

Providing an Equity Lens on Quality Metrics: Evaluation of Left Without Being Seen in the Emergency Department

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AIMS:

Place an equity lens toward the evaluation of LWBS patients
Use Provider-in-Triage (PIT) to reduce incidence of LWBS to below 2%

BACKGROUND	METHODS	CONCLUSIONS
Left Without Being Seen (LWBS): A patient leaving the Emergency Department (ED) prior to a completed medical screening exam is a quality and safety concern and has a financial impact. - Tends to be non-white race with lower urgency and acuity, and are likely to experience prolonged wait times. - LWBS is clinically relevant: if patients leave the ED with an undiagnosed and/or untreated medical condition, it may exacerbate outside of the hospital. Routine monitoring of LWBS is necessary. - Hospitals can face penalties if they fail to meet certain quality metrics, such as increased rates of LWBS. The Center for Medicare and Medicaid can reduce reimbursement rates for hospitals that do not meet these standards, having a direct impact on the hospital revenue stream.	Period: Q1-2022 to Q2-2023 - Stratify data by race, ethnicity, language, payors, age and gender. - Examine modifiers: median arrival to triage, time to provider, and placement in ED room. - A Provider in Triage (PIT) model was used as an intervention. The PIT model typically involves a physician or advanced practice providers. - Begin Provider-in-Triage (PIT) during weekdays, then expand to weekends, 10 hours per day. - Conduct mandatory Unconscious Bias education for faculty & staff. - Conduct mandatory education for registration staff on best practices to collect patient demographics.	Learned observations: - Black and African-Americans patients and Medicaid/ Medicare patients had higher incidents of LWBS. - Implementation of PIT increased arrival to ED room and reduced the volume of LWBS from 2% to 1.7%. - Examining LWBS patients through an equity lens will allow the ED to identify, understand, and address inequities among patients. - Hospitals can increase revenue generated from providing care to LWBS patients and meet value-based care metrics for the Center for Medicare and Medicaid Services (CMS).

RESULTS

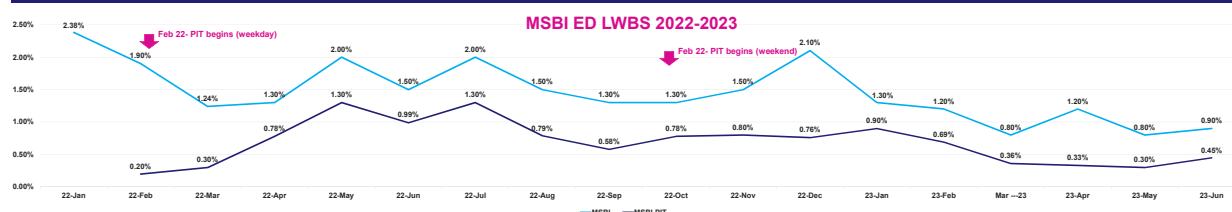


Figure 1. Monthly averages of LWBS in 2022-2023.

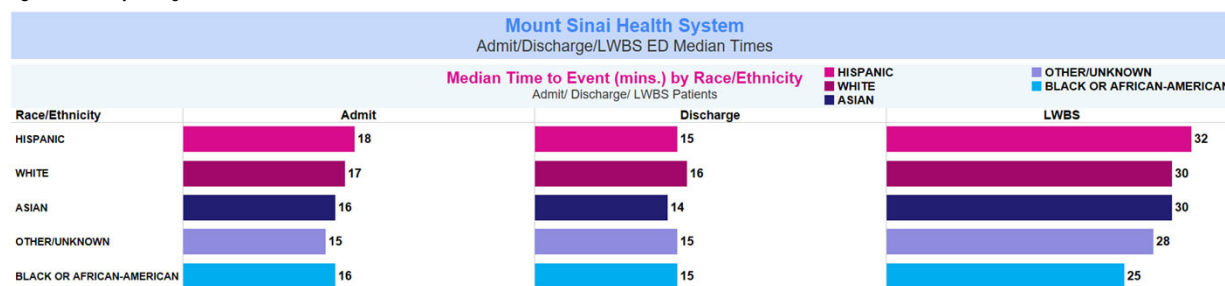


Figure 2. Comparison of median time for arrival to roomed for patients who left vs discharged vs admitted from 1/2022-6/2023.

LWBS % by Race/Ethnicity						
Race/Ethnicity	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2
BLACK OR AFRICAN-AMERICAN	2.0%	1.8%	2.1%	2.5%	1.8%	1.0%
OTHER/UNKNOWN	2.4%	1.7%	1.6%	2.3%	1.5%	1.5%
WHITE	2.0%	1.6%	1.6%	1.8%	1.1%	0.8%
HISPANIC	1.6%	1.8%	1.3%	1.3%	1.0%	1.0%
ASIAN	0.3%	0.6%	0.4%	0.4%	0.2%	1.4%

Figure3. Quarterly averages of LWBS, stratified by race.

FUTURE DIRECTIONS

- Expand LWBS PIT Program to other MSHS Emergency Departments
- Continue education with the registration staff on the importance of collecting patient demographics

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