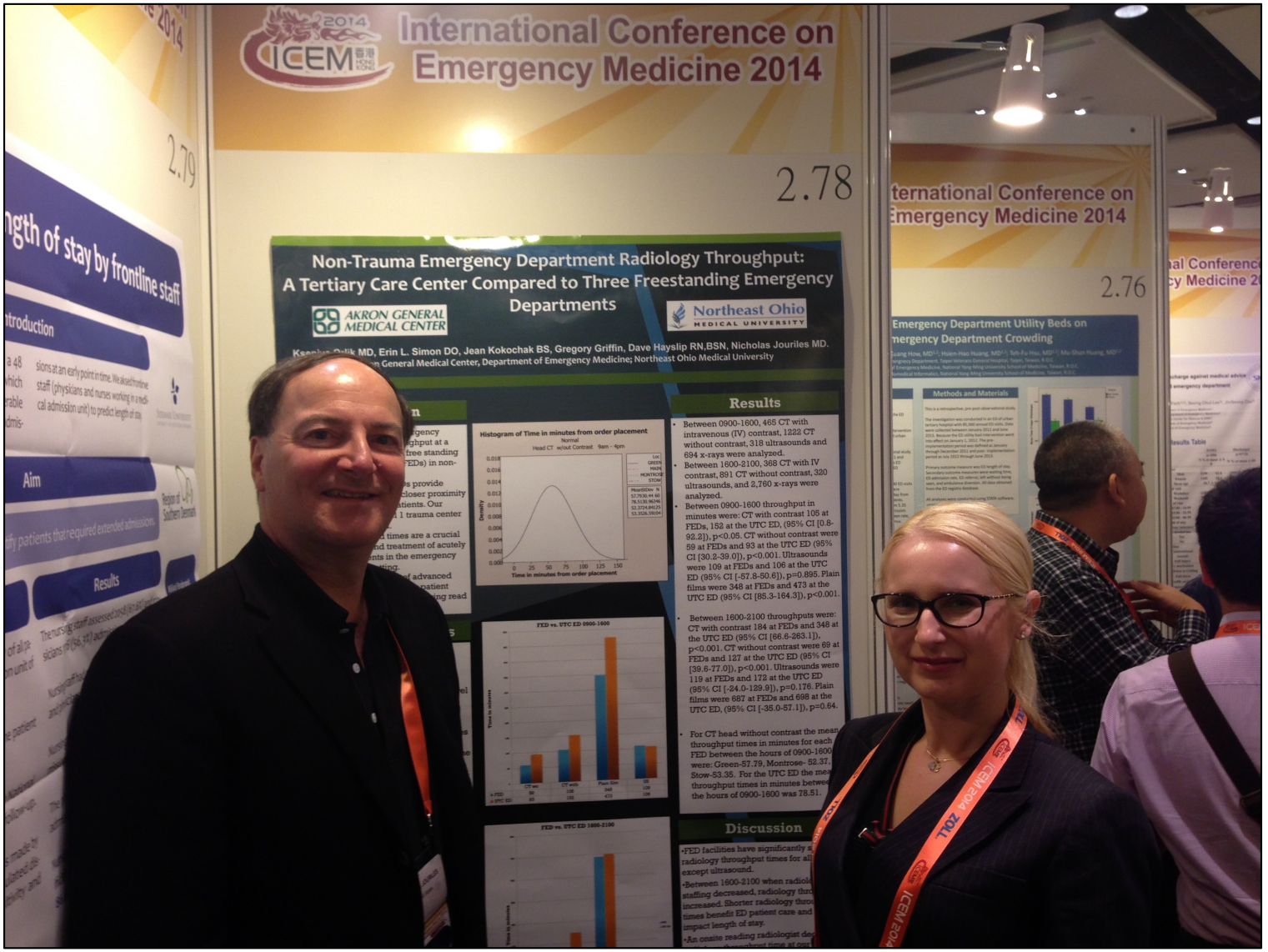
- No funding
- No research staff
- No statistician
- No active studies from prior research director to build off of
- Need to publish and meet ACGME requirements
- Competitor resources

Research Realities

- So how do we conduct research with no resources?
- What are the key research questions about FEDs?
  - Who goes to these facilities
  - How do you handle STEMI, Trauma, Stroke?
  - How sick are these patients?
  - Why do patients chose to go to an FED?

Solution 1: Student Help

Solution 2: Resident Help



Solution 3: Summer Research Fellow Help

Solution 4: Statistician

- Local medical school
- Local Universities graduate program
- Collaboration with others who have resources

Solution 5: Get involved

- Joined the FED section of ACEP
- Became actively involved with leadership
- Made connections and formed a multicenter FED research group
- ACEP task force creating national guidelines for FEDs a potential accrediting body

Solution 6: Residency Director Support

Solution 7: (most important) EM Chair Support

Publications To Date

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FEDs and Education

American Journal of Emergency Medicine xxx (2015) xxx–xxx

Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem

Correspondence

Freestanding EDs and the Emergency Medicine Resident: A Valuable Part of Resident Education?☆☆☆★

Conclusion: FEDs provided essential core residency skills based on ACGME program requirements in areas of ED throughput, communication skills, efficiency, procedures, and multitasking.

FEDs and the EM Resident: A Valuable Part of Resident Education

- Residents viewed their FED experience as valuable to their overall education
- The FED rotation served as a valuable learning experience in several core areas of EM residency education and ACGME goals

The Journal of Emergency Medicine, Vol. 43, No. 6, pp. 1127–1131, 2012

0736-4679/$ - see front matter

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doi:10.1016/j.jemermed.2012.02.023

Administration of Emergency Medicine

THE IMPACT OF TWO FREESTANDING EMERGENCY DEPARTMENTS ON A TERTIARY CARE CENTER

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Conclusion: Main campus [temporarily!] decreased but system wide volumes increased

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The Journal of Emergency Medicine, Vol. 46, No. 5, pp. 734–740, 2014

0736-4679/$ - see front matter

http://dx.doi.org/10.1016/j.jemermed.2013.08.089

Brief Reports

DOOR-TO-BALLOON TIMES FROM FREESTANDING EMERGENCY DEPARTMENTS MEET ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION REPERFUSION GUIDELINES

Erin L. Simon, DO,* Peter Griffin, BS,† Kantha Medepalli, BS,‡ Gregory Griffin,* Carolyn J. Williams, MS,§ Michael Hewit, MS,‖ and Thomas S. Lloyd, DO*

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Conclusion: Median transport time from FED to catheterization lab was 21 minutes (89.3% <30 minutes). 78.7% had D2B times of <90 minutes.

The Journal of Emergency Medicine, Vol. ■, No. ■, pp. 1–6, 2014

0736-4679/$ - see front matter

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http://dx.doi.org/10.1016/j.jemermed.2014.09.005

Original Contributions

FREESTANDING EMERGENCY DEPARTMENTS AND THE TRAUMA PATIENT

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Conclusion: Like STEMI, our FED trauma care met ACS COT standards for the 181 patients that met Level 1 or Level 2 Trauma Team activation criteria

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American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem

Original Contribution

A comparison of acuity levels between 3 freestanding and a tertiary care ED

Erin L. Simon, DO [a,*], Mitch Kovacs [b], Zhenyu Jia, PhD [c], Dave Hayslip, RN, BSN [a], Kseniya Orlik, MD [a], Nicholas Jouriles, MD [a]

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ARTICLE INFO

Article history:
Received 4 December 2014
Accepted 14 January 2015
Available online xxxx

ABSTRACT

Introduction: Freestanding emergency departments (FEDs) have grown in popularity. They often provide emergent care in areas distant from other EDs. Investigations and research to characterize the operation and dynamics of FEDs are needed.
This study characterizes the severity of illness seen at FEDs and compares it with a hospital-based urban tertiary care ED using the emergency severity index (ESI), a quantification of patient acuity.
Methods: Patient ESI levels were analyzed retrospectively over 1 year for a single hospital system with 1 main urban hospital-based ED and 3 FEDs. Data analysis was completed using analysis of variance with and without time as a factor.
Results: The average ESI level at the main ED (3.04) was lower than the FEDs, respectively (3.42, 3.22, and 3.38) ($P < .001$). Patient ESI levels were significantly different between FEDs ($P < .001$).
Conclusion: The main ED demonstrated lower ESI levels and thus higher acuity than the 3 affiliated FEDs. There were significantly different acuity levels between the main ED and 3 FEDs as well as between individual FEDs.

Conclusion: Acuity was different. Note: Main campus is adult only, trauma, STEMI, stroke, teaching

Lessons Learned

- You can turn a business project into research success
- When resources are limited, utilize every avenue of (free) help available
- Build your research niche
- Show the hospital the opportunity that has been created

Questions?

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